THIS INSTRUMENT PREPARED BY:	STATE OF TENNESSEE COUNTY OF DAVIDSON
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096	The actual consideration for this transfer is: $0.00. De'edrick L. Alexander **De'edrick L. Alexander** Subscribed and sworn to before me, this 19 day of August, 2025. NOTARY PUBLIC My Commission Expires: 1/4/27
An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.	

JESSICA ANN CLEGG NOTARY PUBLIC STATE OF TENNESSEE COUNTY OF DAVIDSON MY COMM. EXPIRES JANUARY 4, 2027

Address New Owner:	Send Tax Bills To:	Tax Information:
De'edrick L. Alexander 4117 Providence Park Lane Nashville, TN 37211	New Owner	134090B14500CO

AFFIDAVIT OF HEIRSHIP

1. My name is **Kerrick Reed** ("Affiant"). I currently reside in Davidson County, state of Tennessee. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. Carolyn Alexander (hereinafter "Decedent") was my cousin-in-law, and I knew her for approximately forty years.

3. Decedent died on April 6, 2024, as a resident of Davidson County, Tennessee. Her Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, she died without a Last Will and Testament and an estate has not been opened for probate administration.

4. At the time of her passing, Decedent owned real property located at **4117 PROVIDENCE PARK LN, NASHVILLE TN 37211** (the "Property"). The Property is more fully and particularly described as follows:

Karen Johnson Davidson County
Batch # 1321466 AFFIDAVITH
09/12/2025 10:45:14 AM 3 pgs
Fees $17.00 Taxes $0.00

20250912-0072952

Land in Davidson County, Tennessee, being known as Lot No. 116 as shown on the map entitled Providence Park, Phase 3, R10 Cluster Lot Option of record as Instrument No. 20070130-0012382, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete legal description.

Being the same property conveyed to Carolyn Alexander, an unmarried person, by Special Warranty Deed from Nashville Area Habitat for Humanity, Inc., a Tennessee non-profit corporation, of record in Instrument No. 20070628-0077149, Register's Office for Davidson County, Tennessee.

5. The Decedent was unmarried at the time of her death.

6. Decedent was survived by one child: De'edrick L. Alexander. Decedent had no other children, born-to or adopted by her, during her lifetime.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in De'edrick L. Alexander, 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 **DE'EDRICK L. ALEXANDER**.

FURTHER AFFIANT SAYETH NOT.

SWORN this 25 day of August 2025.

Kerrick Reed

Kerrick Reed, *Affiant*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

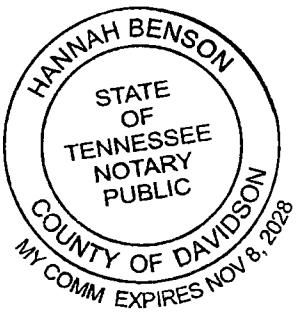
Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Kerrick Reed** the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 25 day of August 2025.

Hannah Benson

NOTARY PUBLIC

My commission expires: NOV 8, 2028



STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 023610

1 Decedent's Legal Name			2 Sex	3 Date of Death
CAROLYN ALEXANDER			FEMALE	04/06/2024
4 Time of Death (Approx.)	**5a Age**	**6 Date of Birth**	**7 Birthplace**	
03 37 AM	57	09/23/1966	NASHVILLE, TN	
8a Place of Death				
DECEDENT'S HOME				
8b Facility Name		**8c City or Town**	**8d County of Death**	
4117 PROVIDENCE PARK LN		ANTIOCH	DAVIDSON	
9 Marital Status	**10 Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
NEVER MARRIED		HAIR STYLIST	BEAUTICIAN	
12 Social Security Number	**13a Residence-State or Foreign Country**	**13b. County**	**13c City or Town**	
[redacted]	TENNESSEE	DAVIDSON	ANTIOCH	
13d Street and Number	**13e Inside City Limits?**	**13f Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
4117 PROVIDENCE PARK LN	YES	37211	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	BLACK OR AFRICAN AMERICAN		
18 Father's Name		**19 Mother's Name Prior to First Marriage**		
ROBERT WILLIAMS ALEXANDER		CYNTHIA LOU LIPSCOMB		
20a Informant's Name	**20b Relationship to Decedent**	**20c Mailing Address**		
DE'EDRICK ALEXANDER	SON	4117 PROVIDENCE PARK LN ANTIOCH, TN 37211		
21a Method of Disposition	**21b Place of Disposition**	**21c. Location**		
CREMATION	MUSIC CITY MORTUARY	NASHVILLE, TN		
22a Signature of Funeral Director	**22b License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /s/ TERRY LEE ALEXANDER	4575	▶		
23a Name and Address of Funeral Home			**23b License Number**	
DAVIS-CAMPBELL FUNERAL HOME 1404 JEFFERSON ST NASHVILLE, TN 37208			403	
24. Registrar's Signature		**25 Date Filed**		
▶ /s/ EDWARD G BISHOP III		04/17/2024		

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	27b. License Number	27c Date Signed
▶ /s/ THOMAS B MILLER	7539	04/17/2024

27d Name and Address: THOMAS B MILLER 166 E. MAIN STREET HENDERSONVILLE, TN 37075

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 stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. [redacted]	[redacted]
	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	31. Did Tobacco Use Contribute to Death?	32. If Female
NATURAL	NO	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
Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued Apr-18-2024

016229924

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE