PREPARED BY:	STATE of Tennessee COUNTY of Robertson
Rebecca Ryan 1056 Beech Tree Lane Brentwood, TN 37027	The actual consideration for this transfer is: $0.00 Linda M. Thompson AFFIANT
Karen Johnson Batch # 1152355 06/28/2024 10:53:21 AM Fees: $22.00 Taxes: $0.00 20240628-0048658 Davidson County **AFFIDAVITH** 4 pgs	Subscribed and sworn to before me, this 14th day of June 2024. NOTARY PUBLIC Hannah R. Davis My Commission Expires: 8/16/2026

HANNAH R. DAVIS
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

Address New Owners:	**Sent Tax Bills To:**	**Tax Information**
Cathy O. Certain - Spouse Rachel Elizabeth Hill - Daughter Carl Lee Certain, II – Son Victor Certain Lori Lynne Franks 1923 Dahlia Dr. Nashville, TN 37210	**New Owners**	95-12-162

AFFIDAVID OF HEIRSHIP

1. My name is **Linda M. Thompson** ("Affiant"). I currently reside in Robertson County, State of Tennessee. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. Carl Lee Certain (hereinafter "Decedent") was my Son and I knew him for approximately **65** years.

3. Decedent died on May 11, 2024 as a resident of Hickman County, Tennessee. His Death Certificate is attached hereto as Exhibit 1. To my knowledge he died without a valid Last Will and Testament and an estate has not been opened for probate administration.

4. The purpose of this document is to transfer Decedent's portion (1/3rd of the property) to his heirs. Decedent's heir's include wife, Cathy O. Certain, daughter, Rachel Elizabeth Hill, and son Carl Lee Certain II.

5. At the time of his passing, Decedent owned (**one-third (1/3rd)** of the real property located at 2713 MCKEIGE DRIVE, NASHVILLE, TENNESSEE 37214 (the "Property"). The property is more fully and particularly described as follows:

   LAND in Davidson County, Tennessee, being Lot No. 42 on the Plan of Perry Heights, of record in Book 2900, Page 18, Register's Office for said County, to which reference is hereby made for a more particular description.

   Further being the same property conveyed to Thomas E. Certain and Rebecca Faye Link by deed dated April 18, 1979 of record Book 5422, page 675, Register's Office for Davidson County, Tennessee.

Further being the same property conveyed to Thomas E. Certain by quitclaim deed from Rebecca Faye Link, now Rebecca Faye Ryan, dated December 19, 2005 of record in Instrument No. 20051219-0151567, Register's Office for Davidson County, Tennessee.

Further being the same property conveyed to Thomas Edward Certain by quitclaim deed from Thomas E. Certain, dated July 11, 2012, of record in Instrument No. 20120711-0060883, Register's Office for Davidson County, Tennessee.

Further being the same property conveyed to Carl Lee Certain, Victor Certain and Lori Franks by INSTRUMENT #20240220-0011422, Register's Office for Davidson County, Tennessee.

The Decedent was survived by his wife and two adult children, wife Cathy Certain, daughter, Rachel E. Hill, and son Carl Lee Certain, II. The Decedent had no other children, biological or adopted, during his lifetime.

Therefore, Decedent's interest in the Property vested in fee simple absolute in Cathy Certain, Rachel Hill and Carl Lee Certain, II, his sole heirs-at-law, immediately upon his death, pursuant to T.C.A. §31-2-103. As of this filing of this Affidavit, ownership in the Property remains vested in fee simple in the names of CATHY CERTAIN, RACHEL HILL, CARL LEE CERTAIN, II, VICTOR CERTAIN AND LORI FRANKS, AS TENANTS IN COMMON.

FURTHER AFFIANT SAYETH NOT.

SWORN this 14th day of June 2024.

X Linda M. Thompson

Linda M. Thompson, Affiant

STATE OF Tennessee

COUNTY OF Robertson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Linda M. Thompson, the within named Affiant, 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.

Sworn to and subscribed before me, the undersigned Notary Public, this 14th day of June 2024.

X Hannah R. Davis

NOTARY PUBLIC

My Commission espires: 8/16/2026

HANNAH R. DAVIS
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024

1. Decedent's Legal Name: CARL CERTAIN				2. Sex: MALE	3. Date of Death: 05/11/2024
4. Time of Death (Approx.): 06:42 AM	5a. Age: 65	6. Date of Birth: 02/25/1959	7. Birthplace: SMYRNA, TN		
8a. Place of Death: INPATIENT					
8b. Facility Name: TRISTAR CENTENNIAL MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): CATHY ALDRIDGE		11a. Decedent's Usual Occupation: MECHANIC	11b. Kind of Business/Industry: SELF EMPLOYED	
12. Social Security Number: -5229	13a. Residence-State or Foreign Country: TENNESSEE		13b. County: HICKMAN	13c. City or Town: BON AQUA	
13d. Street and Number: 9734 ROCKY POINT RD		13e. Inside City Limits?: NO	13f. Zip Code: 37025	14. Was Decedent ever in US Armed Forces?: YES	
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA		16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: TOM CERTAIN			19. Mother's Name Prior to First Marriage: LINDA MARTINSON		
20a. Informant's Name: CATHY CERTAIN	20b. Relationship to Decedent: WIFE		20c. Mailing Address: 9734 ROCKY POINT RD, BON AQUA, TN 37025		
21a. Method of Disposition: CREMATION		21b. Place of Disposition: ELLIS CREMATORY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ ROBERT H WHITLEY		22b. License Number: 3618	22c. Signature of Embalmer: ▶		22d. License Number
23a. Name and Address of Funeral Home: ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216					23b. License Number: 775
24. Registrar's Signature: ▶				25. Date Filed	

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/ JASON WANG	27b. License Number: 66890	27c. Date Signed: 05/15/2024
27d. Name and Address: JASON WANG 2300 PATTERSON ST, NASHVILLE, TN 37203		

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. HEPATIC ENCEPHALOPATHY	
	b. METASTATIC HEPATOCELLULAR CARCINOMA	
	c. GASTROINTESTINAL BLEED	
	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?: NO	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

PH-1659E

RDA 10112

This document is not a certified copy.

Pursuant to TENN CODE ANN § 56-7-206, this document may only be used for the purposes of establishing proof of death as it relates to a life insurance policy with a value of fifteen thousand dollars ($15,000.00) or less.

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 030440

1. Decedent's Legal Name			2. Sex	3. Date of Death
CARL CERTAIN			MALE	05/11/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
06:42 AM	65	02/25/1959	SMYRNA, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
TRISTAR CENTENNIAL 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**
MARRIED	CATHY ALDRIDGE	MECHANIC		SELF EMPLOYED
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
-5229	TENNESSEE	HICKMAN		BON AQUA
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
9734 ROCKY POINT RD		NO	37025	YES
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**	
TOM CERTAIN			LINDA MARTINSON	
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
CATHY CERTAIN	WIFE	9734 ROCKY POINT RD, BON AQUA, TN 37025		
21a. Method of Disposition	**21b. Place of Disposition**		**21c. Location**	
CREMATION	ELLIS CREMATORY		NASHVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ ROBERT H WHITLEY	3618	▶		
23a. Name and Address of Funeral Home				**23b. License Number**
ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216				775
24. Registrar's Signature			**25. Date Filed**	
▶ /e/ EDWARD G BISHOP III			05/18/2024	

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/ JASON WANG	66890	05/15/2024

27d. Name and Address

JASON WANG 2300 PATTERSON ST, NASHVILLE, TN 37203

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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

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-20-2024

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