Karen Johnson Davidson County
Batch# 1070289 AFFIDAVITH
11/13/2023 10:35:56 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20231113-0088025

Prepared by:
Advantage Title and Escrow
1321 Murfreesboro Pike, #823
Nashville, TN 37217
#

AFFIDAVIT OF HEIRSHIP

Address of New Owner:
Felice Wade
Robert Wade
Nelson Wade
431 Tessa Ct
Murfreesboro Tn 37128

Send Tax Bills To:
OWNER

Map & Parcel:
60-2-167.00

STATE OF Tennessee
COUNTY OF Davidson

RE: 3018 Creekwood Drive
Nashville TN 37207

I, Carlos Watkins, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge further depose and state: I have personal knowledge of the decedent, and had been friends with the decedent for 15 years. I have no financial interest in the property.

1. **Richard William Wade**, died on 7/15/2023.
2. Both parents, John Wesley Wade and Dorothy Bragg Wade both predeceased Richard William Wade
3. The decedent was not married at the time of his death.
4. The estate of the decedent is solvent and that any and all debts and inheritance taxes, if any, against the estate of the decedent have been paid, or will be paid.
5. There were 0 children born (or legally adopted) by **Richard William Wade.**
5. The decedent died intestate and leaving as HIS sole heirs the following:

    1. **Felice Wade, SISTER**
    2. **Robert Wade, BROTHER**
    3. **Nelson Wade, BROTHER**

6. See attached Exhibit A
7. See attached Death Certificate Exhibit B

This affidavit is given as an inducement for Fidelity National Title Insurance Company, First American National Title Insurance and Westcor Land Title, to insure the title to the above described property without taking any exception as to any and all matters set out herein above; and further the undersigned agrees to Fidelity National Title Insurance Company, First American National Title Insurance , Westcor Land Title, and Advantage Title & Escrow, Inc. for any loss caused by a misstatement of fact.

TCA 30-2-712 provides that whomever 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 my hand this the 6th day of Nov 2023.

Carlos Watkins
Carlos Watkins

State of Tennessee
County of Davidson

Personally appeared before me, Carlos Watkins with whom I am personally acquainted, and who acknowledged that he executed the foregoing instrument for purposes therein contained.

WITNESS my hand and seal this 6th day of Nov 2023.

La Trece McAdoo
Notary Public

My Commission Expires: _____

LATRECE MCADOO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 05-09-2026

Exhibit "A"

Land in Davidson County, Tennessee, being Lot no. 153 on the Plan of Section One, Parkwood Estates, of record in Book 2900, page 119 and 120, Register's office for said County, to which plan reference is hereby made for a more complete description.

STATE OF TENNESSEE

Exhibit "B"

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 045963

1. Decedent's Legal Name: RICHARD WILLIAM WADE			2. Sex: MALE	3. Date of Death: 07/15/2023
4. Time of Death (Approx.): 20:55	5a. Age: 79	6. Date of Birth: 02/18/1944	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: TRISTAR SKYLINE MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: BUS DRIVER		11b. Kind of Business/Industry: MTA
12. Social Security Number: -7499	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 3018 CREEKWOOD DRIVE		13e. Inside City Limits?: NO	13f. Zip Code: 37207	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: JOHN WESLEY WADE		19. Mother's Name Prior to First Marriage: DOROTHY BRAGG		
20a. Informant's Name: FELICE WADE	20b. Relationship to Decedent: SISTER	20c. Mailing Address: 708 PRESERVATION WAY, NASHVILLE, TN 37207		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: GREENWOOD CEMETERY	21c. Location: GOODLETTSVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /e/ CHRISTOPHER LEE JEFFERSON	22d. License Number: 6500	
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618			23b. License Number: 809	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 08/01/2023		

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: ▶ /e/ LYNSEY ROTHENBURGER	27b. License Number: 56216	27c. Date Signed: 08/01/2023
27d. Name and Address: LYNSEY ROTHENBURGER 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207		

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. MALNUTRITION.	MONTHS
	b. ALZHEIMERS DEMENTIA	YEARS
	c.	
	d.	

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

29a. Was an Autopsy Performed?: NO

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

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: N/A	
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

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.

15382582

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

Edward G Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Oct-25-2023

CERTIFICATION OF VITAL RECORD