This instrument was prepared by:
Johnny Ellis Attorney-at-Law
3844 Old Hickory Blvd.
Old Hickory, TN 37138
615-847-2000
Johnny@LJELAW.com

Karen Johnson Davidson County
Batch# 572286 AFFIDAVITH
02/10/2021 12:42:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20210210-0019209

AFFIDAVIT OF SURVIVORSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, **MARK SHPRINTZ**, after first being duly sworn, states that:

1. I am an adult citizen and resident of Davidson County, Tennessee residing at: 806 Riverside Road, Old Hickory, TN. 37138

2. I am the Co-Tenant and long time significant partner of **ELIZABETH HUMMER**, *deceased*, and was acquainted with the her for 23 years. I have personal knowledge of the facts stated herein, and am otherwise competent to make this affidavit.

3. **ELIZABETH HUMMER** (The Deceased) is one and the same person as **ELIZABETH ALISON HUMMER**, who died on July 21, 2018, in Suffolk County, New York, residing at: 546 Wainscott NW Rd., East Hampton, NY. A certified copy of her death Certificate is Attached hereto as **Exhibit "A"**

4. At the time of her death, **Elizabeth Hummer** and myself, **Mark Shprintz,** were Tenants in Common with the Right of Survivorship in a certain tract or parcel of land in Davidson County, Tennessee described in Instrument #20050810-0094549, RODC, TN, as follows:

   See Attached Legal Description Exhibit "B"

5. This Affidavit of Survivorship is given to record the death of **Elizabeth Hummer**, and the survivorship of Mark Shprintz, to reflect that **Mark Shprintz** is now the sole owner of the real property described in **Exhibit "B"** attached hereto.

Further Affaint Saith Not.

Mark Shprintz — **MARK SHPRINTZ**, Affiant — 2.10.2021 — Date

Tax Map# 044 15 0 / 206.00

Send Tax bill to:

Name: *Mark Shprintz.*
Address: *806 Riverside Rd.*
Old Hickory, TN. 37138

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, Leroy J. Ellis IV, the undersigned, a notary public in the state of Tennessee, personally appeared MARK SHPRINTZ, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

Subscribed and sworn to before me, this the 10th day of February, 2021.

LEROY JOHNSTON ELLIS IV NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

NOTARY PUBLIC
My Commission Expires: 03/06/2024

DOH-1961 (8/2011)

*CORRECTED 8/7/2018

RECORDED DISTRICT 5152
REGISTER NUMBER 47

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE

NCHS

4C

4G

DECEDENT

7A

7B

SI

25

MARITAL

30

31

DISPOSITION

31B

OR

OS

OCOD

CANCER

CERTIFIER

CAUSE OF DEATH

1. NAME: FIRST Elizabeth MIDDLE Alison LAST Hummer

2. SEX: MALE ☐ FEMALE ☒

3A. DATE OF DEATH: MONTH 07 DAY 21 YEAR 2018

3B. HOUR: Approx 2:36 pm

4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ☐ ER ☐ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☐ NURSING HOME ☐ PRIVATE RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER (Specify): ☒ ocean

4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR

4C. NAME OF FACILITY: (If not facility, give address) WAINSCOTT BEACH LANE, WAINSCOTT

4D. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☒ East Hampton

4E. COUNTY OF DEATH: Suffolk

4F. MEDICAL RECORD NO.: —

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐

5. DATE OF BIRTH: MONTH 12 DAY 5 YEAR 1959

6A. AGE IN YEARS: 58 yrs.

6B. IF UNDER 1 YEAR ENTER: months days

6C. IF UNDER 1 DAY ENTER: hours minutes

7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Philadelphia, Pa

7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH: —

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒ YES ☐

9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A ☒ No, not Spanish/Hispanic/Latino B ☐ Yes, Mexican, Mexican American, Chicano
C ☐ Yes, Puerto Rican D ☐ Yes, Cuban
E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)

10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be.
A ☒ White/Caucasian B ☐ Black or African American C ☐ Asian Indian D ☐ Chinese
E ☐ Filipino F ☐ Japanese G ☐ Korean H ☐ Vietnamese
J ☐ Native Hawaiian K ☐ Guamanian or Chamorro L ☐ Samoan
N ☐ American Indian or Alaska Native (Specify)
P ☐ Other Asian (Specify) R ☐ Other Pacific Islander (Specify)
S ☐ Other (Specify)

11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 ☐ ≤ 8th grade 2 ☐ 9th-12th grade; no diploma 3 ☐ High school graduate or GED
4 ☒ Some college credit, but no degree 5 ☐ Associate's degree 6 ☐ Bachelor's degree
7 ☐ Master's degree 8 ☐ Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: 8483

13. MARITAL STATUS: NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☒ SEPARATED ☐

14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. —

15A. USUAL OCCUPATION: (Do not enter retired) Producer

15B. KIND OF BUSINESS OR INDUSTRY: Entertainment

15C. NAME AND LOCALITY OF COMPANY OR FIRM: HBO, New York N.Y.

16A. RESIDENCE: (State or Country if not USA) N.Y.

16B. County or Region/Province if not USA: Suffolk

16C. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☒ East Hampton

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☐ NO ☐ IF NO, SPECIFY TOWN:

16D. STREET AND NUMBER OF RESIDENCE: 546 Wainscott NW Road Wainscott

16E. ZIP CODE: 11975 East Hampton

17. BIRTH NAME OF FATHER / PARENT: FIRST Philip MI L. LAST Hummer

18. BIRTH NAME OF MOTHER / PARENT: FIRST Libby MI LAST Seifer

19A. NAME OF INFORMANT: Philip M Hummer

19B. MAILING ADDRESS: (Include zip code) P.O. Box 6 Searsport Me. 04974

20A. ☐ BURIAL 2 ☒ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT
MONTH 7 DAY 27 YEAR 2018

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Mt. Pleasant Crematory

20C. LOCATION: (City or town and state) Center Moriches N.Y.

21A. NAME AND ADDRESS OF FUNERAL HOME: Yardley & Pino 94 Pantigo Rd. East Hampton N.Y. 11

21B. REGISTRATION NUMBER: 01847

22A. NAME OF FUNERAL DIRECTOR: Kenneth W. Yardley

22B. SIGNATURE OF FUNERAL DIRECTOR: Kenneth W. Yardley

22C. REGISTRATION NUMBER: 13879

23A. SIGNATURE OF REGISTRAR: Carole M Brennan

23B. DATE FILED: MONTH 07 DAY 26 YEAR 2018

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Carole M Brennan

24B. DATE ISSUED: MONTH 07 DAY 26 YEAR 2018

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Stephanie A. Horowitz, M.D. License No.: 179268
Signature: Stephanie A. Horowitz Month 07 Day 24 Year 2018
Certifier's Title: 0 ☐ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☒ Medical Examiner / Deputy Medical Examiner
Address: SUFFOLK COUNTY MEDICAL EXAMINER SUFFOLK COUNTY OFFICE BLDG. HAUPPAUGE, NY 11788

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:

26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year

26B. Deceased last seen alive by attending physician: Month Day Year

26C. Pronounced Dead ON Month 07 Day 21 Year 2018 AT Time 4:10 pm

27. MANNER OF DEATH: NATURAL CAUSE ☐ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☒ 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☐ NO 1 ☒ YES

29A. AUTOPSY? NO ☐ 0 YES ☒ 1 REFUSED ☐ 2

29B. IF YES, WERE ENDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE: PENDING FURTHER STUDY
(A)
DUE TO OR AS A CONSEQUENCE OF:
(B)
DUE TO OR AS A CONSEQUENCE OF:
(C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☐ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR:

31B. INJURY LOCALITY: (City or town and county and state)

31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY:

31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☐ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian 4 ☐ OTHER (specify)

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 YES ☐ 1

33A. IF FEMALE: 0 ☐ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death 4 ☐ Unknown if pregnant within past year

33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution: NAME OF DECEDENT: E. Hummer DATE OF DEATH: AM/PM 18-36a-Y TIME OF DEATH:

EXHIBIT A

tabbies

202102100019209

DocuGard 04541 – 6 Security Features
- Prints "VOID" on front when duplicated
- Blue background highlights erasure alterations
- Watermark on back can be seen when sheet is held on an angle
- Coin-reactive ink on watermark changes color when scratched with a coin
- Microtext border contains the DocuGard name and is difficult to copy
- Security Features Box lists tamper-resistant attributes

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I HEREBY SOLEMNLY ATTEST, that the above is a True Transcript from the Registrar of Deaths, as kept in the office of the Town Clerk, Town of East Hampton, County of Suffolk and State of New York.

Dated at East Hampton, N.Y. this 7th day of August, 2018

Signed Jean K Hamilton
Deputy Registrar of Vital Statistics

Seal of the Town of East Hampton, N.Y.

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EXHIBIT "B"
LEGAL DESCRIPTION

Land in Davidson County, Tennessee, being Lot No. 190 on the Plan of Section "A", E. I. du Pont de Nemours and Company's Subdivision of The Village of Old Hickory, shown of record in Book 1424, page 68, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete description.

Being all the same property conveyed to Elizabeth Hummer, unmarried, and Mark Shprintz, unmarried, as Tenants in Common with the Right of Survivorship by Warranty Deed from Harold D. Sams, and wife, Marilyn P. Sams, dated July 25th, 2005, and of record as Instrument #20050810-0094549, Register's Office for Davidson County, Tennessee.

Davidson County Tax Map:
044 15 0 / 206.00

Property Address:
806 Riverside Road
Old Hickory, TN. 37138

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and custodian of the Electronic version of the attached document tendered for registration herewith and that this is a True and Correct copy of the original Document executed and authenticated according to Law.

Leroy Johnston Ellis, IV,
Attorney at Law, BPR #17968

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, Cheryl Denise Whitfield the undersigned, a notary public in the state of Tennessee, personally appeared Leroy Johnston Ellis, IV, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that this certification of an electronic document is true and correct and whose signature I have witnessed.

Cheryl Denise Whitfield
NOTARY PUBLIC

My Commission Expires: 11/06/2024

CHERYL DENISE WHITFIELD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Certificate Prepared by:
Johnny Ellis, Attorney at Law
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
(615) 847-2000
Johnny@LJELAW.com