****

ADDRESS NEW OWNER:
Glenn Ferguson
1912 Gulf Breeze Place
Madison, TN 37115

SEND TAX BILL TO:
SAME

MAP &PARCEL
52-8A-24

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
Paula@blairlawpllc.net
FROM INFORMATION BY OTHERS

Karen Johnson
Batch # 1285510
06/18/2025 08 42 23 AM
Fees $22 00 Taxes $0 00

Davidson County
AFFIDAVITH
4 pgs

20250618-0047833

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Kent Collier, being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past six months, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Brookie L. Ferguson, unmarried, owned real property located at 1912 Gulf Breeze Place, Madison, Tennessee 37115, as a sole tenant.

2. On October 19, 2024, Brookie L. Ferguson died intestate. A copy of her Death Certificate is attached to this Affidavit.

3. This Affidavit will confirm the vesting of the ownership interest of Brookie L. Ferguson in the real property located at 1912 Gulf Breeze Place, Madison, Tennessee 37115 in her heirs-at-law, Glenn Ferguson and Robert Allen Ferguson. Said property is more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 24 on the Plan of Heron Walk, Section 1, Phase 1, of record in Plat Book 9700, Page 173, Register's Office for said County, to which reference is made for a more complete description.

Being part of the same property conveyed to Allen Earps and wife Betty F. Earps by deed of record in Book 9708, Page 720, register's Office for Davidson County, Tennessee.

Being the same property conveyed to Brookie L. Ferguson, unmarried, from Allen Earps and wife Betty F. Earps on June 20, 1997, by deed of record in Book 10503, Page 378, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all existing restrictions and easements of record.

[REMAINDER OF THE PAGE INTENTIONALLY LEFT BLANK]

FURTHER AFFIANT SAYETH NAUGHT.

AFFIANT

Sworn to and subscribed before me this 30th day of May, 2025

NOTARY PUBLIC

My commission expires:

SHERRIE DOWELL
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 065658

1 Decedent's Legal Name: BROOKIE LEE FERGUSON			2. Sex: FEMALE	3 Date of Death: 10/19/2024
4 Time of Death (Approx.): 21 49	5a Age: 82	6 Date of Birth: 11/01/1941	7 Birthplace: NASHVILLE, TN	
8a Place of Death: INPATIENT				
8b Facility Name: TRISTAR SKYLINE MEDICAL CENTER		8c. City or Town: NASHVILLE		8d County of Death: DAVIDSON
9 Marital Status: DIVORCED	10 Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: MANAGER		11b. Kind of Business/Industry: SHOE STORE
12 Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON		13c City or Town: MADISON
13d Street and Number: 1912 GULF BREEZE PLACE		13e Inside City Limits? YES	13f. Zip Code: 37115	14 Was Decedent ever in US Armed Forces? NO
15 Decedent's Education: ASSOCIATE DEGREE	16 Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18 Father's Name: EMMETT JOHNSON		19. Mother's Name Prior to First Marriage: ESSIE GANN		
20a Informant's Name: GLENN FERGUSON	20b. Relationship to Decedent: SON	20c. Mailing Address: 111 FIELDS DR, OLD HICKORY, TN 37138		
21a Method of Disposition: BURIAL	21b Place of Disposition: FOREST LAWN MEMORIAL GARDENS	21c Location: GOODLETTSVILLE, TN		
22a Signature of Funeral Director: /e/ MICHAEL LEE FRAZER	22b License Number: 6079	22c. Signature of Embalmer: /e/ REBECCA SMITH		22d. License Number: 6672
23a Name and Address of Funeral Home: FOREST LAWN FUNERAL HOME, 1160 S DICKERSON RD, GOODLETTSVILLE, TN 37072				23b License Number: 927
24 Registrar's Signature: /e/ EDWARD G BISHOP/III		25. Date Filed: 10/28/2024		

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: /e/ BRENT VAZIRI	27b. License Number: 046112	27c Date Signed: 10/26/2024
27d. Name and Address: BRENT VAZIRI 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207		

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. INTRACEREBRAL HEMORRHAGE	
	b.	
	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: NATURAL	31 Did Tobacco Use Contribute to Death? NO	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-1659E 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.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Oct-28-2024

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE