Karen Johnson
Batch # 1183637
09/19/2024 01:03:18 PM
Fees: $17.00 Taxes: $0.00

Davidson County
AFFIDAVITH
3 pgs

20240919-0072741

This instrument prepared based on information
provided by the parties and not independent verification by:
Larry B. Hoover
Attorney at Law
2705 Gallatin Pike
Nashville, Tennessee 37216
Telephone: (615) 690-3125

Map & Parcel: **072 09 0 242.00 (Davidson County)**
Address Owner: Felica Shinault
Send Tax Bill: 1012 Delmas Avenue,
Nashville TN 37216

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Robert T. Shinault and wife, Felicia Shinault, owned by Tenants by the Entirety, real property known as 1012 Delmas Avenue, Nashville, Davidson County Tennessee 37216. Robert T. Shinault died intestate on September 8, 2024:

3. That the Decedent's Certificate of Death are attached hereto in Attachment A.

4. That at the time of his death, Robert T. Shinault and Felicia Shinault were married and were the owners, with a right of survivorship, the property particularly described as follows:

   Land in Davidson County, Tennessee, being the westerly 50 feet of Lot No. 39, on the Plan of East Hill Addition as of record in Plat Book 332, page 33, Register's Office for Davidson County, Tennessee to which plat reference is hereby made for a more complete and accurate legal description.

   Said Westerly 50 Feet of lot 39 fronts, 50 feet on the southerly side of Delmas Avenue and runs back between parallel lines 191 feet to the south line of the above-mentioned plan.

   Being the same property conveyed to Metropolitan Development and Housing Agency by Clerks Deed from Richard R. Rooker Clerk of the Circuit Court of record in Book 10858, page 151, Register's office for Davidson County, Tennessee and also by deed #2011211-0136665.

   Being the same property conveyed to Robert Shinault and wife Artanya L. Shinault by Nashville Homestead Corporation by way of Warranty deed

received on December 11, 2001, and recorded in the Davidson County Register of Deeds Office under #2011211-0136666.

Being the same property conveyed to Robert Shinault due to the death of Artanya L. Shinault in the Davidson County Register of Deeds of recording number 20130819-0086889.

Being the same property conveyed to Robert T. Shinault and wife Felicia Shinault by quitclaim deed and recorded on August 26, 2013, in the Davidson County Register of Deeds of recording number 20130826-0089603

That the Decedent was not enrolled in the Tennessee TennCare program at the time of his death.

That *Tenn. Code Ann.*§ 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being used to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 13 day of Sept., 2024.

LB Hoover

Larry B. Hoover

OATH

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **Larry B. Hoover,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 13 day of Sept, 2024.

KATHERINE R SLOAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Katherine R. Sloan

NOTARY PUBLIC

My Commission Expires: 11-6-2024

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 055954

1. Decedent's Legal Name			2. Sex	3. Date of Death
ROBERT SHINAULT			MALE	09/08/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
16:00	62	12/16/1961	BOONEVILLE, MS	
8a. Place of Death				
NURSING HOME/LONG TERM CARE				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
GRACE HEALTHCARE OF WHITES CREEK		WHITES CREEK		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
MARRIED	FELICIA BURTON	CHEF		RESTARAUNT
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
-2427	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**		**14. Was Decedent ever in US Armed Forces?**
1012 DELMAS AVE	YES	37216		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**		
WILLIAM SHINAULT		BONNIE BRYANT		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
FELICIA SHINAULT	WIFE	1012 DELMAS AVE, NASHVILLE, TN 37216		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREENWOOD CEMETERY NORTH	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ BYRETTIA LAWRENCE BROADY	5130	▶ /e/ TERRELL ANDRE BROADY		4117
23a. Name and Address of Funeral Home				**23b. License Number**
TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219				1137
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		09/12/2024		

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/ JENNIFER LOWE ELLIS	028060	09/12/2024

27d. Name and Address

JENNIFER LOWE ELLIS 1539 ASHLAND CITY RD SUITE C CLARKSVILLE, TN 37040

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. CIRRHOSIS OF THE LIVER	UNKNOWN
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

ETOH ABUSE, HISTORY OF INTRACRANIAL HEMORRHAGE, HISTORY OF STROKE

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	PROBABLY	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.

Date Issued: Sep-12-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

016520987

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE