Karen Johnson Davidson County
Batch# 808665 AFFIDAVITH
02/18/2022 02:41:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220218-0019446

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

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(615) 975-9174

AFFIDAVIT OF HEIRSHIP FOR WALTER NEIL HARPER

STATEMENT OF KYLE SHEPHERD

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. § 30-2-712, I, the undersigned Kyle Shepherd, after being duly sworn, hereby state as follows:

1. My name is Kyle Shepherd. I am over the age of 18 and not under any disability. I am not an heir-at-law of Walter Neil Harper. I reside at 1710 Andrew Court, Mount Juliet, TN 37122.
2. I have been married to Janna Shepherd, who was Walter Neil Harper's niece, for 23 years. I have known Walter Neil Harper, who was also known as Neil Harper, for approximately 25 years.
3. I had a normal familial relationship with Walter Neil Harper. We were not estranged and I saw him often throughout the years. I have personal knowledge of his life and his death to say with certainty who his heirs-at-law would have been at the time of his death.
4. Walter Neil Harper was divorced when I met him and he did not remarry during the 25 years I knew him.
5. Walter Neil Harper died on April 23, 2021 at his residence at 242 Tanksley Avenue, Nashville, TN 37211. See **Attachment A** for a copy of Mr. Harper's death certificate.
6. At the time of his death, he was unmarried and had two children: **Emily Harper Beard** of Nashville, Tennessee and **John Stewart Harper** of Lynnville, Tennessee.

FURTHER, AFFIANT SAITH NOT.

DATED THIS THE 8 DAY OF FEBRUARY, 2022.

KYLE SHEPHERD

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 029228

1. Decedent's Legal Name: WALTER NEIL HARPER				
4. Time of Death (Approx.): 11:22 AM	5a. Age: 72	6. Date of Birth: 04/07/1949	7. Birthplace: FLORENCE, SC	2. Sex: MALE / 3. Date of Death: 04/23/2021
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 242 TANKSLEY AVE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: DELIVERY AGENT		11b. Kind of Business/Industry: PHARMACUTICALS
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 242 TANKSLEY AVE		13e. Inside City Limits? YES	13f. Zip Code: 37211	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: WALTER HARPER		19. Mother's Name Prior to First Marriage: FRANCES NEIL		
20a. Informant's Name: EMILY BEARD	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 1618 EASTSIDE AVE, NASHVILLE, TN 37206		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN-ROESCH-PATTON	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: /e/ KEITH A EPPERSON	22b. License Number: 20419	22c. Signature of Embalmer: /e/ Allison C Klotz		22d. License Number: 4656
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407				23b. License Number: 933
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 04/29/2021		

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: /e/ DAVID L ZIMMERMAN, MD	27b. License Number: 046030	27c. Date Signed: 04/27/2021
27d. Name and Address: DAVID L ZIMMERMAN, MD 850 R.S. GASS BLVD, NASHVILLE, TN 37216		

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. PENDING	
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.	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?

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: PENDING INVESTIGATION	31. Did Tobacco Use Contribute to Death?	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

PH-1655E

RDA 10112

13512487

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 3 5 1 2 4 8 7

Date Issued: May-03-2021

CERTIFICATION OF VITAL RECORD

202202180019446

On this 8 day of February, 2022, before me, the undersigned, personally appeared Kyle Shepherd, known to me known to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be his free act and deed, and that he has personal knowledge of the facts contained therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

Teresa Morgan
Notary Public

My Commission Expires: 7/3/2023

TERESA MORGAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-3-2023

TRUE COPY CERTIFICATION

I, Teresa Morgan, Tennessee BPR No. 033448, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on February 8, 2022.

Teresa Morgan 2/9/2022
TERESA MORGAN DATE
MOCKINGBIRD TITLE & ESCROW, LLC
PO BOX 60711
NASHVILLE, TN 37206
(615) 975-9174

State of Tennessee)
County of Davidson)

Sworn and subscribed before me on this 9th day of February, 2022.

NOTARY PUBLIC
My Commission Expires: July 3, 2023

CRYSTAL MARCRUM-POTTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO
MY COMMISSION EXPIRES