Heirship Affidavit

Prepared by:	)
Rosetta Ferby 608-Rowan Ct Nashville TN 37207	))))

Karen Johnson Davidson County
Batch # 1141497 **AFFIDAVITH**
06/03/2024 10:21:17 AM 6 pgs
Fees: $32.00 Taxes: $0.00

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HEIRSHIP AFFIDAVIT

(Heirship of Madie Ann Talley-Hicks Deceased)

STATE OF TENNESSEE)
COUNTY OF Davidson)

BEFORE ME, the undersigned authority, on this day personally appeared Rosetta Ferby, ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting Drivers license as identification (i.e. drivers license #), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

1. My name is Rosetta Ferby (insert name of affiant), and I live at 608 Rowan Ct (insert address of affiant's residence). I am personally familiar with the family and marital history of Madie Talley-Hicks ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from 08/18/1969 (insert date) until 04/03/2024 (insert date). I was personally well acquainted with the named decedent during his/her lifetime.

3. The Decedent died on 04/03/2024 (insert date of death) at the following place of death: Tri-Star Skyline Hospital (City), Nashville, (County), Davidson (State) (insert place of death). At the time of decedent's death, decedent's residence address was 608 Rowan Ct (Street), Nashville (City), Tennessee, 37207 (Zip).(insert address of decedent's residence).

4. I was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Tennessee, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1 - Did the decedent leave a will? **ANSWER**: YES (NO)

QUESTION 2 - If the decedent left a will, has the will been admitted to probate?

ANSWER: YES/NO (NA) If YES, at what place, and when?

ANSWER: _____ COUNTY, Tennessee, _____ CAUSE NUMBER _____ DATE

QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? **ANSWER**: YES/NO

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QUESTION 4 - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.

ANSWER:

COUNTY CAUSE NUMBER	NAME	ADDRESS

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.

ANSWER:

NAME	ADDRESS	If not now living, state date of death:

QUESTION 6 - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER:

	STATUS (Dead or Divorced)

QUESTION 7 - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME
Rosetta Ferby	608 Rowan Ct Nashville, TN 37207	08/18/1969		
Thymes Ferby	7002 Inglenook Dr Smyrna, TN 37167	01/23/1967		
Felethia Crutcher	1805 Windsor Meadow Pass Antioch, TN 37013	05/02/1965		

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QUESTION 11 - Did the decedent have any unpaid debts? **ANSWER**: YES (NO)
If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH

QUESTION 13 - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS

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QUESTION 8 - Give the name and address of any deceased children of the decedent, together with the other information called for:

ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE

QUESTION 9 - Give the names and addresses of the children of any deceased son or daughter of the decedent:

ANSWER:

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF	NAME OF FATHER OR MOTHER

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: YES/NO. If yes, provide their names, ages and addresses below:

NAME	ADDRESS	AGE

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QUESTION 14: Did the decedent own any real estate in this State:

ANSWER: YES/NO

If yes, list
Address or short description : 608-Rowan Ct. Nashville TN
County: Davidson
Address or short description : _____
County: _____
Address or short description : _____
County: _____
Address or short description : _____
County: _____
Address or short description : _____
County: _____

QUESTION 15: What is your relationship to the deceased? daughter

ANSWER:

DATED THIS THE 13th DAY OF May, 2024.

Rosetta Derby
Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the 13th day of May, ~~2000.~~ 2024

Pamela G Wilkes
NOTARY PUBLIC

My Commission Expires: November 06, 2024

PAMELA G WILKES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 027016

1. Decedent's Legal Name			2. Sex	3. Date of Death
MADIE ANN HICKS			FEMALE	04/03/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
00:00	79	03/12/1945	NASHVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
TRISTAR SKYLINE MEDICAL CENTER		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
WIDOWED		CUSTOMER SERVICE REP	PEMONT GAS	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
7177	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
608 ROWAN DRIVE	YES	37207	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
ARTHUR RUSSEL KELLY		LOUISE ROSS FERBY		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
ROSETTA FERBY	DAUGHTER	608 ROWAN DRIVE, NASHVILLE, TN 37207		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREENWOOD NORTH CEMETERY	GOODLETTSVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ GEORGE M BAKER JR	4695	▶ /e/ PATRICK LAMONT TUCKER	5072	
23a. Name and Address of Funeral Home			**23b. License Number**	
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406			1258	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		05/02/2024		

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	27b. License Number	27c. Date Signed
▶ /e/ TERRANCE CRAION	53491	04/17/2024

27d. Name and Address

TERRANCE CRAION 131 FRENCH LANDING, NASHVILLE, TN 37228

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. HEART ATTACK	
	b. HYPERTENSION	
	c. DIABETES	
	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	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

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: May-10-2024

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