Karen Johnson
Batch # 1088768
01/05/2024 09:37:40 AM
Fees: $27.00 Taxes: $0.00
Davidson County
AFFIDAVITH
5 pgs
20240105-0001097

THIS INSTRUMENT WAS PREPARED BY:
REBECCA A. BELL-HOUCHIN, BPR #021389
BELLE VIE LEGACY LAW, PLLC
408 Hwy 76, Ste. F, White House, TN 37188
(615) 344-1336 *Office*
(From Information Supplied: No Title Examination)

AFFIDAVIT OF HEIRSHIP

Pursuant to Tenn. Code Ann. § 30-2-712

Address of New Owner	**Send Tax Bills To:**	**Map / Parcel**
Jacob Ross Williams 234 Westland Portland, TN 37148	Same	52-2 52 11D 45320

Comes now **JACOB ROSS WILLIAMS** (hereinafter "Affiant"). Jacob Ross Williams, after first being duly sworn, states that he is an adult citizen and residing at 234 Westland, Portland TN 37148. Affiant has personal knowledge of the matters stated in this Affidavit.

On May 4, 2004, **HARLEY E. WILLIAMS, JR.,** died at the age of sixty-four (64) years in Davidson County, Tennessee. A copy of the death certificate is attached as *Exhibit A.*

On November 4, 2023, **EDNA E. WILLIAMS** died at the age of EIGHTY-ONE (81) years in Davidson County, Tennessee. A copy of the death certificate is attached as *Exhibit B.*

Harley E. Williams, Jr., died intestate leaving his wife, Edna E. Williams, and one biological child. His estate was not administered and he owed no debts.

Edna E. Williams died testate leaving her entire estate to her only heir, Jacob Ross Williams. Her estate was not administered and she owed no debts.

At the time of her death, Edna E. Williams, owned an interest in certain property located at on 411 Lanier Drive, Madison, TN 37115, and being more particularly described in Deed of Record in Book 5446, Page 137, Register's Office for Davidson County, Tennessee, to wit:

> LAND in Davidson County, Tennessee, being the northerly 12 feet, 6 inches of Lot No. 3, Block "D" and the southerly 47 feet, 6 inches

of Lot No. 4, Block "D", on the revised plan of Rainbow Terrace, of record in Book 1130, page 85, Register's Office for said County.

SAID part of Lots Nos. 3 & 4, front together 60.0 feet on the southeasterly margin of Lanier and extends back between parallel lines 150.0 feet to a dead line.

BEING the same property conveyed to William John Nash and wife, Robbie D. Nash by deed from Marlin D. Stallings and wife, Peggy G. Stallings of record in Book 4498, page 415, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed to Harley E. Williams, Jr., and wife, Edna E. Williams, of record in Deed Book 5546, Page 137, Register's Office for Davidson County, Tennessee.

Affiants would state that at the time of Edna E Williams death, the whole interest in said real property owned by Edna E. Williams at her death passed to her son, Jacob Ross Williams, as Tenant in Common pursuant to Tenn. Code Ann. § 31-2-104 *et seq.*

Further, Affiant saith not.

This the 28th day of December, 2024.

JACOB ROSS WILLIAMS

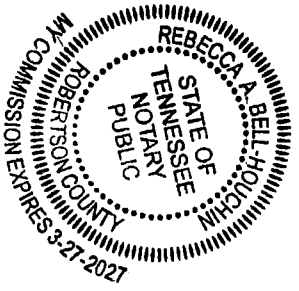
AFFIDAVIT OF VALUE

STATE OF TENNESSEE)
COUNTY OF ROBERTSON)

Personally appeared before me, a Notary Public in for and for said county and state, the within named **JACOB ROSS WILLIAMS**, with whom I am personally acquainted, or who proved identity to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purpose therein contained.

WITNESS my hand this 28th day of December, 2024.

Rebecca A. Bell-Houchin
NOTARY PUBLIC
Notary Commission Expires 3-27-2027



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STA NUM 2004 019472

040249

1 DECEDENT'S NAME (First, Middle, Last): Harley Elo Williams, Jr
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): 05/04/2004
4 SOCIAL SECURITY NUMBER: 1274
5a AGE-LAST BIRTHDAY (Years): 64
5b UNDER 1 YEAR: MONS. / DAYS
5c UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (Month Day Year): Mar 3, 1940
7 BIRTHPLACE (City and State or Foreign Country): McMinnville, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA 4 [ ] Nursing Home; OTHER 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Tennessee Christian Medical Center 077
9c CITY, TOWN OR LOCATION OF DEATH: Madison
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Edna E McClain
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Transportation
12b KIND OF BUSINESS/INDUSTRY: Military
13a RESIDENCE-STATE: TN
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Madison
13d STREET AND NUMBER OR RURAL LOCATION: 411 Lanier Dr
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37115
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes specify Cuban, Mexican, Puerto Rican, etc) [ ] Yes [X] No
15 RACE (American Indian, Black, White, etc) (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 1; College (1-4 or 5+):

PARENTS
17 FATHER'S NAME (First, Middle, Last): Harley Elo Williams, Sr
18 MOTHER'S NAME (First, Middle, Maiden, Surname): Jessie Ruth Bailey

INFORMANT
19a INFORMANT'S NAME (Type/Print): Edna E Williams
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 411 Lanier Dr, Madison, TN

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): Middle TN Veterans
20c LOCATION-City or Town, State: Pegran, TN
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Hunt
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2530
21c SIGNATURE OF EMBALMER: ▶ Mark Rush
21d LICENSE NUMBER OF EMBALMER: 4009
22a NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 Old Hickory, Madison, TN 37115
22b LICENSE NUMBER OF FUNERAL HOME: 690
23 REGISTRAR'S SIGNATURE: ▶ Helen L Bowen
24 DATE FILED (Month Day Year): May 11 2004

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: 34173
26c DATE SIGNED (Month Day Year): 05/05/2004

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Feng Li, M D , Ph D ; 850 R S Gass Blvd , Nashville, TN 37216, MEC04-1488

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. Chronic obstructive pulmonary disease
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 [ ] Yes 2 [X] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] 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)

1650 (REV 6/99)
BIRTH NO
RDA 1399

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.

15440443

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

Edward G. Bishop III, State Registrar
Ralph Alvarado, MD, FACP, Commissioner
Date Issued: Dec-06-2023

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 069012

1. Decedent's Legal Name			2. Sex	3. Date of Death
EDNA EARL WILLIAMS			FEMALE	11/04/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
15:30	81	10/18/1942	DUKEDOM, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
411 LANIER DRIVE		MADISON	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
WIDOWED		INSURANCE CLERK	ALL STATE INSURANCE CO.	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-1304	TENNESSEE	DAVIDSON	MADISON	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
411 LANIER DRIVE	YES	37115	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
JAMES VETHRO MCCLAIN		HELEN CARMEN ROSS		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
JACOB ROSS WILLIAMS	SON	234 WESTLAND STREET, PORTLAND, TN 37148		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	MIDDLE TN STATE VETERANS	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ CHARLES TIMOTHY RALEY	5958	▶ /e/ RICHARD LLOYD SMITH	5195	
23a. Name and Address of Funeral Home			**23b. License Number**	
MADISON FUNERAL HOME, 219 EAST OLD HICKORY BLVD, MADISON, TN 37115-3934			690	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		11/13/2023		

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	27b. License Number	27c. Date Signed
▶ /e/ THOMAS B MILLER	7539	11/13/2023

27d. Name and Address
THOMAS B MILLER 166 E. MAIN STREET, HENDERSONVILLE, TN 37075

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. RESPIRATORY FAILURE	1-2 MONTHS
	b. CHRONIC OBSTRUCTIVE LUNG DISEASE	3-5 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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	UNKNOWN	NOT PREGNANT WITHIN PAST YEAR

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

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15543330

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Nov-14-2023

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD