Karen Johnson Davidson County
Batch# 549777 AFFIDAVITH
01/08/2021 09:36:25 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20210108-0003793

This instrument was prepared by:
DANDEE LEIGH HUMPHREY
7712 DANIEL TRACE
NASHVILLE, TN 37221

GRANTEE(S): TERRY LATTANZI & JERRY LATTANZI
CO-HEIRS OF PROPERTY 142090H07500CO

SEND TAX NOTICES TO: 796 GLOUCESTER LN, NASHVILLE TN 37221

MAP PARCEL NUMBER: 142090H07500CO

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 DANDEE LEIGH HUMPHREY. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 7712 DANIEL TRACE, NASHVILLE TN, 37221.

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

4. On OCTOBER 15TH, 2020, BETTY LOU LATTANZI died at HOSPICE FACILITY - MURFREESBORO TN. I will refer to BETTY LOU LATTANZI as the Decedent.

5. The real property to which this Affidavit applies is located at 9143 SAWYER BROWN RD, NASHVILLE TN, 37221, Legal description: UNIT 9143 RIVER PLANTATION SEC IX PHASE 2-A REVISED. See Book 11541, Pages 423, 424, 425 at the DAVIDSON COUNTY REGISTER OF DEEDS, NASHVILLE, TENNESSEE.

6. At the time of the Decedent's death, the Decedent resided at THE VILLAGE AT BELLEVUE, NASHVILLE TN, 37221, DAVIDSON COUNTY, TENNESSEE.

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: Betty Lou Lattanzi is my grandmother.

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: I have viewed the decedent's notarized *WILL* stating that she leaves her entire estate in equal shares to her sons Terry Lattanzi and Jerry Lattanzi. To my knowledge, the decedent, Betty Lou Lattanzi, did not owe any debts.

Dandee Humphreys
Affiant

Sworn to and subscribed before me this 5th day of January, 2021.

My Commission expires: 09/07/2021

KYNDA MICHELLE RAY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES SEPTEMBER 7, 2021

Notary Public

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2020 064122

1. Decedent's Legal Name: BETTY LOU AUSTIN
2. Sex: FEMALE
3. Date of Death: 10/15/2020
4. Time of Death: 09:56
5a. Age: 80
6. Date of Birth: 08/16/1940
7. Birthplace: DOVER, TN
8. Place of Death: HOSPICE FACILITY
9a. Facility Name: ALIVE HOSPICE MURFREESBORO
9b. City or Town: MURFREESBORO
9c. County of Death: RUTHERFORD
9. Marital Status: WIDOWED
10. Spouse's Name (if wife, prior to first marriage)
11a. Decedent's Usual Occupation: MANAGER
11b. Kind of Business/Industry: CLIENT SERVICES
12. Social Security Number: [redacted]285
13a. Residence State or Foreign Country: TENNESSEE
13b. County: DAVIDSON
13c. City or Town: NASHVILLE
14. Street and Number: 798 GLOUCHESTER LN
15. Inside City Limits?: YES
16. Zip Code: 37221
17. Was Decedent Ever in US Armed Forces?: NO
18. Education: HIGH SCHOOL GRADUATE OR GED COMPLETED
19. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO
20. Decedent's Race: WHITE
21. Father's Name: ROY D. MANN
22. Mother's Name Prior to First Marriage: HATTIE AUSTIN
23a. Informant's Name: TERRY LATHAM
23b. Relationship to Decedent: SON
23c. Mailing Address: 798 GLOUCHESTER LN, NASHVILLE, TN 37221
24. Method of Disposition: CREMATION
25a. Place of Disposition: WEST HARPETH
25c. Location: NASHVILLE, TN
26a. Signature of Funeral Director: /s/ JEFF BLUNK
26b. Funeral Director License Number: 9627
26c. Signature of Embalmer:
26d. Embalmer License Number:
26e. Name and Address of Funeral Home: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 5050 HIGHWAY 100, NASHVILLE, TN 37221
26f. Funeral Home License Number: 549
27a. Medical Certifier: /s/ EDWARD C BISHOP III
27b. Date Filed: 10/19/2020
28. Cause of Death:
28a. I, PHYSICIAN, TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
28b. I, 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.
29a. Certifier: /s/ DAVID MCRAY
29b. License Number: 19791
29c. Date Signed: 10/16/2020
29d. Name and Address: DAVID MCRAY, 1718 PATTERSON STREET, NASHVILLE, TN 37203
30. Part 1. 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
a. COVID-19 PNEUMONIA — DAYS
b.
c.
d.
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING IN THE UNDERLYING CAUSE GIVEN IN PART I: PARKINSON'S DISEASE
30a. Was an Autopsy Performed?: NO
30b. Were Autopsy Findings Available to Complete the Cause of Death?:
31. Manner of Death: NATURAL
32. Did Tobacco Use Contribute to Death?: NO
33. If Female: NOT PREGNANT WITHIN PAST YEAR
34. If Transportation Injury, Specify:
35. Date of Injury:
36. Time of Injury:
37. Injury at Work?:
38. Place of Injury:
39. Describe How Injury Occurred:
40. Location of Injury:
Inc. Zip:

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, §§ 3-101 et seq., Vital Records Act of 1977

13526618

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 5 2 5 9 1 6
Date Issued: Oct 19 2020

CERTIFICATION OF VITAL RECORD