Karen Johnson
Batch # 1107494
03/05/2024 10:20:26 AM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20240305-0015249

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Mary Ann Henry **2931 Sinbad Drive** **Nashville, Davidson County Tennessee 37214**	**same**	**Par 09606011600**

Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No 148 on the Plan of Cloverhill Subdivision, Section 11 as of record in Book 2133, page 46, Register's Office for said County.

Being the same property conveyed to William R. Henry and wife, Mary Ann Henry by Warranty Deed from Radnor Luber Company on October 3, 1962 of record in Deed Book 000034377, Page 0000279 Register's Office for Davidson County, Tennessee.

This is improved property known as 2931 Sinbad Drive, Nashville, Tennessee 37214.

Comes now Mary Ann Henry and attest and states as follows:

1. I am the lawful Wife of the late William Ralph Henry. I lawfully married William Ralph Henry on May 5, 1947 and remained married to him until his death on November 27, 2020.

2. The late William Ralph Henry and I purchased the above described real property while we were lawfully married and purchased the property as tenants by the entirety. William Ralph Henry died November 27, 2020. (Death Certificate Exhibit No. 1).

3. I remained married to William Ralph Henry until his death on November 27, 2020.

4. All right, title and interest in the above real property passed to Mary Ann Henry at the time of the death of William Ralph Henry as the surviving spouse with ownership being vested in her as surviving spouse of tenants by the entireties.

FURTHER AFFIANT SAITH NOT.

Mary Ann Henry

Mary Ann Henry March 2, 2024

State of Tennessee)
County of Wilson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Mary Ann Henry, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 2rd day of March 2024.

My Commission Expires: 10/09/24

Suzanne M Alexander
Notary Public



This Instrument Prepared By:

DAN R. ALEXANDER
ATTORNEY AT LAW
15065 Lebanon Road
Tulip Grove Suites #204
Old Hickory, Tennessee 37138
Tel. (615) 297.0097

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 076070

1. Decedent's Legal Name			2. Sex	3. Date of Death
WILLIAM RALPH HENRY			MALE	11/27/2020
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
UNKNOWN	93	07/23/1927	LAFAYETTE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		8c. City or Town		8d. County of Death
SUMMIT MEDICAL CENTER		HERMITAGE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
MARRIED	MARY ANN SULLVIAN	BULIDNG ENGINEER		NATIONAL LIFE
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
4-5363	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
2931 SINBAD DR.		YES	37214	NO
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
CLARENCE NEWTON HENRY		HAZEL CLAIR ROBINSON		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
MARY ANN HENRY	SPOUSE	2931 SINBAD DR., NASHVILLE, TN 37214		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
BURIAL	WOODLAWN MEMORIAL PARK	NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ ALICE GRACE WHITAKER	16229	▶ /e/ Dawn Renee' Everett		6024
23a. Name and Address of Funeral Home				23b. License Number
WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407				933
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		12/03/2020		

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/ MICHAEL MERTENS	30767	11/30/2020

27d. Name and Address: MICHAEL MERTENS, 660 S. MT. JULIET RD SUITE 100, MOUNT JULIET, TN 37122

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. MYOCARDIAL INFARCTION	
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	b. CORONARY ARTERY DISEASE	
	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	NO	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

12623029

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

1 2 6 2 3 0 2 9

Edward G. Bishop III, State Registrar — Lisa Piercey, MD, MBA, FAAP, Commissioner — Date Issued: Dec 07 2020

CERTIFICATION OF VITAL RECORD