Karen Johnson
Batch # 1272255
05/13/2025 08:08:37 AM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20250513-0037363

This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Robinson Law, PLLC
2705 Gallatin Pike
Nashville, Tennessee 37216
Telephone: (615) 320-9977

Map & Parcel: **059 09 0 144.00**
Address Owner: Phyllis L. Beard
Send Tax Bill: 5301 Buena Vista Pike
Nashville, TN 37218

AFFIDAVIT OF SURVIVORSHIP

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 Ronald L. Beard and wife Phyllis L. Beard owned real property by the entireties located at 3215 Kings Lane Nashville, Davidson County, Tennessee 37218 and more particularly described as follows:

> BEING Lot No. 2 on the Plan of the Addition to Treppard Heights, Section 7, as of record in Book 4350, Page 63, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.
>
> Being the same property conveyed to Oberta Nixon by deed from Cumberland Builders, Inc., of record in Book 4529, Page 285, dated August 11, 1971, Register's Office for said County. The said Oberta Nixon died intestate December 14, 2011. The Grantor herein executes this instrument as Administratrix of the Estate of Oberta Nixon pursuant to the authority granted by the court order of record in Probate Court of Davidson County, Tennessee, File No. 12P-742. See also Heir Affidavits of record in Instrument 20170227-0019184 and 20170227-0019185, Register's Office for said County.
>
> Being the same property conveyed to Ronald L. Beard and wife, Phyllis L. Beard by Warranty Deed from Phyllis Beard, Administratrix of the Estate of Oberta Nixon, being instrument number 20170227-0019186 of record in the Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 3215 Kings Lane, Nashville, TN 37218.

3. That Ronald L. Beard (hereinafter "the Decedent") died on September 4, 2021, leaving his spouse, Phyllis L. Beard, of 3215 Kings Ln Nashville, TN 37218, surviving him.

4. That the Decedent's Certificate of Death is attached hereto in Attachment A.

5. That the above referenced surviving spouse, Phyllis L. Beard, now owns the above referenced property in fee simple interest by operation of law.

6. 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.

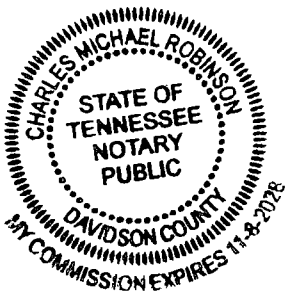
Dated this the 13 day of March, 2025.

I, **DOROTHY STIFF,** after having first been duly sworn do hereby swear that the foregoing is true and accurate to the best of my knowledge, information, and belief.

Dorothy Stiff
DOROTHY STIFF

SWORN to and subscribed before me this 13th day of March, 2025.

CM Robinson
NOTARY PUBLIC



My commission expires: 11-8-28

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2021 061299

1. Decedent's Legal Name		2. Sex	3. Date of Death
RONALD BEARD		MALE	09/04/2021
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**
21:23	70	11/28/1950	NASHVILLE, TN

8a. Place of Death
ER/OUTPATIENT

8b. Facility Name	8c. City or Town	8d. County of Death
TRISTAR SKYLINE 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	PHYLLIS RAINES	MECHANIC	TDOT

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

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
5203 BUENA VISTA PIKE	YES	37218	NO

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. Father's Name	19. Mother's Name Prior to First Marriage
LEROY BEARD	ARVIS HAYNES

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
PHYLLIS D BEARD	WIFE	5203 BUENA VISTA PIKE, NASHVILLE, TN 37218

21a. Method of Disposition	21b. Place of Disposition	21c. Location
CREMATION	WEST HARPETH FUNERAL HOME AND	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
/e/ RONALD M STEWART	3111	/e/ Christopher Lee Jefferson	6500

23a. Name and Address of Funeral Home	23b. License Number
W. D. CROWDER FUNERAL HOME, 1800 JOHN L PATTERSON ST, SPRINGFIELD, TN 37172-0655	400

24. Registrar's Signature	25. Date Filed
/e/ EDWARD G BISHOP III	09/13/2021

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	27b. License Number	27c. Date Signed
/e/ KEVIN MCKECHNIE	33852	09/13/2021

27d. Name and Address
KEVIN MCKECHNIE 2400 PATTERSON STREET SUITE 400, NASHVILLE, TN 37027

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. ACUTE MYOCARDIAL INFARCTION	
	b. CORONARY ARTERY DISEASE	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I
TYPE 2 DIABETES, HYPERTENSION, HYPERCHOLESTEROLEMIA

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	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

12991879

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

1 2 9 9 1 8 7 9

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Sep-13-2021

CERTIFICATION OF VITAL RECORD