This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Harrington Law Office
1215 Seventh Avenue North
Nashville, Tennessee 37208-2605
Telephone: (615) 320-9977
Facsimile: (615) 320-9929

Map & Parcel: 042 07 0A 075.00
Address Owner: Veronica Pulley
Send Tax Bill: 724 Heritage Dr., Madison, TN 37115

AFFIDAVIT OF HEIRSHIP

Karen Johnson Davidson County
Batch# 823703 AFFIDAVITH
03/17/2022 01:06:34 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220317-0031243

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Larry Wayne Swift (hereinafter "the Decedent") died intestate on May 3, 2021 leaving no spouse, no children, no parents surviving him, and one sister, whose name, relationship, and address are as follows: Veronica Pulley, Sister, 724 Heritage Dr., Madison, TN 37115.

3. That the Death Certificate of the Decedent is attached hereto in Attachment A.

4. That at the time of his death, Larry Wayne Swift was the sole owner of fee simple interest in the property located at 724 Heritage Dr., Madison, TN 37115 and more particularly described as follows:

> LAND in Davidson County, Tennessee, being Lot No. 337, Meritage Square, Phase Three, of record in Plat Book 5200, page 744, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete legal description.
>
> Being the same property conveyed to Larry Wayne Swift by Deed from Jack F. Kemp, Secretary of Housing and Urban Development of Washington, D.C., dated January 31, 1990, of record in Book 8039, page 12, Register's Office Davidson County, Tennessee. The conveyance being subject to restrictive covenants of record in Book 6071, page 766 and Book 6122, page 483, said Register's Office, and to the matters set forth in the above-referenced plan of record.
>
> This is improved property known as 724 Heritage Dr., Madison, TN 37115

5. That the above referenced sister of the Decedent is the sole heirs-at-law of the Decedent.

6. That the above referenced sister of the Decedent, Veronica Pulley, owns the above referenced property in fee simple interest by the laws of intestate succession.

7. That *Tenn. Code Ann.*§ 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 17th day of March, 2022.

ROBERT GARNER

OATH

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **ROBERT GARNER** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 17th day of March, 2022.

NOTARY PUBLIC
My Commission Expires: 11-6-24



Attachment A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 034080

1. Decedent's Legal Name LARRY WAYNE SWIFT			2. Sex MALE	3. Date of Death 05/03/2021
4. Time of Death (Approx) 20:23	5a. Age 66	6. Date of Birth 06/20/1954	7. Birthplace NASHVILLE, TN	
8a. Place of Death HOSPICE FACILITY				
8b. Facility Name ALIVE HOSPICE		8c. City or Town NASHVILLE		8d. County of Death DAVIDSON
9. Marital Status NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation TRAINER		11b. Kind of Business/Industry FITNESS
12. Social Security Number -4688	13a. Residence-State or Foreign Country TENNESSEE	13b. County DAVIDSON		13c. City or Town MADISON
13d. Street and Number 724 HERITAGE DR.		13e. Inside City Limits? YES	13f. Zip Code 37115	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race WHITE	
18. Father's Name UNKNOWN		19. Mother's Name Prior to First Marriage MARY BELLE SWIFT		
20a. Informant's Name VERONICA PULLEY	20b. Relationship to Decedent SISTER	20c. Mailing Address 605 A JAMES AVE, NASHVILLE, TN 37209		
21a. Method of Disposition BURIAL	21b. Place of Disposition MT. JULIET MEMORIAL GARDENS		21c. Location MOUNT JULIET, TN	
22a. Signature of Funeral Director ▶ /s/ MATTHEW JUDD SELLARS	22b. License Number 5266	22c. Signature of Embalmer ▶		22d. License Number
23a. Name and Address of Funeral Home SELLARS FUNERAL HOME AT MT JULIET, 2229 NORTH MOUNT JULIET RD, MOUNT JULIET, TN 37122-3000				23b. License Number 382
24. Registrar's Signature ▶ /s/ EDWARD G BISHOP III		25. Date Filed 05/20/2021		

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 ▶ /s/ LAURA THARPE	27b. License Number 048448	27c. Date Signed 05/20/2021
27d. Name and Address LAURA THARPE 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) 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	a. METASTATIC PROSTATE CANCER	
	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

PH-1569E RDA 10112

13163807

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

1 3 1 6 3 8 0 7

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: May-25-2021

CERTIFICATION OF VITAL RECORD