Karen Johnson
Batch # 1405682
04/15/2026 08:57:44 AM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20260415-0030590

This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Robinson Law, PLLC
2705 Gallatin Pike
Nashville, Tennessee 37216
Telephone: (615) 320-9977

Map & Parcel: **050-10.0C-295.00CO**
Address Owner: Tibitha Neal
Send Tax Bill: 3428 Rainwood Drive
Nashville, TN 37207

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Davidson County, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Gaile Parrish owned real property located at 3428 Rainwood Drive, Nashville, Tennessee 37207 and more particularly described as follows:

> Land in Davidson County, Tennessee, being known as Lot No. 28 on the Plan of Chesapeake Homes, Section 6, Phase 2, of record as Instrument Number 20020626-0077004, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete legal description.
>
> Being the same property conveyed to Nashville Area Habitat for Humanity, Inc., a Tennessee non-profit corporation, by deed from Lavonia Carothers, an unmarried person, of record as Instrument No. 20070831-0104873, said Register's Office.
>
> Being the same property conveyed to Gaile Parrish by Special Warranty Deed from Nashville Area Habitat for Humanity, Inc., a Tennessee non-profit corporation, of record as Instrument Number 20080501-0044748, said Register's Office.
>
> The description of this property is the same as set forth in the most current prior deed of record.
>
> The subject property is improved property, known as 3428 Rainwood Drive, Nashville, Tennessee 37207 (the "Property").

3. That Gaile Parrish (hereinafter "the Decedent") died intestate on February 2, 2026. The Decedent was widowed and unmarried at the time of her death. The Decedent had two children: Tiffany Monique Parrish (predeceased) and Tibitha Neal. Tiffany Monique Parrish passed away before the Decedent, without issue.

4. That the Decedent's Certificate of Death is attached hereto in Attachment A.

5. That the above referenced child of the Decedent, Tibitha Neal, now owns the above referenced property in fee simple interest by operation of law.

6. That *Tenn. Code Ann.* § 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being used to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 14 day of APRIL, 2026.

I, **LARRY FRIERSON,** after having first been duly sworn do hereby swear that the foregoing is true and accurate to the best of my knowledge, information, and belief.

Larry L Frierson

LARRY FRIERSON

SWORN to and subscribed before me this 14th day of April, 2026.

NOTARY PUBLIC

My commission expires: 11-8-28

CHARLES MICHAEL ROBINSON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-8-2028

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

Attachment A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 008430

1. Decedent's Legal Name: GAILE ELIZABETH PARRISH			2. Sex: FEMALE	3. Date of Death: 02/02/2026
4. Time of Death (Approx.): 03:22	5a. Age: 68	6. Date of Birth: 04/21/1957	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to last marriage)	11a. Decedent's Usual Occupation: TEACHERS AIDE		11b. Kind of Business/Industry: SCHOOL SYSTEM
12. Social Security Number: [redacted]6636	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13d. City or Town: NASHVILLE
13c. Street and Number: 3428 RAINWOOD DR		13e. Inside City Limits? YES	13f. Zip Code: 37207	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: CHARLES PARRISH		19. Mother's Name Prior to First Marriage: TIBITHA SLOAN		
20a. Informant's Name: TIBITHA NEAL	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 148 FIRESIDE DR, LEBANON, TN 37087		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: HERMITAGE MEMORIAL GARDENS		21c. Location: HERMITAGE, TN	
22a. Signature of Funeral Director: ▶ /e/ TERRELL ANDRE BROADY	22b. License Number: 4009	22c. Signature of Embalmer: ▶ /e/ TERRELL BROADY JR		22d. License Number: 20383
23a. Name and Address of Funeral Home: TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219				23b. License Number: 1137
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 02/13/2026		

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 02/12/2026
27d. Name and Address: LAURA THARPE 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). 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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
	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? YES	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

John R. Dunn, DVM, PhD, EMBA-S
Commissioner

Date Issued: Feb-13-2026

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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