****

ADDRESS NEW OWNER:	SEND TAX BILL TO:	MAP &PARCEL
William C. Coleman, Jr.	**SAME**	**081 08 0 511.00**
1024 Georgetown Place		
Brentwood, TN 37027		

****

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 # 1305942
08/04/2025 04 05 12 PM
Fees $17 00 Taxes $0 00

Davidson County
AFFIDAVITH
3 pgs

20250804-0061746

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Gary Holt, Sr., 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. William C. Coleman, Jr. and wife, Brenda M. Coleman, owned real property located at 1821 Delta Avenue, Nashville, Tennessee 37208 as tenants by the entirety.

2. Brenda M. Coleman died on October 2, 2016. Her Death Certificate is attached to this Affidavit.

3. Brenda M. Coleman left a surviving spouse, William C. Coleman Jr.

4. This Affidavit will confirm the vesting of the ownership interest of Brenda M. Coleman, solely in her surviving spouse, William C. Coleman, Jr., in the real property located at 1821 Delta Avenue, Nashville, Tennessee 37208 and more particularly described as follows:

Being Lot Number 372-A, Zone Lot Division of Lot 372 of the resubdivision of Lot 372 of North Nashville, Real Estate Company's Plan of Lots of record, in Plat Book 6200 at page 419, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

BEING the same property acquired by the party of the first part pursuant to the provisions of the National Housing Act, as amended (12 U.S.C 1701 et seq) and the Department of Housing and Urban Development Act (79 Stat 667) by deed dated 3/23/89 and recorded in Book 7805, Page 5, Office of the Register, County of Davidson, State of Tennessee.

BEING the same property conveyed to William C. Coleman, Jr. and wife, Brenda M. Coleman, from Jack Kemp, Secretary of Housing and Urban Development, Washington, D.C. on July 25, 1989, by deed of record in Book 7906, Pages 790-792, recorded on August 3, 1989, in the Register's Office for Davidson County, Tennessee.

SAID CONVEYANCE IS made subject to all covenants, easements, restrictions, reservations, conditions and rights appearing of record against the above-described property; also SUBJECT to any state of facts which on accurate survey of said property would show.

FURTHER AFFIANT SAYETH NAUGHT.

AFFIANT

Sworn to and subscribed before me this 21st day of July, 2025

NOTARY PUBLIC

My commission expires: 9-23-25

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 2016 054895

DECEDENT

1 DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Brenda Middleton Coleman
2 SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 2, 2016
4 TIME OF DEATH (Approx.):
5a AGE-Last Birthday (Years): 73
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 23, 1943
7 BIRTHPLACE (City and State or Foreign Country): Charleston, SC

TYPE/PRINT IN PERMANENT BLACK INK

8a PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify) _____

8b FACILITY NAME (If not institution, give street and number): Sarah Cannon 083
8c. CITY OR TOWN: Nashville
8d COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9 MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10 SURVIVING SPOUSE (If wife, give name prior to first marriage): William Coleman
11a DECEDENT'S USUAL OCCUPATION: Sup Voc Rehab
11b KIND OF BUSINESS/INDUSTRY: Administration
12 SOCIAL SECURITY NUMBER: -7673
13a RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d STREET AND NUMBER: 1024 - Georgetown Pl
13e INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37207
14 WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade, no diploma
[ ] high school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[X] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16 DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify) _____
[ ] Unknown

17 DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[ ] White
[X] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify) _____
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify) _____
[ ] Other (Specify) _____
[ ] Unknown

PARENTS

18 FATHER'S NAME (First, Middle, Last): James Middleton
19 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Florence Green

DISPOSITION

20a INFORMANT'S NAME: William Coleman
20b RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1024 - Georgetown Pl , Brentwood, TN
21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veterans
21c. LOCATION - City or Town and State: Nashville, TN
22a SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A Lewis
22b LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
22d LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk, Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

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REGISTRAR

24 REGISTRAR'S SIGNATURE: ▶ DR
25. DATE FILED (Month, Day, Year): 10/2/16

CERTIFIER

26 CERTIFIER (Check only one):
[X] 26a PHYSICIAN - To the best of my knowledge, death occurred at the date 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 and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a SIGNATURE OF CERTIFIER: ▶ Judson E Rezerowski
27b. LICENSE NUMBER: TN 16814
27c. DATE SIGNED (Month, Day, Year): 19 Oct 2016
27d NAME AND ADDRESS

MEDICAL CERTIFICATION

PH- 659 (Rev 10/2011) RDA 1399

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 Jul-11-2024

016388672

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

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE