Karen Johnson Davidson County
Batch# 549777 AFFIDAVITH
01/08/2021 09:36:25 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20210108-0003794

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 JUNE 10TH, 2017, JAMES FRANCIS LATTANZI died at BARTON HOUSE MEMORY CARE - NASHVILLE, TN. I will refer to JAMES FRANCIS 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 BARTON HOUSE MEMORY CARE - 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: JAMES FRANCIS LATTANZI is my grandfather.

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: To my knowledge, the decedent, JAMES FRANCIS LATTANZI, did not owe any debts. The decedent's share of the estate at 9143 SAWYER BROWN RD, NASHVILLE TN, 37221, DAVIDSON COUNTY, TENNESSEE at the time of death was passed to his spouse, BETTY LOU LATTANZI.

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

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Terry William Lattanzi						2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 10, 2017
4. TIME OF DEATH (Military) 9:06 PM	5. AGE (Last Birthday) (Years) 85	6. UNDER 1 YEAR (Months)	6. UNDER 1 DAY (Days)	6. UNDER 1 HOUR (Hours)	6. UNDER 1 HOUR (Minutes)	7. DATE OF BIRTH (Month, Day, Year) May 7, 1932	8. BIRTHPLACE (City and State or Foreign Country) Altoona, Pennsylvania

9a. PLACE OF DEATH (Check only one)
☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing facility/Long term care facility ☐ Decedent's home ☐ Other residence ☒ Other (Specify) Assisted Living

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY OR TOWN	9d. COUNTY OF DEATH
Barton House Memory Care	Nashville	Davidson

10. MARITAL STATUS ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Betty Mann	11a. DECEDENT'S USUAL OCCUPATION Maintanance	11b. KIND OF BUSINESS/INDUSTRY St. Thomas Hospital

12. SOCIAL SECURITY NUMBER ***-**-0909	13a. BIRTHPLACE (State or Foreign Country) Tennessee	13b. COUNTY Davidson	13c. CITY OR TOWN Nashville

14. STREET AND NUMBER 9143 Sawyer Brown Road	14a. INSIDE CITY LIMITS ☒ Yes ☐ No	14b. ZIP CODE 37221	14c. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☒ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) _____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

18. FATHER'S NAME (First, Middle, Last) Queene Lattanzi	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Rose Bellano Ritucci

20a. INFORMANT'S NAME Terry Lattanzi	20b. RELATIONSHIP TO DECEDENT Son	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 796 Gloucester Lane Nashville, Tennessee 37221

21a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) West Harpeth Crematory	21c. LOCATION - City or Town and State Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR ▶ Sarah Holman	22b. LICENSE NUMBER 5884	22c. SIGNATURE OF EMBALMER ▶ No Embalming	22d. LICENSE NUMBER N/A

23a. NAME AND ADDRESS OF FUNERAL HOME Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221	23b. LICENSE NUMBER OF FUNERAL HOME 849

24. INFORMANT'S SIGNATURE ▶ Lyllian Chandler DR | 25. DATE FILED (Month, Day, Year) 6/13/17

26. Certifier (Check only one)
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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 and place, and due to the cause(s) and manner stated.

27a. SIGNATURE OF CERTIFIER ▶	27b. LICENSE NUMBER MD 41500	27c. DATE SIGNED (Month, Day, Year) 6/12/17
	27d. NAME AND ADDRESS S. DAVIS, MD 4200 Murfreesboro Rd / Antioch, TN	

28. PART I. Enter the chain of event(s), 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.	Prostate Cancer	4yrs
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
None

30a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
30b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	32. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown	33. IF FEMALE ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

34. IF TRANSPORTATION INJURY, SPECIFY ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? ☐ Yes ☐ No	34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
	34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY (Street and Number, City or Town, State)	

TN-VS-D (Rev. 10/2011) VDA 1999

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.

JUN 13 2017

0931418 2

Date Issued: 0 9 3 1 4 1 8 2

Lisa B. Piercey, FNP, MSN, MBA, RN, Deputy Commissioner / Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM, COMMISSIONER

CERTIFICATION OF VITAL RECORD