Karen Johnson Davidson County
Batch# 411017 AFFIDAVITH
06/05/2020 12:41:13 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20200605-0058114

This instrument was prepared by:
Sam Brown [*name*]
620 Columbine St. [*street or postal address*]
Denver, CO 80206 [*city, state, zip code*]

GRANTEE(S): Sam Brown [*names*]

SEND TAX NOTICES TO: 620 Columbine St., Denver, CO 80206
[*postal address, city, state, zip code*]

MAP PARCEL NUMBER: 09606008400

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE

COUNTY OF Davidson

The undersigned, being duly sworn, deposes and says:

1. My full name is Sammy Ray Brown II. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 520 Columbine St., Denver, CO 80206. [*street address, city, state, zip code*]

3. I have personal knowledge of the matters stated in this Affidavit.

4. On 4/21/20 [*date of death*], Lona Joyce Brown [*full name of decedent*] died at 2907 Ironwood Dr., Nashville, TN 37214 [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 2907 Ironwood Dr. Nashville, TN 37214 [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] LOT 10 SEC 2 CLOVERHILL

   For prior title, see Book 2133 [*number*], Page 46 [*number*] in the Register's Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 2907 Ironwood Dr., Nashville, TN 37214. [*street address, city, state, zip code*]

7. The estate of the Decedent ..... [*select one*]
   - ☑ Was not administered in a proceeding supervised by a court.
   - ☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: Only child.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: Lona J Brown was divorced. Property has no mortgage and is paid in full. Proprty has no outsstanding liens. Property tac is current.

Affiant

Sworn to and subscribed before me this 4th day of June, 2022.

My Commission expires: 9-6-22

Notary Public

JAMIE D. HERRON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 026653

1. Decedent's Legal Name: LONA JOYCE BROWN		2. Sex: FEMALE	3. Date of Death: 04/21/2020
4. Time of Death (Approx.): 03:40	5a. Age: 72	6. Date of Birth: 11/27/1947	7. Birthplace: BETHANY, MO
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 2907 IRONWOOD DR	8c. City or Town: DONELSON		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: INSTALLATION	11b. Kind of Business/Industry: DIEBOLD INC.
12. Social Security Number: ---0940	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: DONELSON
13d. Street and Number: 2907 IRONWOOD DR	13e. Inside City Limits?: YES	13f. Zip Code: 37214	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: WHITE	
18. Father's Name: JOSEPH R PEDIGO	19. Mother's Name Prior to First Marriage: NANNIE FRANCES MCCOY		
20a. Informant's Name: SAM BROWN	20b. Relationship to Decedent: SON	20c. Mailing Address: 620 COLUMBINE STREET, DENVER, CO 80206	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY SERVICE	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: /s/ VALERIE D LOCKETT	22b. License Number: 6785	22c. Signature of Embalmer:	22d. License Number:
23a. Name and Address of Funeral Home: NASHVILLE CREMATION CENTER, 6120 SAWYER BROWN ROAD, #108, NASHVILLE, TN 37221			23b. License Number: 1319
24. Registrar's Signature: /s/ EDWARD G BISHOP III		25. Date Filed: 05/08/2020	

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/ DANIEL CARMODY	27b. License Number: 037163	27c. Date Signed: 05/06/2020
27d. Name and Address: DANIEL CARMODY 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236		

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. DEMENTIA WITH LEWY BODY	YEARS
	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

FH-1699 (Rev. 8/2017) RDA 10112

12234268

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 G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 2 3 4 2 6 8

Date Issued: May-11-2020

CERTIFICATION OF VITAL RECORD