Karen Johnson
Batch # 1102150
02/16/2024 03:18:22 PM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20240216-0011022

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: Chancey Davis and Travana Brashers
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 Mary C. Davis (hereinafter "the Decedent") died intestate on December 22, 2023, her spouse, James A. Davis, Sr., predeceasing her. The Death Certificate of the Decedent is attached hereto in Attachment A.

3. That Mary C. Davis had two children whose names and relationships are as follows: Chancey Davis, adult son; and Travana Brashers, adult daughter.

4. That at the time of her death, Mary C. Davis owned a fee simple interest 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.

5. That pursuant to the law of intestate succession Chancey Davis and Travana Brashers are the equal owners of the above-described real property as tenants in common.

6. 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 B Harris

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 the foregoing was based on personal knowledge of facts and was given as his or her free act and deed for the purposes therein contained.

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 MICHAEL ROBINSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-6-2024

Charles Robinson

NOTARY PUBLIC

My Commission Expires: 11-6-24

STATE OF TENNESSEE
Office of Vital Records

Attachment A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 080428

1. Decedent's Legal Name: MARY CORNELIA DAVIS		2. Sex: FEMALE	3. Date of Death: 12/22/2023
4. Time of Death (24-hr): 05:30 AM	5a. Age: 80	6. Date of Birth: 06/21/1943	7. Birthplace: NASHVILLE, TN
8a. Place of Death: EP/OUTPATIENT			
8b. Facility Name: TRISTAR SOUTHERN HILLS 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: OFFICE SPECIALIST	11b. Kind of Business/Industry: METROPOLITAN GOVERNMENT
12. Social Security Number	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 2121 MULLEN CIR	13e. Inside City Limits? YES	13f. Zip Code: 37217	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: WILL MURRAY		19. Mother's Name Prior to First Marriage: NELLIE SEARCY	
20a. Informant's Name: TRAVANA BRASHERS	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 809 FOREST POINTE CIR, ANTIOCH, TN 37013	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: GREENWOOD CEMETERY WEST	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /s/ JEFFREY RUTLEDGE	22b. License Number: 10218	22c. Signature of Embalmer: ▶ /s/ JOHN ROY TAYLOR	22d. License Number: 4202
23a. Name and Address of Funeral Home: NEW GENERATION FUNERAL HOME, 2930 MURFREESBORO PIKE, ANTIOCH, TN 37013-2229			23b. License Number: 1217
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 01/02/2024	

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/ BJORN BERNHARDSEN	27b. License Number: 65525	27c. Date Signed: 01/02/2024
27d. Name and Address: BJORN BERNHARDSEN 391 WALLACE RD, NASHVILLE, TN 37211		

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 ENTERING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PENDING	
	b.	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	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?

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

30. Manner of Death: PENDING INVESTIGATION	31. Did Tobacco Use Contribute to Death?	32. If Female:	
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?
	34e. Describe How Injury Occurred		34d. Place of Injury
			34f. Location of Injury

RDA 10112

PH-1696E

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.

15551350

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: Jan-03-2024

CERTIFICATION OF VITAL RECORD