Karen Johnson Davidson County
Batch# 1068440 AFFIDAVITH
11/03/2023 11:15:24 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20231103-0086245

Prepared by and return to:
Closed Title
278 Franklin Road, Suite 160
Brentwood, TN 37027

AFFIDAVIT OF HEIRSHIP

I, Edith Langster, of Davidson County, State of Tennessee being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge, and pursuant to Tennessee Code Annotated § 30-2-712, hereby affirm the following:

1. That I have known the Decedent, Mildred D. Clyde a/k/a Mildred Lee Clyde a/k/a Mildred Clyde, and her family for approximately 65 years. The Decedent died on October 15, 2022. At the time of Decedent's death, she did not leave a Last Will and Testament.

2. Decedent was survived by her daughter, Claudette Clyde. The Decedent, at the time of her death, had one deceased child, Barbara Clyde Sharp, who was survived by an only child: Dameon Sharp. The Decedent having no other issue, born or adopted, during her lifetime. The Decedent's estate being probated in Docket No. 22P2238, Circuit Court (Probate Division) for Davidson County, Tennessee.

3. The Decedent's spouse, William E. Clyde, predeceased her and Decedent was not married at the time of her death.

4. At the time of her death, Decedent was the owner of certain real property located at 2410 & 2415 Underwood Street, Nashville, Tennessee 37208.

5. That I am not a beneficiary, legatee, or heir of the Decedent.

T.C.A. 30-2-712 provides that whoever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him to be false or about which he does not have sufficient knowledge to justify his making such a sworn statement, on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Witness our hands this 24th day of October, 2023.

Edith Taylor Langster
Affiant

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public for the State and County the aforesaid, Edith Langster, with whom I am personally acquainted (or who proved to me his/her identity on the basis of satisfactory evidence), and who, upon oath, acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 24th day of October, 2023.

My commission expires: 9-8-25

Nicholas D. Bailey
Notary Public

NICHOLAS D. BAILEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

UNOFFICIAL DOCUMENT

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 070797

1. Decedent's Legal Name			2. Sex	3. Date of Death
MILDRED LEE CLYDE			FEMALE	10/15/2022
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
09:00 AM	96	02/17/1926	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
2410 UNDERWOOD STREET		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
WIDOWED		SUPERVISOR COUNSELOR	STATE OF TN	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
2410 UNDERWOOD STREET		YES	37208	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
WILLE LEE DYER		GEORGIA FOSTER		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
CLAUDETTE L CLYDE	DAUGHTER	6757 HICKORY CREEK RD., CHATTANOOGA, TN 37421		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREENWOOD CEMETERY MAIN	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ DONTAE L COOK	20093	▶ /e/ DONNA MARIE ROGERS	4187	
23a. Name and Address of Funeral Home			**23b. License Number**	
LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1060			812	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		10/31/2022		

26. Certifier

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier	27b. License Number	27c. Date Signed
▶ /e/ HARVEY BOWLES	18704	10/27/2022

27d. Name and Address
HARVEY BOWLES 2201 MURPHY AVE STE 204, NASHVILLE, TN 37203

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. COMPLICATIONS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10 YEARS
	b. INTERSTITIAL PULMONARY FIBROSIS	15 YEARS
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

CORONARY ARTERY DISEASE; CEREBROVASCULAR DISEASE

29a. Was an Autopsy Performed? NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	

33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury

34e. Describe How Injury Occurred

34f. Location of Injury

PH-1659E RDA 10112

14546048

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

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

Edward G. Bishop III
State Registrar

1 4 5 4 6 0 4 8

Date Issued: Oct-31-2022

UNOFFICIAL DOCUMENT

CERTIFICATION OF VITAL RECORD

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

November 2, 2023

Nicholas D. Bailey
4700 Elkins Ave.
Nashville, TN 37209

RE: Clyde, Mildred Lee Date of Death: 10/15/2022 SSN: xxx-xx-6433
Our File Number: 112193

Nicholas D. Bailey:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit