Karen Johnson
Batch # 1102150
02/16/2024 03:18:22 PM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20240216-0011021

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: 149 01 0A 014.00
Address Owner: Mary C. Davis
Send Tax Bill: 2121 Mullen Circle Nashville, TN 37217

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 James A. Davis, Sr. (hereinafter "the Decedent") died intestate on November 12, 2018, his spouse, Mary C. Davis, surviving him. The Death Certificate of the Decedent is attached hereto in Attachment A.

3. That at the time of his death, James A. Davis, Sr., and his wife Mary C. Davis, owned a fee simple interest, with right of survivorship, in the property located at 2121 Mullen Circle, Nashville, Tennessee 37217 and more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 14 on the plan of Mullen Valley, Phase II, of record in Book 6250, page 477, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.
>
> Being the same property conveyed to James A. Davis and wife, Mary C. Davis, a 70% undivided interest and Bobby L. Bryant a 30% undivided interest, by Deed from Richard M. Price, of record in Book 7493, page 408, said Register's Office.
>
> Being the same property conveyed to James A. Davis and wife, Mary C. Davis, by Quitclaim Deed from Bobby L. Bryant and wife, Willie Mae Bryant, of record in Book 7960, Page 45, said Register's Office.
>
> This is improved property known as 2121 Mullen Circle, Nashville, Tennessee 37217.

4. That pursuant to the right of survivorship, Mary C. Davis owns the above-described real property in fee simple.

5. 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 16th day of February, 2024

Willie D Harris Jr.

WILLIE HARRIS

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, **WILLIE HARRIS,** 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 16th day of February, 2024.

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

STATE OF TENNESSEE
Office of Vital Records

Attachment A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 065977

DECEDENT

1. DECEDENT'S LEGAL NAME: JAMES AVERY DAVIS SR.
2. SEX: MALE
3. DATE OF DEATH: 11/12/2018
4. TIME OF DEATH (Hours): UNKNOWN
5a. AGE: 79
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 06/20/1939
7. BIRTHPLACE: NASHVILLE, TN
8a. PLACE OF DEATH: EN/OUTPATIENT
8b. FACILITY NAME: SOUTHERN HILLS MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): MARY MURRAY
11a. DECEDENT'S USUAL OCCUPATION: MAINTENENCE
11b. KIND OF BUSINESS/INDUSTRY: METRO BOARD OF
12. SOCIAL SECURITY NUMBER: [redacted]468
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 2121 MULLINS CIRCLE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME: JOHN BOYD
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ETTA MAE HARRIS

20a. INFORMANT'S NAME: MARY DAVIS
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 2121 MULLINS CIRCLE, NASHVILLE, TN 37217

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: GREENWOOD WEST CEMETERY
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ TONYA SCALES HAYNES
22b. LICENSE NUMBER: 5681
22c. SIGNATURE OF EMBALMER: /s/ Tonya Scales Haynes
22d. LICENSE NUMBER: 5682
23a. NAME AND ADDRESS OF FUNERAL HOME: NEW GENERATION FUNERAL HOME, 2030 MURFREESBORO PIKE, ANTIOCH, TN 37013-2226
23b. LICENSE NUMBER: 1217

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III
25. DATE FILED: 11/30/2018

CERTIFIER

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: /s/ ROBERT GRAHAM
27b. LICENSE NUMBER: 13568
27c. DATE SIGNED: 11/29/2018
27d. NAME AND ADDRESS: ROBERT GRAHAM 979 E. 3RD ST. STE A0540, CHATTANOOGA, TN 37403

MEDICAL CERTIFICATION

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)	a. CARDIAC ARREST	99
	DUE TO (OR A CONSEQUENCE OF) b. HYPERTENSION	
	DUE TO (OR A CONSEQUENCE OF) c. CORONARY ARTERY DISEASE	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	DUE TO (OR A CONSEQUENCE OF) d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: RENAL END STAGE

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?: NO
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

TR-1550 (Rev. 8-2017) RDA 10112

10489401

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10489401

Date Issued: NOV 30 2018

CERTIFICATION OF VITAL RECORD