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 Subscribed and sworn to before me, this 19 day of August 2025. NOTARY PUBLIC My Commission Expires: 01/04/27
An independent title search was not conducted in the preparation of this Affidavit All information was provided by the Affiant.	

JESSICA ANN CLEGG STATE OF TENNESSEE NOTARY PUBLIC 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 **Jazmine Nevels** ("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 friend, and I knew her for more than 15 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
Batch # 1321466
09/12/2025 10:45:14 AM
Fees $17.00 Taxes $0.00

Davidson County
AFFIDAVITH
3 pgs

20250912-0072953

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.

Jazmine Nevels, *Affiant*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Jazmine Nevels** 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

HANNAH BENSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. 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: CAROLYN ALEXANDER		2. Sex: FEMALE	3 Date of Death: 04/06/2024
4 Time of Death (Approx.): 03 37 AM	5a Age: 67	6. Date of Birth: 09/23/1956	7 Birthplace: NASHVILLE, TN
8a Place of Death: DECEDENT'S HOME			
8b Facility Name: 4117 PROVIDENCE PARK LN		8c City or Town: ANTIOCH	8d County of Death: DAVIDSON
9 Marital Status: NEVER MARRIED	10 Surviving Spouse (name prior to first marriage)	11a Decedent's Usual Occupation: HAIR STYLIST	11b Kind of Business/Industry: BEAUTICIAN
12 Social Security Number: [redacted]	13a Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON	13c City or Town: ANTIOCH
13d Street and Number: 4117 PROVIDENCE PARK LN	13e Inside City Limits? YES	13f Zip Code: 37211	14 Was Decedent ever in US Armed Forces? NO
15 Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16 Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17 Decedent's Race: BLACK OR AFRICAN AMERICAN	
18 Father's Name: ROBERT WILLIAMS ALEXANDER		19 Mother's Name Prior to First Marriage: CYNTHIA LOU LIPSCOMB	
20a Informant's Name: DEEDRICK ALEXANDER	20b Relationship to Decedent: SON	20c. Mailing Address: 4117 PROVIDENCE PARK LN ANTIOCH, TN 37211	
21a Method of Disposition: CREMATION	21b Place of Disposition: MUSIC CITY MORTUARY	21c. Location: NASHVILLE, TN	
22a Signature of Funeral Director: ▶ /s/ TERRY LEE ALEXANDER	22b License Number: 4575	22c Signature of Embalmer: ▶	22d. License Number:
23a Name and Address of Funeral Home: DAVIS-CAMPBELL FUNERAL HOME, 1404 JEFFERSON ST, NASHVILLE, TN 37208			23b License Number: 403
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25 Date Filed: 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: ▶ /s/ THOMAS B MILLER	27b. License Number: 7539	27c Date Signed: 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 W HOUT KNOWING 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. [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: 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-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.

Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued Apr-18-2024

016229924

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE