Karen Johnson Davidson County
Batch# 1072737 AFFIDAVITH
11/16/2023 02:15:21 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20231116-0089494

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

Houston Akin
Mockingbird Title & Escrow
615 Main Street, Suite B25
Nashville, Tennessee 37206
(615) 879-7714
Email: Houston@mockingbirdtitletn.com

AFFIDAVIT OF HEIRSHIP FOR JAMES ALLEN PATTERSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. § 30-2-712, I, the undersigned Teresa Marie Morgan, after being duly sworn, hereby state as follows:

1. My name is Teresa Marie Morgan. I am over the age of 18 and not under any disability.
2. My permanent residence is 1427 Greenwood Avenue, Nashville, Tennessee 37206.
3. I am the conservator for Tammie Patterson, who is a disabled adult. I have been acquainted Tammie Patterson's brothers, Sam Patterson and James W. Patterson for several years.
4. James Allen Patterson died intestate on November 16, 2010.
5. James Allen Patterson was not married when he died.
6. James Allen Patterson had three children: Tammie Patterson, Sam Patterson and James W. Patterson.
7. James Allen Patterson owned real property in Davidson County, Tennessee and in Cheatham County, Tennessee.
8. I understand that this Affidavit is being used to convey real property and affirm that everything herein is true to the best of my knowledge. I am disinterested and will not receive any interest in the real property, proceeds from the sale of said property, nor will I or have I received any consideration or benefit, financial or otherwise, by executing this affidavit.
9. I further state that I have not executed this document under the undue influence of any individual and do so of my own free will and have received no benefit from the execution of the same.

The remainder of this page left blank intentionally.

FURTHER, AFFIANT SAITH NOT.

DATED THIS 16TH DAY OF NOVEMBER, 2023.

TERESA MORGAN, AFFIANT

NOTARY ACKNOWLEDGEMENT

On this 16th day of November, 2023 before me, the undersigned, personally appeared TERESA MARIE MORGAN known to me known to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be her free act and deed, and that she has personal knowledge of the facts contained therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.



Notary Public

My Commission Expires: July 7, 2027

EXHIBIT A

Certificate of Death of James Allen Patterson

STATE OF TENNESSEE
Office of Vital Records

11952

1006733

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2011 APR -6 AM 10:53

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Allen Patterson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 16, 2010
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR Months: Days: Hours: Min.:
6. DATE OF BIRTH (Month, Day, Year): May 16, 1945
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 875 Granada Ave #A
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Nashville, TN - Metro
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 875 Granada Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? X Yes
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes 0 X No
15. RACE-American Indian, Black, White, etc. (Specify): White
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): Sam Davis
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattie Swift

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James W. Patterson
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 876 Apex Street, Nashville, TN 37216

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Amanda Reeves
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6368
21c. SIGNATURE OF EMBALMER: ▶ John Phifer
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery, 5110 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature] Dr
24. DATE FILED (Month, Day, Year): December 23 2010

LICENSED

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 ▶ SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 X ▶ SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 31292
26c. DATE SIGNED (Month, Day, Year): November 17, 2010
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Amy R McMaster, M.D., 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC10-2252

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): Pending further studies
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. 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.
29a. WAS AN AUTOPSY PERFORMED? 1 X Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X Yes 2 No
30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 X 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)

PH-1659 (REV. 8/09)
SIRHINO
ADA 125

4508007

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. Foreman, Local Registrar
Davidson County, Tennessee

12/1/2010
Date Issued

CERTIFICATION OF VITAL RECORD