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
Batch # 1285044
06/17/2025 08 09 00 AM
Fees $22 00 Taxes $0 00
Davidson County
AFFIDAVITH
4 pgs
20250617-0047207

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 Brian Bowhan. 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.

12. AS A ATTORNEY, I WOULD GIVE EACH OF THE ABOVE ADVICE AND I DREW THE LATEST DEED.

BRIAN BOWHAN DATE 5/20/2025

Personally appeared before me, the undersigned, a Notary Public of said county, Brian Bowhan, 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 (Actual)** | **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 first 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: SMITH FAMILY FUNERAL & CREMATION SERVICES 3277 FRANKLIN RD , MURFREESBORO, TN 37128 — 23b License Number: 1359

| 24 Registrar's Signature | 25. Date Filed |
|---|---|
| ► /s/ EDWARD G BISHOP 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.

Approximate Interval Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a INTRACRANIAL HEMORRHAGE — DAYS
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b HYPERTENSION — YEARS
c
d

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

FM-0849E — 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

0 1 7 1 3 6 9 0 0

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE