Karen Johnson Davidson County
Batch# 1157927 AFFIDAVITH
07/15/2024 10:24:30 AM 10 pgs
Fees: $52.00 Taxes: $0.00
20240715-0052940

THIS INSTRUMENT
PREPARED BY:
Tressler & Associates, LLC
212 N. Castle Heights Ave.
Lebanon, TN 37087
File No. 24-206

# AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Now comes **Carl Brooks** and **Renee Brooks** having been first duly sworn and on their oath do depose and state that they are of lawful age and all information being based upon personal knowledge, further deposes and states:

1. That Affiants reside at the following addresses:

| | |
|---|---|
| **Carl Brooks** | **Renee Brooks** |
| 62 Benzing Road | 62 Benzing Road |
| Nashville, TN 37013 | Nashville, TN 37013 |

2. That Affiants have personal knowledge of the family of the Decedent, **Emily Jean Shoemake**, by reason of the following:

   **Carl Brooks** has been a friend of the Decedent's family for twenty years.

   **Renee Brooks** has been a friend of the Decedent's family for twenty years.

3. That the Decedent died on 11/16/2023 and at the time of her death, she had an interest in fee simple in the property known as **62 Benzing Road Nashville, TN 37013.** See attached **Exhibit A** for her proof of death.

4. The Decedent died **widowed** and **intestate.**

5. That at the time of the Decedent's death, her husband, Billy R. Shoemaker, predeceased her on 12/3/2013, thus vesting her with title in fee simple as the surviving tenant by the entirety. See Attached **Exhibit B.**

6. That the Decedent left behind the following children: **Bill Shoemake Jr.** and **Kristy Jones.**

7. That the following persons constitute the only heirs at law of the Decedent, at the time of Decedent's death:

| Name | Relationship to Decedent |
|---|---|
| **Bill Shoemake Jr.** | Child |
| **Kristy Jones** | Child |

8. That upon the Decedent's death, no one other than the heirs listed in this Affidavit had an interest in the Decedent's property located at **64 Benzing Road Nashville, TN 37013**

9. That the Decedent's estates were not subject to a claim from TennCare. See attached **Exhibit C**
   a. *Note: the statute of limitations is four years from the date of passing and also does not apply to Non-TN individuals.*

10. Probate was filed for the Decedent and of record in Case No. 24P260, 7th Circuit Court Probate Division of Davidson County, TN.

11. The property known as **64 Benzing Road Nashville, TN 37013** is legally described as follows: **See Attached Exhibit D for a copy of the Deed.**

*WARNING: TCA 30-2-712(f) provides whoever shall willfully, corruptly and falsely swear to any statement in any such affidavit known by such person to be false, or about which such person does not have sufficient definite knowledge to justify his making such a sworn statement, and such statement is false, commits a Class "E" felony.*

Further affiant sayeth not.

SPACE LEFT INTENTIONALLY BLANK
SIGNATURES ON FOLLOWING PAGES

Renee Brooks

**Renee Brooks**
Date: 7/13/2024

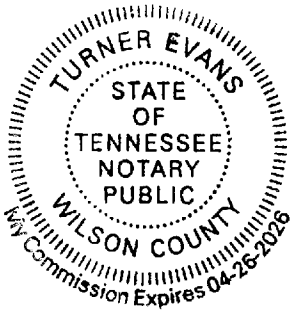
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Renee Brooks** with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office, this 13th day of July, 2024.

Notary Public

My commission expires: 4/26/26



**Carl Brooks**
Date: 7/13/2024

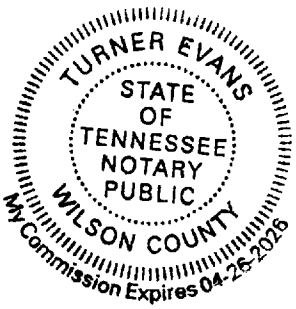
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Carl Brooks** with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office, this 13th day of July, 2024.

Notary Public

My commission expires: 4/26/26



STATE OF TENNESSEE
Office of Vital Records

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 074841

| 1. Decedent's Legal Name | | | 2. Sex | 3. Date of Death |
|---|---|---|---|---|
| EMILY JEAN SHOEMAKE | | | FEMALE | 11/16/2023 |
| **4. Time of Death (Approx.)** | **5a. Age** | **6. Date of Birth** | **7. Birthplace** | |
| 08:40 AM | 81 | 10/08/1942 | SANDPOINT, ID | |

**8a. Place of Death**
DECEDENT'S HOME

| 8b. Facility Name | 8c. City or Town | 8d. County of Death |
|---|---|---|
| 64 BENZING ROAD | ANTIOCH | DAVIDSON |

| 9. Marital Status | 10. Surviving Spouse (name prior to first marriage) | 11a. Decedent's Usual Occupation | 11b. Kind of Business/Industry |
|---|---|---|---|
| WIDOWED | | CASHIER | H G HILL GROCERY |

| 12. Social Security Number | 13a. Residence-State or Foreign Country | 13b. County | 13c. City or Town |
|---|---|---|---|
| 7110 | TENNESSEE | DAVIDSON | ANTIOCH |

| 13d. Street and Number | 13e. Inside City Limits? | 13f. Zip Code | 14. Was Decedent ever in US Armed Forces? |
|---|---|---|---|
| 64 BENZING ROAD | YES | 37013 | 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 |
|---|---|
| WILLIAM T TOMS | ZILPHIA M HARRISON |

| 20a. Informant's Name | 20b. Relationship to Decedent | 20c. Mailing Address |
|---|---|---|
| BILLY R SHOEMAKE JR | SON | 64 BENZING ROAD, ANTIOCH, TN 37013 |

| 21a. Method of Disposition | 21b. Place of Disposition | 21c. Location |
|---|---|---|
| BURIAL | MIDDLE TN VETERANS CEMETERY | NASHVILLE TN |

| 22a. Signature of Funeral Director | 22b. License Number | 22c. Signature of Embalmer | 22d. License Number |
|---|---|---|---|
| ▶ /s/ WENDELL L. BYRD | 2556 | ▶ /s/ PAMELA S PENLAND | 4320 |

| 23a. Name and Address of Funeral Home | 23b. License Number |
|---|---|
| WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211 | 700 |

| 24. Registrar's Signature | 25. Date Filed |
|---|---|
| ▶ /s/ EDWARD G BISHOP III | 12/08/2023 |

**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 |
|---|---|---|
| ▶ /s/ KHURRAM J KHAN | 89288 | 12/07/2023 |

**27d. Name and Address**
KHURRAM J KHAN 3901 CENTRAL PIKE SUITE 259, HERMITAGE, TN 37076

**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 this cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | a. SENILE DEGENERATION OF BRAIN | YEARS |
| | b. SEVERE PROTEIN CALORIE MALNUTRITION | YEARS |
| | c. DEMENTIA WITHOUT BEHAVIORAL DISTURBANCES | YEARS |
| | d. ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERIES WITHOUT ANGINA PECTORIS | YEARS |

**Part II** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I
CHRONIC OBSTRUCTIVE PULMONARY DISEASE; TYPE II DIABETES MELLITUS

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 | 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 1050E 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.

47531

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Dec-08-2023

CERTIFICATION OF VITAL RECORD

202407150052940

# STATE OF TENNESSEE
## Office of Vital Records

Exhibit B

13374561

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH**

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Billy Ray Shoemake, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 3, 2013
4. TIME OF DEATH (Approx.): 10:06 am
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 12, 1933
7. BIRTHPLACE (City and State or Foreign Country): Smith County, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Vanderbilt Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Emily Toms
11a. DECEDENT'S USUAL OCCUPATION: Purchasing Agent
11b. KIND OF BUSINESS/INDUSTRY: HVAC Wholesale
12. SOCIAL SECURITY NUMBER: 6951
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 64 Benzing Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES?: ☒ Yes ☐ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☒ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

3F3VA

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☒ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☒ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

**PARENTS**

18. FATHER'S NAME (First, Middle, Last): William Seldon Shoemake
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Grady Lynch

**DISPOSITION**

20a. INFORMANT'S NAME: Emily Shoemake
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 64 Benzing Road, Antioch, TN 37013
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Veterans Cemetery
21c. LOCATION – City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ David Dial
22d. LICENSE NUMBER: 5170
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

**REGISTRAR**

24. REGISTRAR'S SIGNATURE: ▶ Jessica Thacker
25. DATE FILED (Month, Day, Year): December 10, 2013

**CERTIFIER**

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

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER: ▶ Lee Thurston Livingston
27b. LICENSE NUMBER: 96252
27c. DATE SIGNED (Month, Day, Year): 12-9-2013
27d. NAME AND ADDRESS: 1313 21st Ave. South, Nashville, TN 37232

**MEDICAL CERTIFICATION**

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Circulatory Collapse, Intractable Shock
Due to (or as a consequence of)
b. Massive Pulmonary Embolus
Due to (or as a consequence of)
c. Deep Vein Thrombosis, right leg
Due to (or as a consequence of)
d.
Approximate interval: Onset to death:
a. < 8 hours.
b. 5 Months.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Squamous Cell Carcinoma of Scalp.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TH-1659 (Rev. 10-2011) RDA 1398

6165259

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.

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6165259
Date Issued: 2013

CERTIFICATION OF VITAL RECORD

202407150052940

TN Division of TennCare

Exhibit C

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

#

March 21, 2024

Ashley D. Stearns
107 North Maple St.
Murfreesboro, TN 37130

RE: Shoemake, Emily Jean Date of Death: 11/16/2023 SSN: xxx-xx-7110
Our File Number: 123144

Ashley D. Stearns:

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 annuities, 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 or annuity, 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 or annuity when making such a request.**

Sincerely,

Joan Jackson

TennCare RFR Processing Unit

Under 2024

Exhibit D

# WARRANTY DEED

BOOK 4229 PAGE 744

| ADDRESS NEW OWNER (S) AS FOLLOWS: | SEND TAX BILLS TO: | MAP PARCEL NUMBERS |
|---|---|---|
| Billy R. Shoemake | Guaranty Mortgage Company | Map 162-9 |
| (NAME) | (NAME) | |
| 64 Benzing Road | 316 Union St. | Pa. 35 |
| (STREET ADDRESS OR ROUTE NUMBER) | (STREET ADDRESS) | |
| Antioch, Rt. 1, Tenn. | Nashville, Tennessee. | |
| (CITY) (P. O. ZONE) (STATE) | (CITY) (ZONE) (STATE) | |

FOR AND IN CONSIDERATION of the sum of TEN AND NO/100 ($10.00) ---------- Dollars, and other good and valuable considerations accepted as cash, receipt of which if hereby acknowledged, including the assumption to pay an indebtedness as evidenced by an instrument of record in Book 4128, page 520, Register's Office for Davidson County, Tennessee.

We, James M. Hammett and wife, Ann R. Hammett,

have this day bargained and sold, and do hereby transfer and convey unto the said Billy R. Shoemake and wife, Emily T. Shoemake, their ~~XXXXXXX~~, heirs and assigns, certain real estate in Davidson County, Tennessee, as follows:

Land in Davidson County, Tennessee, being Lot No. 66 on the Plan of Antioch Park, Section I, as of record in Book 3600, page 96, Register's Office for Davidson County, Tennessee, described as follows:

Said Lot No. 66 fronts 75.0 feet on the northwesterly side of Benzing Road and extends back 200.0 feet on the northeasterly line and 196.8 feet on the southwesterly line, to a line in the rear on which it measures 75.07 feet.

Being the same property conveyed to James M. Hammett and wife, Ann R. Hammett, by deed from William H. Smithson and Carl W. Smithson, d/b/a Smithson Construction Company, of record in Book 4128, page 519, Register's Office for Davidson County, Tennessee.

It is agreed and understood that the escrow account in connection with the indebtedness of record in Book 4128, page 520, said Register's Office, is hereby transferred to said purchasers. Insurance on said property is also transferred to purchasers.

STATE OF TENNESSEE, COUNTY OF DAVIDSON. The actual consideration or value whichever is greater, for this transfer is $ 16,510.16

Subscribed and sworn to before me, this the 19 day of April, 19 68

Affiant: Billy R. Shoemake

My commission expired 5/10/70 (Affix Seal)

Notary Public: Phillip T. Williams

This is improved ( ) unimproved property, known as ..... (House Number) ..... (Street) ..... P. O. Address: ..... (City or Town)

TO HAVE AND TO HOLD said real estate, with the appurtenances, estate, title and interest thereto belonging to the said Billy R. Shoemake and wife, Emily T. Shoemake, their ~~XXXXXXX~~ heirs and assigns forever. We covenant that we are lawfully seized and possessed of said real estate in fee simple, have a good right to convey it, and that the same is unencumbered. We further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to said real estate to said Billy R. Shoemake and wife, Emily T. Shoemake, their ~~XXXXXXX~~, heirs and assigns, against the lawful claims of all persons.

Witness our hand s this 19 day of April, 19 68, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

James M. Hammett

Ann R. Hammett

This Instrument Was Prepared By

Phillip Saindon (emp)

Of The Law Firm Pedigo & Saindon

Stahlman Building: Nashville, Tennessee

BOOK 4229 PAGE 745

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

*Personally appeared before me,* Nellie T. Weimar, *a Notary Public in and for said County and State,* James M. Hammett and wife, Ann R. Hammett, *the within named bargainor* s, *with whom I am personally acquainted, and who acknowledged that* they *executed the within instrument for the purposes therein contained.*

*Witness my hand and official seal at* Nashville, Tennessee. *this* 19 *day of* April, *19* 68

Nellie T. Weimar, *Notary Public*

*Commission expires* 5/10/70

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

*Before me,* ..... *a Notary Public of the State and County aforesaid, personally appeared* ..... *with whom I am personally acquainted, and who, upon oath, acknowledged* ....self *to be* ..... *of the* ..... *the within named bargainor, a corporation, and that* ....he *as such* ..... *being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by* ....self *as* .....

*Witness my hand and seal, at office in* ..... *this* .....*day of* ....., *19*.....

..... *Notary Public*

*Commission expires* .....

13777

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY
STATE OF TENN

APR 24 3 33 PM '68
NOTE BOOK 718 PAGE 629
RECORDING FEE $ 3.00
DEP. REG. .....

STATE TAX $ 4.00
PROBATE .50
TOTAL $ 4.50

APR 24 1968

FELIX Z. WILSON, II
COUNTY REGISTER
DAVIDSON COUNTY, TENN.

OAKES-SMITH REALTORS

WARRANTY DEED

FROM
JAMES M. HAMMETT, ET UX

TO
BILLY R. SHOEMAKE, ET UX

Compliments of
Guaranty Title
Office of
Chicago Title Insurance Company
American Trust Bldg.—S. W. Corner
Third & Union
Phone 256-2656
NASHVILLE, TENNESSEE

PEDIGO & SAINDON

202407150052940

## Tennessee Certification of Electronic Document

I, Todd A. Tressler, II, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on July 13, 2024

Affiant Signature

07-25-23

Date

State of TENNESSEE

County of WILSON

Sworn to and subscribed before me on this 25th day of July, 2023.

Notary Signature

My Commission Expires: 06-28-25

NOTARY'S SEAL:

LISA P. CHANEY
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY