Karen Johnson
Batch # 1200440
11/01/2024 01:17:27 PM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVIT
3 pgs
20241101-0085079

AFFIDAVIT
IN FUTHERANCE OF TITLE

THIS INSTRUMENT WAS PREPARED BY: Richard Hedgepath, Attorney at Law, 810 Dominican Dr., Nashville, TN 37228 (615) 268-6575.

NEW OWNER	SEND TAX BILLS TO:	MAP & PARCEL
NATHAN LEE MOON	Same	Map 141 Parcel 67
1789 Sams Creek Rd		
Ashland City, TN 37015		

The subject property is improved property known as: 8001 Hooten Hows Rd., Nashville, Davidson County, Tennessee 37221.

AFFIDAVIT IN FURTHERANCE OF TITLE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The affiant, NATHAN LEE MOON, having been duly sworn according to law, deposes and says:

1. JOHN A. WRIGHT, deceased, owned a life estate interest in the following described real property, a certain tract or parcel of land in Davidson County, State of Tennessee, AND NATHAN LEE MOON owns the remainder fee interest, in said real property described as follows, to wit:

> A tract of land fronting 300 feet on the south side of Hooten Hows Road and running back between parallel lines 675 feet, more or less, to Interstate 40, containing 4 acres, more or less.
>
> The above described property includes a 14 foot Roadway leading from Hooten Hows Road along the Easterly portion of the above tract to the railroad property.
>
> Being the same property conveyed to Virginia Louise King Wright and husband, John A. Wright, by deed from Virginia Louise King Wright, of record in Book 8975, page 72, Register's Office for Davidson County, Tennessee. And, being the same property conveyed to Virginia Louise King Wright by deed from husband, John A. Wright, as instrument #20150326-0026066, Register's Office for Davidson County, Tennessee.
>
> This is the same description as in the previous deed of record.

2. JOHN A. WRIGHT received his Life Estate AND NATHAN LEE MOON received the remainder fee interest in 8001 Hooten Hows Rd., Nashville, Davidson County, TN, as follows: Virginia Louise King Wright died testate on June 26, 2016. Her Last Will and Testament was admitted to Probate for muniment of title only in the Probate Court for Davidson County, Tennessee, as case #16P-1175. A certified copy of said Will was recorded in the Register of Deeds Office for Davidson County, TN, as **Instrument #20160728-0077746**. In said Last Will and Testament, a Life Estate Fee in the real property located at 8001 Hooten Hows Rd., Nashville, Davidson County, Tennessee 37221 was devised to JOHN A. WRIGHT, and the remainder fee was devised to NATHAN LEE MOON.

3. An Affidavit of Heirship was filed as **Instrument #20160728-0077747** in the Register of Deeds Office for Davidson County, TN, stating a Life Estate Fee in the real property located at 8001 Hooten Hows Rd., Nashville, Davidson County, Tennessee 37221, was devised to JOHN A. WRIGHT, and the remainder fee was devised to NATHAN LEE MOON.

4. JOHN A. WRIGHT died on December 20, 2016.

5. A certified copy of the death certificate for JOHN A. WRIGHT is being filed simultaneously herewith as an EXHIBIT to this Affidavit.

6. The life estate of JOHN A. WRIGHT terminated on his death and upon said death NATHAN LEE MOON owns a fee simple interest in the real property located at 8001 Hooten Hows Rd., Nashville, Davidson County, Tennessee 37221, and which is described herein above.

Further, affiant saith not.

Nathan L. Moon

NATHAN LEE MOON
7940 Hooten Hows Rd.
Nashville, TN 37221
(615) 948-8366

RICHARD HEDGEPATH JR. NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named NATHAN LEE MOON, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 30 day of October 2024.

NOTARY PUBLIC: Richard Hedgepath Jr.

My commission expires: 03-09-2027

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2016 066062

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): John Arold Wright
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 20, 2016
4. TIME OF DEATH (Approx.): 15:10
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 04, 1928
7. BIRTHPLACE (City and State or Foreign Country): Decatur, Alabama

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): 8001 Hooten Hows Road
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☑ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Metro School

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 8001 Hooten Hows Rd
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37221-1009
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

NAME OF DECEDENT (For use by Physician or Institution)

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

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): Obed Frank Wright
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Frances Laura Sams

DISPOSITION

20a. INFORMANT'S NAME: Bette Arlene Omohendro
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7940 Hooten Hows Rd, Nashville, TN 37221-1008

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Lee Frazer
22b. LICENSE NUMBER: 6079
22c. SIGNATURE OF EMBALMER: ▶ Irena Mueller
22d. LICENSE NUMBER: 6643

23a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Road, Nashville, TN 37206
23b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ DChambers DR
25. DATE FILED (Month, Day, Year): 12/28/16

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 12/27/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, 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. | Approximate Interval

09029946

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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Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Jan-30-2017

CERTIFICATION OF VITAL RECORD

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