Karen Johnson Davidson County
Batch# 1147146 AFFIDAVITH
06/14/2024 08:10:30 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20240614-0044486

AFFIDAVIT OF HEIRSHIP

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, duly commissioned and qualified, the within named Affiants, Julie S. Tate, Scott S. Tate, and Brian Davis, (herein "Affiants"), who being first duly sworn, did depose and say:

1. That Julie S. Tate declares that she is a resident of the County of Davidson, State of Tennessee.
2. That Scott S. Tate declares that he is a resident of the County of Davidson, State of Tennessee.
3. That Brian Davis declares that he is a resident of the County of Davidson, State of Tennessee.
4. That the Affiants declare that we have personal knowledge of the heirs-at-law of **Joanne Tate (herein "Decedent").**
5. That **Decedent** died without a will (intestate) on **September 21, 2021**, a resident of **Davidson County**, Tennessee.
6. That **Decedent** was predeceased by her husband, **Charles T. Tate,** who died on **November 5, 2019**, and that Decedent was not married at the time of her death.
7. The only children born to or adopted by **Decedent** during her lifetime were the following:
   a. **Julie S. Tate**
   b. **Scott S. Tate**
8. That both children survived the Decedent.
9. That at the time of **Decedent's** death, she owned an interest in certain real property, to wit:

   Land in Davidson County, Tennessee, being Lot No. 8 on the Plan of Addition to Southwood, of record in Book 2900, Page 65, Register's Office for Davidson County, Tennessee.

   Said Lot No. 8 fronts 130 feet on the southwesterly margin of Delvin Drive and extends back between lines measuring 235.92 feet on the northwesterly side and 375.0 feet on the southeasterly side to a dead line in the rear on which it measures 189.85 feet.

   Being the same property conveyed to Charles T. Tate and wife, Joanne Tate, from J.S. Gleason Jr., by Chas M. Johnson, Attorney in Fact, as Administrator of Veteran's Affairs, an Office of the United States of America, by Special Warranty Deed recorded on April 19, 1963, in Book 3534, Page 277, Register's Office for Davidson County, Tennessee. The said Charles T. Tate died on November 5, 2019, leaving Joanne Tate as the sole surviving tenant by the entirety.

   The said Joanne Tate died intestate on September 21, 2021, leaving the following property to her sole heirs at law, Julie S. Tate and Scott S. Tate.

   This improved property has a common address of 305 Delvin Drive, Nashville, TN 37211.

   Map and Parcel 16201008200

10. That Joanne Tate was one and the same person as Joanne S. Tate and Joanne Sheridan Tate.
11. That Charles T. Tate was one and the same person as Charles Thomas Tate.
12. See TennCare releases and death certificates attached hereto and made a part hereof on Joanne Tate and Charles T. Tate.

Further, Affiants sayeth not.

(Signature page(s) to follow)

IN TESTIMONY WHEREOF, we hereunto subscribe our names this 10th day of June 2024.

Julie S. Tate, Affiant

Scott S. Tate, Affiant

Brian Davis, Affiant

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Julie S. Tate, Scott S. Tate, and Brian Davis with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that s/he executed the within instrument for the purposes therein contained as their free act and deed.

Witness my hand and official seal at office, this 10th day of June 2024.

Notary Public
My Commission Expires: _____

CINDY S. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires JULY 9, 2024

Prepared by:
Cindy S. Smith, P.C., Attorneys at Law
P.O. Box 292004
Nashville, TN 37229

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 078495

1. Decedent's Legal Name		2. Sex	3. Date of Death
JOANNE SHERIDAN TATE		FEMALE	09/21/2021
4. Time of Death (24 hr.)	4a. Age	5. Date of Birth	7. Birthplace
00:00	82	12/12/1938	AUTAUGA COUNTY, AL

8a. Place of Death: INPATIENT

8b. Facility Name	8c. City or Town	8d. County of Death
TRISTAR SOUTHERN HILLS 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		SECRETARY	INSURANCE

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
305 DEVIN DRIVE	YES	37211	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	WHITE

18. Father's Name	19. Mother's Name Prior to First Marriage
JOE SHERIDAN	UNKNOWN

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
JULIE TATE	DAUGHTER	305 DEVIN DRIVE, NASHVILLE, TN 37211

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/ JAMES R PADGETT	5534	► /e/ Allison C Klotz	4856

23a. Name and Address of Funeral Home	23b. License Number
WOODLAWN ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407	903

24. Registrar's Signature	25. Date Filed
► /e/ EDWARD O BISHOP III	11/08/2021

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/ SHUAIB MOHAMMED MOHYUDDIN	029385	11/08/2021

27d. Name and Address: SHUAIB MOHAMMED MOHYUDDIN 393 WALLACE ROAD BLDG A, STE 104, 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 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. CARDIOPULMONARY ARREST	
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. HYPERTENSION	
	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?
NO	

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	UNKNOWN	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-1539E

RDA 10112

13659052

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 3 6 5 9 0 5 2

Edward O Bishop III
State Registrar

Lisa Piercey, MD MBA FAAP
Commissioner

Date Issued: Nov 09 2021

CERTIFICATION OF VITAL RECORD

202406140044486

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 201906720G

DECEDENT

1. DECEDENT'S LEGAL NAME: CHARLES THOMAS TATE
2. SEX: MALE
3. DATE OF DEATH: 11/06/2019
4. TIME OF DEATH: 18:00
4a. AGE: 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 07/09/1939
7. BIRTHPLACE: MCEWEN, TN
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 259 APRIL LANE
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): JEANNE SHERIDAN
11a. DECEDENT'S USUAL OCCUPATION: CARPENTER
11b. KIND OF BUSINESS/INDUSTRY: SELF EMPLOYED
12. SOCIAL SECURITY NUMBER: [redacted]
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
12b. COUNTY: DAVIDSON
12c. CITY OR TOWN: NASHVILLE
13a. STREET AND NUMBER: 259 APRIL LANE
13c. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN U.S. ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: CARLOS REGENT TATE
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RUTH MCPEEK

20a. INFORMANT'S NAME: JULIE TATE
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 259 APRIL LANE, NASHVILLE, TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: WOODLAWN-ROESCH-PATTON MEMORIAL
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ ALICE GRACE WHITAKER
22b. LICENSE NUMBER: 1622
22c. SIGNATURE OF EMBALMER: ▶ /s/ Alison C Kotz
22d. LICENSE NUMBER: 4055
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407
23b. LICENSE NUMBER: 583

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
25. DATE FILED: 12/03/2019

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH FACT, COMPLETE AND SIGN WITHIN 48 HOURS

27a. CERTIFIER: ▶ /s/ SHUAIB MOHAMMED MOHYUDDIN
27b. LICENSE NUMBER: 029385
27c. DATE SIGNED: 12/09/2019
27d. NAME AND ADDRESS: SHUAIB MOHAMMED MOHYUDDIN 393 WALLACE ROAD BLDG A STE 104, NASHVILLE, TN 37211

MEDICAL CERTIFICATION

28. PART I. ENTER THE SEQUENCE 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. CARDIOPULMONARY ARREST
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST.
DUE TO (OR A CONSEQUENCE OF):
b. CAD
DUE TO (OR A CONSEQUENCE OF):
c. HTN
DUE TO (OR A CONSEQUENCE OF):
d. CHOLESTEROL ELEVATION

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: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: YES
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:

TH-1659 (Rev. 8/2017)
RDA 11112

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

116669365

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Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Dec 04 2019

CERTIFICATION OF VITAL RECORD

202406140044486

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

April 27, 2023

Cindy S. Smith
P.O. BOX 292004
Nashville, TN 37229

RE: Tate, Joanne Sheridan Date of Death: 9/21/2021 SSN: xxx-xx-[redacted]
Our File Number: 96448

Cindy S. Smith:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

No Ben 2021-1

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

April 27, 2023

Cindy S. Smith
P.O. BOX 292004
Nashville, TN 37229

RE: Tate, Charles Thomas Date of Death: 11/5/2019 SSN: xxx-xx-[redacted]
Our File Number: 96447

Cindy S. Smith:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

202406140044486

AFFIDAVIT FOR RECORDING

I, Cindy S. Smith, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on **June 10th, 2024** (date of document).

Cindy S. Smith, Affiant

06/13/2024
Date

State of Tennessee

County of Davidson

Sworn to and subscribed before me on this 13th day of June, 2024.

Notary

MY COMMISSION EXPIRES:

SARAH CUNNINGHAM
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires MARCH 21, 2026