****

ADDRESS NEW OWNER:
James Cunningham
1730 Vigard Drive
Solvang, CA 93463

SEND TAX BILL TO:

Map-Parcel No.
148 08 0 072.00

****

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

Karen Johnson Davidson County
Batch# 404481 **AFFIDAVITH**
05/22/2020 08:08:04 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20200522-0053274

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Edwin E. Rowell, being of lawful age and a resident of the State of Tennessee for the past six (6) months, being first duly sworn according to law, and, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity with Walter Myers Cunningham, Jr.

1. Walter Myers Cunningham, Jr. died on April 16, 2020. A Death Certificate is attached to this Affidavit.

2. At the time of his death, Walter Myers Cunningham, Jr. solely owned property located 829 Oakwood Terrace Drive, Nashville, Tennessee and more particularly described as follows:

BEING Lot No. 68 on the Plan of Oakwood Terrace, Section 1, of record in Book 4460, pages 54 and 55, Register's Office for said County, to which plan reference is hereby made for a more complete and accurate legal description.

BEING the same property conveyed to Walter Myers Cunningham, Jr., by Warranty Deed from Michael James Trotter and wife, Anneva P. Trotter of record in Book 6202, Page 637, Register's Office for said County.

Upon the delivery of this Warranty Deed, Grantee assumes the indebtedness secured by a deed of trust of record in Book 5193, Page 768, said Register's Office, payable to Kentucky Mortgage Company, Incorporated.

The above property was conveyed subject to the following:

1. **1983 Metropolitan Government taxes.**
2. **Restrictive covenants of record in Book 4559, page 72, said Register's Office.**
3. **The Plan of record in Book 4460, pages 54 and 55, said Register's Office.**

3. Walter Myers Cunningham, Jr. died intestate.

4. Walter Myers Cunningham, Jr. was unmarried at the time of his death.

5. Walter Myers Cunningham Jr. had no children.

6. Walter Myers Cunningham, Jr.'s parents are deceased.

7. Walter Myers Cunningham, Jr.'s heir-at-law are his siblings, James Cunningham and Sandra Tugrul.

8. This Affidavit will confirm that Walter Myers Cunningham, Jr.'s ownership interest in the real property located at 829 Oakwood Terrace Drive, Nashville, Tennessee and described herein, is hereby transferred to and vested in James Cunningham and Sandra Tugrul, as tenants in common.

FURTHER AFFIANTS SAYETH NAUGHT

EDWIN E. ROWELL

Sworn to and subscribed before me this 18th day of MAY, 2020.

NOTARY PUBLIC

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-8-2022

My commission expires: november 8, 2022

NOTE: THIS DOCUMENT WAS EXECUTED IN COMPLIANCE WITH EXECUTIVE ORDER 26 BY TENNESSEE GOVERNOR BILL LEE ON APRIL 9, 2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 027449

1. Decedent's Legal Name: WARNER MYERS CUNNINGHAM JR
2. Sex: MALE
3. Date of Death: 04/18/2020
4. Date of Death (Year): 2020
5a. Age: 65
6. Date of Birth: 01/08/1955
7. Birthplace: DETROIT, MI
8a. Place of Death: OTHER/ELSEWHERE
8b. Facility Name: 500 N GRAYCROFT AVE
8c. City or Town: MADISON
8d. County of Death: DAVIDSON
9. Marital Status: NEVER MARRIED
10. Surviving Spouse (name prior to first marriage)
11. Decedent's Usual Occupation: MUSICIAN
12. Kind of Business/Industry: MUSIC
13. Social Security Number: [redacted]
14a. Decedent's Residence: TENNESSEE
14b. Country: DAVIDSON
14c. City or Town: MADISON
14d. Street and Number: 609 N. GRAYCROFT AVE
14e. Inside City Limits?: YES
14f. Zip Code: 37115
14g. Was Decedent ever in U.S. 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: WHITE
18a. Father's Name: WARNER MYERS CUNNINGHAM SR.
18b. Mother's Name Prior to First Marriage: VIDA FERN HALE
19a. Informant's Name: JAMES LEE CUNNINGHAM
19b. Relationship to Decedent: BROTHER
19c. Mailing Address: 1750 VIGARD DR, SOLVANG, CA 93463
20a. Method of Disposition?: CREMATION
20b. Place of Disposition: HAFER & CREMATORY
20c. Location: NASHVILLE, TN
21a. Signature of Funeral Director: PAM MONTGOMERY
21b. License Number: 6345
22a. Signature of Embalmer:
22b. License Number:
23a. Name and Address of Funeral Home: ALTERNATIVE CREMATION AND FUNERAL SERVICE, 2068 COOL SPRINGS BLVD, STE 201, FRANKLIN, TN 37067
23b. License Number: 1012
24a. Signature of Registrar: EDWARD O BISHOP III
24b. Date Filed: 05/13/2020
25a. I, the Certifier, TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
25b. I, the 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.
25c. Certifier: GURPREET SINGH BOWMAN
25d. License Number: 9471
25e. Date Signed: 05/11/2020
25f. Name and Address: GURPREET SINGH BOWMAN 850 R. S. GASS BLVD., NASHVILLE, TN 37216
26. 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: a. GUNSHOT WOUND OF THE HEAD
b.
c.
d.
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I
28a. Was an Autopsy Performed?: YES
28b. Were Autopsy Findings Available to Complete the Cause of Death?: YES
29. Manner of Death: SUICIDE
30. Did Tobacco Use Contribute to Death?: UNKNOWN
32. If Female: N/A
33. If Transportation Injury, Specify:
34a. Date of Injury: UNKNOWN
34b. Time of Injury: UNKNOWN
34c. Injury at Work?: NO
34d. Place of Injury: RESIDENCE
34e. Describe How Injury Occurred: SHOT SELF
34f. Location of Injury: 500 N GRAYCROFT AVE, MADISON, TN

TR 1000 (Rev. 02/17)

12331700

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward O. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: May 11, 2020

CERTIFICATION OF VITAL RECORD