This instrument prepared by:
Vanderkooi Law, PLC
4235 Hillsboro Pike
Suite 300
Nashville, TN 37215
(615) 953-3728
Kristen@vanderkooilaw.com

Send Tax Notices to:
Kenneth A White
209 E. Harris St.
Newton, IL 62448

Tax Map and Parcel:

Map: 150-11
Parcel: 136.00

Karen Johnson Davidson County
Batch # 1285044 AFFIDAVITH
06/17/2025 08:09:00 AM 4 pgs
Fees $22.00 Taxes $0.00
20250617-0047206

GRANTOR:
Thomas E. White

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Pursuant to *Tennessee Code Annotated § 30-2-712*, the Undersigned, being duly sworn, deposes and says:

1. My name is Michael Poole. I am over the age of 21 years and competent to testify to the statements contained herein.
2. I have personal knowledge of the matters stated in this Affidavit.
3. I have been friends with John A. Nelson and Thomas E. White for many years.
4. John A. Nelson and Thomas E. White resided at and were joint owners of 6225 Mountain View Road, Antioch, TN 37013.
5. On December 4, 2015, John A. Nelson departed this life. (Ex. 1, Death Verification of John A. Nelson).
6. On April 28, 2025, Thomas E. White departed this life, Intestate (Ex. 2, Death Certificate of Thomas E. White).
7. Thomas E. White died Intestate, leaving his estate to his sole heir-at-law, his son, Kenneth A. White, pursuant to Intestate Succession.

8. Thomas E. White was the sole owner on the title of the property at 6225 Mountain View Road, Antioch, TN 37013 at the time of his death

9. John A. Nelson and Thomas E. White owned 6225 Mountain View Road, Antioch, TN 37013 as joint tenants with rights of survivorship. After John A. Nelson's death on December 4, 2015, Thomas E. White became the sole owner of the property.

10. The real property to which this Affidavit applies is located at 6225 Mountain View Road, Antioch, TN 37013, consists of 24 acres and is a single-family residence. The property is described as:

    Being Lot No. 53 on the Plan of Belle Oaks Subdivision, Phase 1, recorded in Book 6900, Page 769, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete legal description.

    This improved property known as 6225 Mountain View Road, Antioch, TN 37013.

    Being the same property conveyed to John A Nelson, an unmarried man, and Thomas E. White, an unmarried man, in joint tenancy with rights of survivorship, of record transaction number 20130419-0039293.

11. This affidavit, pursuant to Tennessee Code Annotated § 30-2-712, will confirm the vesting of title to the real property located at 6225 Mountain View Road, Antioch, TN 37013, upon the death of Thomas E. White, to Kenneth A. White.

Michael Poole
MICHAEL POOLE

5-20-25
DATE

Personally appeared before me, the undersigned, a Notary Public of said county, Michael Poole, with whom I am personally acquainted or known to me by producing proper identification, and who acknowledged that he executed the within instrument for the purposes therein contained.

Subscribed and Sworn to me this 20th day of May, 2025.

Kristen Vanderkooi
Notary Public
My commission expires: 7/7/2027

KRISTEN VANDERKOOI
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-7-2027

Ex. 1

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
VERIFICATION OF DEATH FACTS

DO NOT WRITE BELOW. THE STAFF AT THE OFFICE OF VITAL RECORDS WILL ENTER INFORMATION.
This form is not a death certificate
The information is transcribed from the original document.

1 Name of Decedent: John Archibald Nelson
2 Sex: Male
3 Date of Death: 12/04/2015 4. Age at time of Death: 68
5 Date of Birth: 09/01/1947
6 Place of Birth: Brooklyn NY
7 Was Decedent Ever in the Armed Forces: ■ Yes ■ No From _____ to _____
8. Place of Death: Decedent's home
9 Facility Name and Address: 2655 Mountain View Road
10. Marital Status: Divorced
11. Spouse's Name: N/a
12 Decedent's Occupation – Kind of Business: Warehouse Manager
13 Decedent's Residence: 2655 Mountain View Road
14 Race: white 16. Education: High School Graduate or GED
17. Father's Name: John A Nelson
18. Mother's Name: Irene Eldridge
19. Informant's Name: Fred Nelson
20 Informant's Relationship: Brother
21. Mailing Address: 15 Broad St. Apt 229 Pompton Lakes, NJ 07442
22. Method – Place of Disposition: Cremation
23 Funeral Director: Richard Morrison
24 Embalmer: _____
25. Name and Address of Funeral Home: Woodbine Funeral Home , 3620 Nolensville Road, Nashville TN 37211
26. Medical Examiner's Name and Address: N/A
27. Physician's Name and Address: Savaughn Green, MD, 1310 24th Ave S., Nashville TN 37212
28 Date Certificate Filed: _____
Other Information: _____

■ We were unable to locate a certificate with information given.

Verified By: [signature]
Title: Supervisor
Date Verified: 05/15/2025

PH-3055 (REV.06/15)

RDA 10112

Ex. 2

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 028025

1 Decedent's Legal Name			2 Sex	3 Date of Death
THOMAS EDWIN WHITE			MALE	04/28/2025
4 Time of Death (As per)	5a Age	6 Date of Birth	7 Birthplace	
18:24	74	12/13/1950	LOTUS, IL	
8a Place of Death				
HOSPICE FACILITY				
8b Facility Name		8c City or Town		8d County of Death
ALIVE HOSPICE - MURFREESBORO		MURFREESBORO		RUTHERFORD
9 Marital Status	10 Surviving Spouse (name prior to last marriage)	11a Decedent's Usual Occupation		11b. Kind of Business/Industry
DIVORCED		DELIVERY		FLORAL INDUSTRY
12 Social Security Number	13a Residence-State or Foreign Country	13b. County		13c City or Town
3092	TENNESSEE	DAVIDSON		ANTIOCH
13d Street and Number		13e Inside City Limits?	13f Zip Code	14 Was Decedent ever in US Armed Forces?
6225 MT VIEW RD.		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		
RUSSELL WHITE		RUTH LOVELESS		
20a Informant's Name	20b Relationship to Decedent	20c. Mailing Address		
KENNETH WHITE	SON	209 E HARRIS ST NEWTON IL 62448		
21a Method of Disposition	21b Place of Disposition		21c. Location	
CREMATION	SMITH FAMILY FUNERAL & CREMATION SERVICES		MURFREESBORO TN	
22a Signature of Funeral Director	22b License Number	22c. Signature of Embalmer		22d License Number
▶ /s/ AARON LEE MERONIUK	5081	▶		
23a Name and Address of Funeral Home				23b License Number
SMITH FAMILY FUNERAL & CREMATION SERVICES 3277 FRANKLIN RD , MURFREESBORO, TN 37128				1359
24 Registrar's Signature		25 Date Filed		
▶ /s/ EDWARD G B SHOP III		05/01/2025		

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	27b License Number	27c. Date Signed
▶ /s/ DAVID MCRAY	19791	04/30/2025

27d Name and Address
DAVID MCRAY 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, 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 INTRACRANIAL HEMORRHAGE
b HYPERTENSION
c
d
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST

Approximate Interval: Onset to Death
DAYS
YEARS

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

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-1059E 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 May-05-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

01713690 0

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE