****

ADDRESS NEW OWNER:	SEND TAX BILL TO:	MAP &PARCEL
Anne Christine Griffith	**Same**	**76-9-45**
412 Lorna Drive		
Nashville, TN 37214		

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
f
FROM INFORMATION BY OTHERS

Karen Johnson
Batch # 1107643
03/06/2024 08:20:03 AM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20240306-0015450

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Teresa Teague, being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past six months, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. James Griffith and Christine Black Griffith owned real property located at 412 Lorna Drive, Nashville, TN 37214 at tenants by the entirety.

2. James Griffith died on January 30, 1988, leaving his wife, Christine Black Griffith as the sole owner of the property in fee simple.

3. On March 10, 1990, Christine Black Griffith, conveyed to David J. Entz, Trustee, the real property for the express purpose of re-conveying said property to Christine Black Griffith and Anne Christine Griffith as tenants in common with joint right of survivorship.

4. Christine Black Griffith and Anne Christine Griffith were both single women at the time of the conveyance.

5. Christine Black Griffith died on November 26, 1990. A copy of her Death Certificate is attached to this Affidavit.

6. Christine Black Griffith was unmarried at the time of her death. Her only child is Anne Christine Griffith, who was a joint tenant with right of survivorship and her next-of-kin.

7. This Affidavit will confirm the vesting of Anne Christine Griffith with the sole ownership interest in the real property located at 412 Lorna Drive, Nashville, Davidson County, Tennessee 37214. Said property is more particularly described as follows:

Being Lot No. 147 on the plan of Woodberry Park, as of record in Book 2133, pages 117, 118 and 119, Register's Office for said County.

Said Lot 147 fronts 85 feet on the southeasterly side of Lorna Drive and runs back 193.2 feet on the northeasterly line and 170.8 feet on the southwesterly line, to a dead line, measuring 120 feet thereon.

Being part of the property conveyed to W. F. Rader by deed from Andrew Ewing, Trustee of record in Book 2299, page 590, said Register's Office

Being the same property conveyed to James S. Griffith and wife, Christine black Griffith, by deed from W. F. Rader and wife, Gladys Rader, of record in Book 2436, Page 500, said Register's Office, James S. Griffith having died on January 30, 1988, in Rutherford County, Tennessee, leaving his wife as sole owner.

**Being the same property conveyed to David J. Entz, Trustee,
for the express purpose of re-conveying said property to Christine Black Griffith and Anne Christine Griffith as tenants in common with joint right of survivorship via Quit Claim Deed on March 10, 1990, of record in Book 8062, Page 249, Register's Office for Davidson County, Tennessee.**

This is improved property known as 412 Lorna Drive, Nashville, TN 37214.

This conveyance is subject to restrictive covenants of record in Book 2297, page 194, Register's Office for said County.

FURTHER AFFIANT SAYETH NAUGHT.

Teresa W Teague
AFFIANT

Sworn to and subscribed before me this 27 day of February 2024

Lisa McKenzie
NOTARY PUBLIC

My commission expires: MAY 5, 2025



Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK: H

STATE FILE NUMBER: 900583

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ANNE CHRISTINE GRIFFITH
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 26, 1990
4. SOCIAL SECURITY NUMBER (of Deceased): -9420
5a. AGE – LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): AUG 24, 1912
7. BIRTHPLACE (City and State or Foreign Country): DICKSON, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 412 LORNA DR.
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 412 LORNA DR.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES K. BLACK
18. MOTHER'S NAME (First, Middle, Maiden Surname): KATIE LEHMAN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ANNE C. GRIFFITH
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 412 LORNA DR. NASHVILLE, TN. 37214

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): CALVARY
20c. LOCATION—City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: John T Shults
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: John T Shults
21d. LICENSE NUMBER OF EMBALMER: 3460
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): December 6, 1990

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, 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): 12/3/90
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

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): MICHAEL J. MAGEE M.D., 342 21ST AVE. N., NASHVILLE, TN. 37203

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): a. Unbearable gastric cancer — 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.

SEE INSTRUCTIONS ON OTHER SIDE

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

30. MANNER OF DEATH: 1 [ ] 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: M
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):

202-06-002 (Rev. 10/89)