Karen Johnson
Batch # 1278283
05/28/2025 08 18 11 AM
Fees $17 00 Taxes $0 00

Davidson County
AFFIDAVITH
3 pgs

20250528-0041612

AFFIDAVIT OF HEIRSHIP

Address New Owner:	Send Tax Bills To:	Map/Parcel No.:
Cynthia L. Alexander 2027 Ed Temple Blvd., H-10 Nashville, TN 37208	New Owner	0092633200

1. The undersigned, Clinistine Malone and Antonio Ervin, being duly sworn, depose and state as follows:

2. I, Clinistine Malone, am an adult resherident of Davidson County, Tennessee, and was a family friend of Carolyn D. Lipscomb, ("Decedent") for over twenty (20) years prior to her death.

3. I, Antonio Ervin, am an adult resident of Davidson County, Tennessee, and was a family friend of Decedent for over twenty (20) years prior to her death.

4. Decedent died on January 3, 2025, at the age of 71 years. A copy of her death certificate is attached here as **Exhibit A.**

5. Decedent died without a valid Last Will & Testament. An estate has not been opened for probate administration; however, a Small Estate Petition was filed under docket number 25P615 in the Seventh Circuit Court for Davidson County, Tennessee to address personal property valued at less than $50,000 and nominal debts owed by Decedent at the time of her death. All debts have been satisfied as part of the Small Estate Petition.

6. At the time of her death, Decedent owned real property located at 713 29th Avenue North, Nashville, Tennessee 37209 (the "Property"). The Property is more fully and particularly described as follows:

> Being Lot No. 52 on the map of L.C. Thuss Subdivision of record in Book 547, page 102, Register's Office for Davidson County.
> Said Lot fronts 40 feet on the westerly side of 29th Avenue North and runs back between lines, 150 feet to an alley.
> Being the same property conveyed from James Alford Dobbins to Carolyn Deloris Lipscomb via Affidavit of Heirship recorded in the Davidson County Register's Office on November 17, 2022 under Instrument number 20221117-0122511.

7. Decedent was not married at the time of her death. Decedent had no children, born-to or adopted by her, during her lifetime. Both of her parents predeceased her. Her one and only sibling, Cynthia L. Alexander, is her sole heir-at-law.

8. Therefore, Decedent's interest in the Property vested in fee simple absolute in Cynthia L. Alexnader, her sole heir-at-law, immediately upon her death, pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the name of Cynthia L. Alexander.

SWORN this 18th day of May 2025.

Clinistine Malone, Affiant

Antonio Ervin, Affiant

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, CLINISTINE MALONE AND ANTONIO ERVIN, 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.

Sworn to and subscribed before me, this May day of 18th 2025.

NOTARY PUBLIC

My commission expires: 1/11/26

THIS INSTRUMENT PREPARED BY:
MARTIN HELLER POTEMPA & SHEPPARD, PLLC
2122 21st Avenue South
Nashville, Tennessee 37212
(615) 800-7096

DHARAM PAL GOYAL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires January 11, 2026

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2025 001892

1. Decedent's Legal Name: CAROLYN DELORES LIPSCOMB		2. Sex: FEMALE	3. Date of Death: 01/03/2025
4. Time of Death (Approx.): 1840	5a. Age: 71	6. Date of Birth: [redacted]1953	7. Birthplace: NASHVILLE, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 713 29TH AVE N	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: LABORER	11b. Kind of Business/Industry: DOMESTIC
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 713 29TH AVE N	13e. Inside City Limits?: YES	13f. Zip Code: 37209	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: JAMES DOBBINS		19. Mother's Name Prior to First Marriage: EMMA MAE HILLIARD	
20a. Informant's Name: DEEDRICK ALEXANDER	20b. Relationship to Decedent: NEPHEW	20c. Mailing Address: 4117 PROVIDENCE PARK LN, NASHVILLE, TN 37211	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: ELLIS CREMATORY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /s/ TERRELL ANDRE BROADY	22b. License Number: 4009	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: TERRELL BROADY FUNERAL HOME, INC 3865 CLARKSVILLE PIKE NASHVILLE, TN 37218-2319			23b. License Number: 1137
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 01/15/2025	

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: ▶ /s/ CHRISTOPHER GEFFRE	27b. License Number: 84177	27c. Date Signed: 01/15/2025

27d. Name and Address: CHRISTOPHER GEFFRE 850 R.S. GASS BLVD NASHVILLE, TN 37216

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. HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

b.

c.

d.

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

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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?: PROBABLY	32. If Female: 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 1053C

RDA 10/12

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: Jan-16-2025

0 1 6 8 8 7 4 7 5

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE