Karen Johnson Davidson County
Batch# 1034580 AFFIDAVITH
08/04/2023 10:07:00 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20230804-0060375

This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
2705 Gallatin Pike
Nashville, Tennessee 37216
Telephone: (615) 320-9977
Facsimile: (615) 320-9929

Map & Parcel: 105 04 0 176.00
Address Owner: Mary Davis, Charles Murray, Shawanna Norman, and Katrina Norman
Send Tax Bill: PO Box 293185 Nashville, Tennessee 37229

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Nellie Mai Murray (aka Nellie Mae Murrey) (hereinafter "the Decedent") died intestate on January 27, 2011, her spouse, Will Murray, predeceasing her. The Death Certificate of the Decedent is attached hereto in Attachment A.

3. That Nellie Mai Murray had four children surviving her whose names, relationships, and addresses are as follows: James Murray, son, now deceased, Fred Murray, son, now deceased, Mary Cornelia Davis, daughter, 2121 Mullens Circle Nashville, Tennessee 37217, and Charles Henry Murray, son, 11 Trimble St Nashville, Tennessee 37217.

4. That James Murray passed away intestate leaving no spouse, no children, no parents, and three siblings, whose names and addresses are listed above.

5. That Fred Murray passed away intestate leaving no spouse and two children surviving him whose names, relationships, and addresses are as follows: Shawanna Denae Norman, daughter, PO Box 293185 Nashville, Tennessee 37229, and Katrina Shonta Norman, daughter, 1273 Lewis Street, Nashville, Tennessee 37210.

6. That at the time of her death, Nellie Mai Murray was the sole owner of fee simple interest in the property located at 1255 Lewis St, Nashville, Tennessee 37210 and more particularly described as follows:

> Being Lot No. 35 on the Plan of Trinble's Addition, as of Record in Book 221 Page 121, Registers Office of said County.
>
> Said Lot No. 35 fronts 50 feet on the westerly side of East Hill Street and runs back between parallel lines 120 feet to an alley.

Being the same property conveyed to Mary Belle Hinton by Deed from Annie A. Stinson et. al. of Record in Book 1140, Page 334, said Register's Office.

Being the same property conveyed to Will Murrey and his Wife, Nellie Mae Murrey by Deed from Mary Belle Hinton of Record in Book 1218 Page 682 said Register's Office.

This is improved property, known 1255 Lewis St, Nashville, Tennessee 37210.

7. That pursuant to the laws of intestate succession the following individuals own the following respective interests of ownership of the above-described real property as tenants-in-common:
   a. Mary Cornelia Davis, 2121 Mullens Circle Nashville, Tennessee 37217, (1/3);
   b. Charles Henry Murray, 11 Trimble St Nashville, Tennessee 37217, (1/3);
   c. Shawanna Denae Norman, PO Box 293185 Nashville, Tennessee 37229, (1/6); and
   d. Katrina Shonta Norman, 1273 Lewis Street, Nashville, Tennessee 37210, (1/6).

8. That *Tenn. Code Ann.* § 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 4th day of ~~2023~~ August, 2023.

Chancey Davis

CHANCEY DAVIS

OATH

STATE OF TENNESSEE)
COUNTY OF Davidson)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **CHANCEY DAVIS,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 4th day of August, 2023.

Charles Robinson

NOTARY PUBLIC
My Commission Expires: 11-6-24

CHARLES MICHAEL ROBINSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-6-2024

Attachment A

1100592

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT'S

1. DECEDENT'S NAME (First, Middle, Last): Nellie Mai Murray
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 27, 2011
4. SOC Sec No.
5a. AGE-LAST BIRTHDAY (Years): 98
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): Sept 21 1912
7. BIRTHPLACE (City and State or Foreign Country): Linn, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Vanderbilt University Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1255 Lewis St
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Dan Searcy
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie McGee

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James Murray
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1255 Lewis St.

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hills of Calvary Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Richard L. Smith
21d. LICENSE NUMBER OF EMBALMER: 5194
22a. NAME AND ADDRESS OF FUNERAL HOME: Henry Louis Smith Funeral Directors, 1503 Buchanan St., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 02-254879

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Forman, OR
24. DATE FILED (Month, Day, Year): February 7, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: John Bonnell MD
25b. LICENSE NUMBER: TN 12328
25c. DATE SIGNED (Month, Day, Year): 2/4/2011
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Hypotension — 6 hours
DUE TO (OR AS A CONSEQUENCE OF): b. congestive heart failure — unknown
DUE TO (OR AS A CONSEQUENCE OF): c. Coronary artery disease — unknown
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: atrial fibrillation, dementia

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TH-1652 (REV. 8/99)
BIRTH NO.
RDA 1369

322

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

5/26/2011
Date Issued