Karen Johnson Davidson County
Batch# 1147146 AFFIDAVITH
06/14/2024 08:10:30 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20240614-0044487

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. 30 on the Map of Goodrich Heights Subdivision, as of record in Book 2663, Page 60, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

   Being the same property conveyed to Charles T. Tate and wife, Joanne Tate, from The Franelle M. Wood Revocable Trust, by Warranty Deed recorded on November 7, 2001, in Instrument No. 20011107-0122596, 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 299 April Lane, Nashville, TN 37211.

   Map and Parcel 16104017300

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: JOANNE SHERIDAN TATE		2. Sex: FEMALE	3. Date of Death: 09/21/2021
4. Time of Death (24 hr): 00:00	5. Age: 82	6. Date of Birth: 12/12/1938	7. Birthplace: AUTAUGA COUNTY, AL
8a. Place of Death: INPATIENT			
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: SECRETARY	11b. Kind of Business/Industry: INSURANCE
12. Social Security Number: [redacted]	13a. Residence State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 305 DEVIN DRIVE	13e. Inside City Limits? YES	13f. Zip Code: 37211	14. Was Decedent ever in US Armed Forces? NO
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	
18. Father's Name: JOE SHERIDAN		19. Mother's Name Prior to First Marriage: UNKNOWN	
20a. Informant's Name: JULIE TATE	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 305 DEVIN DRIVE, NASHVILLE, TN 37211	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ JAMES R PADGETT	22b. License Number: 5534	22c. Signature of Embalmer: ▶ /e/ Allison C Klotz	22d. License Number: 3856
23a. Name and Address of Funeral Home: WOODLAWN ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407			23b. License Number: 933
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 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: ▶ /e/ SHUAIB MOHAMMED MOHYUDDIN	27b. License Number: 029365	27c. Date Signed: 11/08/2021

27d. Name and Address: SHUAIB MOHAMMED MOHYUDDIN 383 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? NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death? UNKNOWN	32. If Female: 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-1656E 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

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Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Nov-09-2021

CERTIFICATION OF VITAL RECORD

202406140044487

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER: 201906720

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: 03/09/1939
7. BIRTHPLACE: MCEWEN, TN
8a. PLACE OF DEATH: DECEDENTS 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): JOANNE SHERIDAN
11a. DECEDENT'S USUAL OCCUPATION: CARPENTER
11b. KIND OF BUSINESS/INDUSTRY: SELF-EMPLOYED
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 259 APRIL LANE
13e. 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 MOPEEK

DISPOSITION

20a. INFORMANT'S NAME: JULIE TATE
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 259 APRIL LANE, NASHVILLE, TN 37211
21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: WOODLAWN REOSCH-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 Kintz
22d. LICENSE NUMBER: 4355
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN REOSCH PATTON FUNERAL HOME AND MEMORIAL, 950 THOMPSON LANE, NASHVILLE, TN 37204-0407
23b. LICENSE NUMBER: 933

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.
27a. CERTIFIER: /s/ SHUAIB MOHAMMED MOHYUDDIN
27b. LICENSE NUMBER: 0028385
27c. DATE SIGNED: 12/03/2019
27d. NAME AND ADDRESS: SHUAIB MOHAMMED MOHYUDDIN 391 WALLACE ROAD BLDG A, STE 104, NASHVILLE, TN 37211

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

MEDICAL CERTIFICATION

28. PART I. ENTER THE DISEASE 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	
	b. CAD — DUE TO (OR A CONSEQUENCE OF)	
	c. HTN — DUE TO (OR A CONSEQUENCE OF)	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	d. CHOLESTEROL ELEVATION — DUE TO (OR A CONSEQUENCE OF)	

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-1059 (Rev. 8/2017) RDA 10112

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

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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

202406140044487

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

202406140044487

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