****

ADDRESS NEW OWNER:	**SEND TAX BILL TO:**	**MAP &PARCEL**
Jill Harris Quast		
5012 Megan Drive		
Hermitage, TN 37076	**SAME**	114-8-A-36.CO

****

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

Karen Johnson Davidson County
Batch# 492918 **AFFIDAVITH**
10/09/2020 10:56:23 AM 11 pgs
Fees: $57.00 Taxes: $0.00

20201009-0117614

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Starr Strickland, being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past six months, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Tillman E. Harris solely owned real property located at 516 Cedar Cove, Nashville, Tennessee 37209, after the death of his wife, Martha S. Harris.

2. Transfer of said property was by Affidavit of Heirship in Instrument Number 20200921-0108152

3. Tillman E. Harris died on. A copy of his Death Certificate is attached to this Affidavit.

4. Tillman E. Harris left a Last Will and Testament bequeathing the real property as follows:

40% to my daughter Jill Harris Quast, per stirpes.

40% to my son, Ronald T. Harris, per stirpes.

10% to my granddaughter, Lauren Kaye Burk, per stirpes

10% to my granddaughter, Kaylee Anne Quast, per stirpes.

5. A copy of the Last Will and Testament of Tillman E. Harris is attached to this Affidavit.

6. All of the beneficiaries are alive.

7. This Affidavit will confirm the vesting of the ownership interest of Tillman E. Harris is in the real property located at 516 Cedar Cove, Nashville, Tennessee and more particularly described as follows:

Being Lot No. 36 on the plan of Cedar Crest Subdivision, Phase II, of record in Book 9700, page 37, Register's office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.

Being the same property conveyed to Tillman E. Harris by Affidavit of Heirship after the death of Martha S Harris, in Instrument Number 20200921-0108152.

This conveyance is made subject to:

1. **County taxes for 2003 and subsequent years**
2. **Any and all restrictions and easements of record.**

8. The above-described property is hereby vested as follows:

40% to Jill Harris Quast.

40% to Ronald T. Harris.

10% to Lauren Kaye Burk.

10% to Kaylee Anne Quast.

FURTHER AFFIANT SAYETH NAUGHT.

Lisa B. Strickland
AFFIANT

Sworn to and subscribed before me this 5th day of October, 2020

Barbara Fisher Henry
NOTARY PUBLIC

My commission expires: 5/3/2021



STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the LAST WILL AND TESTAMENT heretofore filed in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 05 day of AUGUST, 2020, in Docket Number 20P1170, IN RE: HARRIS, TILLMAN EUGENE, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 06 day of OCTOBER in the year 2020 and in the 244 year of American Independence.



[SEAL]

RICHARD R. ROOKER, Clerk,

By: _____
Deputy Clerk

Copy

EFILED 08/05/20 01:29 PM CASE NO. 20P1170 Richard R. Rooker, Clerk

20P1170

Last Will and Testament

FILED
AUG 05 2020
RICHARD R. ROOKER, Clerk
by _____ Deputy

OF

TILLMAN EUGENE HARRIS

I, **Tillman Eugene Harris**, of Davidson County, Tennessee, being of sound mind and disposing memory, do make, publish and declare this to be my Last Will and Testament hereby revoking all former Wills and Codicils to Wills heretofore made by me.

ARTICLE I

I direct that all of my just debts, funeral expenses, including the remaining cost of cremation and a memorial at our church, all estate and inheritance taxes, and the costs of administration of my estate be paid as soon as practicable after my death. However, in the event that any property or interest in property passing under this Will, by operation of law, or otherwise by reason of my death, shall be encumbered by mortgage or lien, or shall be pledged to secure any obligation (whether the property or interest in property so encumbered or pledged shall be owned by me jointly or individually), I hereby empower my Executor, in his/her sole discretion, to determine whether to pay the debt in full at my death or whether to allow the devisee, legatee, joint owner taking by survivorship, or beneficiary receiving such property or interest in property to take it subject to all encumbrances existing at the time of my death.

To this end I authorize my Executor to sell any of my property, real, personal or mixed, and to execute all conveyances necessary to effectuate such sale.

My Executor, in his/her sole discretion, may pay from the domiciliary estate all or any portion of the cost of ancillary administration and similar proceedings in other jurisdictions.

TEH

Copy

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ARTICLE II

After the payment of my just debts and funeral expenses, I give, devise and bequeath all of the real and personal property to which I may be entitled or over which I have any disposing power at the time of my death to my wife, **Martha S. Harris**, absolutely and in fee simple.

ARTICLE III

If my wife, Martha S. Harris, shall predecease me, or in the event that our deaths occur as the result of a common disaster, I give, devise and bequeath all of my real and personal property to which I may be entitled or over which I have any disposing power at the time of my death as follows:

A. Forty percent (40%) to my daughter, Jill Harris Quast, per stirpes;

B. Forty percent (40%) to my son, Ronald T. Harris, per stirpes;

C. Ten percent (10%) to my granddaughter, Lauren Kaye Burk, per stirpes; and

D. Ten percent (10%) to my granddaughter, Kaylee Anne Quast, per stirpes.

ARTICLE IV

I hereby nominate, constitute and appoint my wife, **Martha S. Harris,** as Executrix of this my Last Will and Testament. In the event that she predeceases me, or in the event that our deaths occur as the result of a common disaster, or for any reason she fails or refuses to qualify and act as the Executrix of my estate, then in such event I nominate my daughter, **Jill Harris Quast**, as substitute Executrix of my estate.

I hereby direct that no bond shall be required of my Executor(s), and I hereby waive the filing of any interim or final inventory or accountings of my Estate.

TEH

Copy

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ARTICLE V

During the administration of my estate, my Executor(s) shall have all those powers granted in Tennessee Code Annotated, §35-50-110, which are incorporated herein by reference. My Executor(s) may employ such attorneys, accountants, appraisers, and investment advisors as they may deem advisable.

In Witness Whereof, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and two (2) preceding typewritten pages, and for the purpose of identification, I have initialed each page, all in the presence of the persons witnessing it at my request, on this 17th day of June, 2016, at Tullahoma, Tennessee.

Tillman E. Harris

TILLMAN EUGENE HARRIS, TESTATOR

TEH

Copy

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The foregoing instrument, consisting of this and three (3) preceding typewritten pages, was signed, sealed, published and declared by Tillman Eugene Harris, the Testator, to be his Last Will and Testament in our presence; and we, at his request, and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses, this the 17th day of June, 2016, at Tullahoma, Tennessee.

Witness — Address

Witness — Address

TEH

Copy

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AFFIDAVIT OF WITNESSES TO PROVE WILL

Casandra Lockhart and Stacey Dotson after being duly sworn according to law, depose and say:

1. That we are adult citizens of Tennessee.

2. That we witnessed the execution of the Last Will and Testament of **TILLMAN EUGENE HARRIS**, dated the 17th day of June, 2016, to which this Affidavit is attached, and that this Affidavit is being made at the request of the Testator, and in accordance with Tennessee Code Annotated § 32-2-110.

3. That our signatures are affixed to said Last Will and Testament of **TILLMAN EUGENE HARRIS**, dated the 17th day of June, 2016, that we signed or affixed the same at the instance and at the request of the Testator and in his presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testator signed said paper writing as and for his Last Will and Testament in our sight and presence.

5. That at the time we witnessed said Will, the Testator, **TILLMAN EUGENE HARRIS**, was, in our opinion, of sound mind.

FURTHER your Affiants saith not.

Casandra Lockhart

Stacey Dotson

Copy.

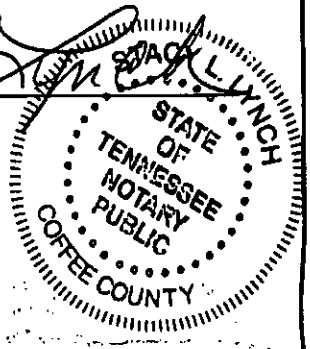
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STATE OF TENNESSEE
COUNTY OF COFFEE

SWORN TO AND SUBSCRIBED TO before me, a Notary Public, this the 17th day of June, 2016.

NOTARY PUBLIC

My Commission expires:
4-12-17



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 029248

1. Decedent's Legal Name: JILLANN E HARRIS				2. Sex: MALE	3. Date of Death: 05/11/2020
4. Time of Death (Approx.): 15:27	5a. Age: 85	6. Date of Birth: 03/17/1935	7. Birthplace: SPARTA, TN		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 518 CEDAR COVE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: SALES		11b. Kind of Business/Industry: MACHINERY	
12. Social Security Number: 414-46-6601	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 518 CEDAR COVE		13e. Inside City Limits? NO	13f. Zip Code: 37209	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE		
18. Father's Name: HUGH HARRIS		19. Mother's Name Prior to First Marriage: LULA RUTHERFORD			
20a. Informant's Name: RONALD HARRIS	20b. Relationship to Decedent: SON	20c. Mailing Address: 6073 FRONTIER LANE, NASHVILLE, TN 37211			
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:	
22e. Name and Address of Facility: NASHVILLE CREMATION CENTER, 5120 SAWYER BROWN ROAD, #108, NASHVILLE, TN 37221				22f. License Number: 3319	
23. Registrar's Signature: /s/ EDWARD G BISHOP III			24. Date Filed: 05/21/2020		
25. 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/ ANH THI MEADOWS		27b. License Number: 045572		27c. Date Signed: 05/19/2020	
27d. Name and Address: ANH THI MEADOWS 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)	a. ACUTE MYELOID LEUKEMIA	
Sequentially list conditions, if any, leading to the immediate cause. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	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: N/A	
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

VR-1000 (Rev. 02/07) RDA 10132

12091506

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 0 9 1 5 0 6

Date Issued: May 21, 2020

CERTIFICATION OF VITAL RECORD