**THIS INSTRUMENT PREPARED BY:**
**Martin Heller Potempa & Sheppard**
1935 21st Avenue South, Ste 100
Nashville, Tennessee 37212
(615) 800-7096

Karen Johnson Davidson County
Batch# 837616 AFFIDAVITH
04/11/2022 10:59:26 AM 3 pgs
Fees: $17.00 Taxes: $0.00

20220411-0041674

KATIE AESCHLIMAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is:
$0.00

**Adam Barber**

Subscribed and sworn to before me, this 7 day of APRIL 2022.

**NOTARY PUBLIC**

My Commission Expires: May 5, 2025

| **Address New Owner:** | **Send Tax Bills To:** | **Tax Information:** |
|---|---|---|
| Paolo Bruno<br>9 Field Circle<br>Broad Brook, CT 06016 | New Owner | 108 08 0 014.00 |

## AFFIDAVIT OF INHERITANCE

1. My name is Paolo Bruno ("Affiant"). I am an adult resident of the State of Connecticut. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. I am the surviving spouse of Shirley Mae Bruno (hereinafter "Decedent").

3. Decedent died on January 5, 2022 at the age of 61 as a resident of Hartford, Connecticut. A copy of her death certificate is attached hereto as **Exhibit 1.**

4. Decedent owned a certain parcel of improved real property at the time of her death, being **3116 Lumberjack Road, Nashville, TN 37214** (the "Property"), with her husband, Paolo Bruno as tenants by the entirety. A more fully and particular description of the property is as follows:

> Lane in Davidson County, Tennessee, being Lot No. 173, on the Plan of Larchwood Subdivision, Section Two, of record in Plat Book 5200, pages 58 & 59, and in Plat Book 522, page 208, said Register's Office, to which reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to Paolo Bruno and Shirley Bruno, husband and wife, by Leslie Scovill, unmarried, by Warranty deed of record as instrument number 20160520-0050897, Register's Office of Davidson County, Tennessee.

7. "When property is held in a tenancy by the entirety, upon the death of one spouse, the survivor continues to own the whole in fee simple and the laws of descent and distribution do not apply. *Bryant v Bryant*, 522 S.W.3d 392, 400 (Tenn. 2017). As such, the property is owned as follows:

Paolo Bruno – 100%

8. To my knowledge, Decedent was not a recipient of long-term care benefits paid for by the State of Tennessee, Division of TennCare.

**FURTHER AFFIANT SAYETH NOT.**

**SWORN this** 28th **day of** March **2022.**

Paolo Bruno

**STATE OF CONNECTICUT )**
**)**
**COUNTY OF** Tolland **)**

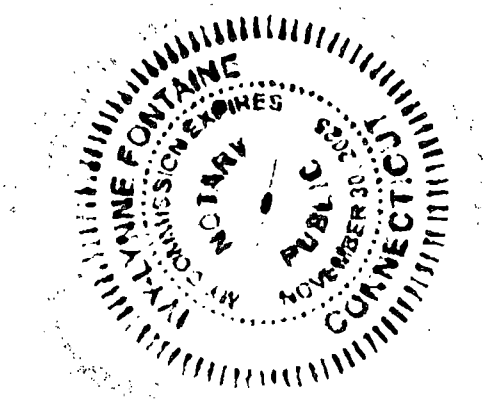
Now having first been sworn, the above-named Paolo Bruno, Affiant, appeared before me and proved his identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 28th day of March 2022.

C. Fontaine

**Notary Public**

My commission expires: 11-30-2025



Shaded Area to be completed by the Medical Certifier.

Unshaded Area to be completed by Funeral Director or Embalmer.

Boxes 36-40 to be completed for Nurse pronouncements.

VS-4 REV. 7/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

# CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) | | | 2. SEX | 3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) | 4. ACTUAL OR PRESUMED TIME OF DEATH |
|---|---|---|---|---|---|
| Shirley | Mae | Bruno | ☐ Male ☒ Female | 01/05/2022 | 10:15 ☒ AM ☐ PM |

| 5. AGE LAST BIRTHDAY | 6. UNDER 1 YEAR Mo. | Days | UNDER 1 DAY Hours | Min. | 7. DATE OF BIRTH (MM/DD/YYYY) | 8. BIRTHPLACE (City, State or Foreign Country) |
|---|---|---|---|---|---|---|
| 61 | | | | | 01/20/1960 | Meriden, Connecticut |

| 9. RESIDENCE (State) | 10. RESIDENCE (County) | 11. RESIDENCE (City or Town) | 12. RESIDENCE (Street and No.) | 13. APT. NO. |
|---|---|---|---|---|
| Connecticut | Hartford | Broad Brook | 9 Field Circle | |

| 14. ZIP CODE | 15. EVER IN US ARMED FORCES? | 16. MARITAL STATUS AT TIME OF DEATH: | 17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage) |
|---|---|---|---|
| 06016 | ☐ Yes ☒ No | ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown | Paolo Bruno |

| 18. FATHER'S NAME (First, Middle, Last) | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) |
|---|---|
| Melvin Hallett | Mildred Wilsch |

| 20. INFORMANT'S NAME | 21. INFORMANT'S RELATIONSHIP TO DECEDENT | 22. MAILING ADDRESS (Street and Number, City, State, Zip Code) |
|---|---|---|
| Paolo Bruno | Husband | 9 Field Circle, Broad Brook, CT 06016 |

| 23. IF DEATH OCCURRED IN A HOSPITAL: | 24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: | 25. FACILITY NAME (If not institution, give street & number) |
|---|---|---|
| ☐ Inpatient ☐ ER/outpatient ☐ Dead on Arrival | ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (specify) | 9 Field Circle |

| 26. CITY OR TOWN OF DEATH | ZIP CODE | 27. COUNTY OF DEATH | 28. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (specify) |
|---|---|---|---|
| Broad Brook | 06016 | Hartford | |

| 29. DISPOSITION (Name of cemetery, crematory, other place) | 30. LOCATION (city/town, state) | 31. DATE (MM/DD/YYYY) | 32. WAS BODY EMBALMED? ☒ Yes* ☐ No; *If yes, Name of Embalmer |
|---|---|---|---|
| Mt.St.Benedict Cemetery | Bloomfield, CT | 01/15/2022 | Kelly Quirion |

| 33. FUNERAL FACILITY - Name and Address (street, town, state, zip) | 34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER | 35. LICENSE NUMBER OF SIGNEE IN BOX 34 |
|---|---|---|
| D'Esopo Funeral Chapel 277 Folly Brook Blvd., Wethersfield, CT 06109 | Shane Breen | 2784 |

| 36. DATE PRONOUNCED DEAD (MM/DD/YYYY) | 37. TIME PRONOUNCED | 38. PRONOUNCER'S NAME AND DEGREE OR TITLE (Print) | 39. PRONOUNCER'S SIGNATURE | 40. DATE SIGNED |
|---|---|---|---|---|
| 01/05/2022 | 10:15AM | Eileen Markowski, BSN, RN | Eileen Markowski, BSN, RN | 01/05/22 |

| 41. WAS MEDICAL EXAMINER CONTACTED? | 42. WAS AN AUTOPSY PERFORMED? | 43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? |
|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | ☐ Yes ☒ No |

Name of Decedent: Bruno, Shirley

For use by Physician or Institution

## CAUSE OF DEATH

44. 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. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

| | | APPROXIMATE INTERVAL ONSET TO DEATH |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) ——> | (a) CardioPulmonary Arrest | Minutes |
| 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 | Due to (or as a consequence of): (b) Amyotrophic Lateral Sclerosis. | Months |
| | Due to (or as a consequence of): (c) | |
| | Due to (or as a consequence of): (d) | |

| 45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | 46. 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 | 47. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown |
|---|---|---|

48. CERTIFIER (Check only one box) ☐ Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner state ☒ Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.

| Certifier Name (Type or Print) | Certifier Signature | Title of Certifier | Date Certified |
|---|---|---|---|
| Eileen Markowski | Eileen Markowski | RN | 01/05/2022 |

| 49. MAILING - CERTIFIER (Street) | (City or Town) | (State) | (Zip) |
|---|---|---|---|
| 8 Keynote Drive | Vernon | CT | 06066 |

| THIS CERTFICATE WAS RECEIVED FOR RECORD ON: | BY REGISTRAR |
|---|---|
| January 10, 2022 | Lanisa Hill Asst. Reg. |

## ADMINISTRATIVE PURPOSES

50. 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/GED ☐ Some college credit, but no degree ☐ Associate degree ☒ Bachelor's degree ☐ Master's degree ☐ Doctorate or Professional degree ☐ Unknown ☐ Not available

51. DECEDENT OF HISPANIC ORIGIN?
☐ No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (specify)

52. DECEDENT'S RACE
☒ White ☐ Black or African American ☐ Asian Indian ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) ☐ Native Hawaiian ☐ Guamanian or Chamor ☐ Samoan ☐ Other Pacific Islander (specify) ☐ Other (specify)

| 53. DECEDENT'S USUAL OCCUPATION | 54. KIND OF BUSINESS/INDUSTRY | 55. SOCIAL SECURITY NUMBER |
|---|---|---|
| Homemaker | Own Home | 037-46-1444 |

COPY Legal Fee $20.00

I certify that this is a true copy of the certificate received for record, except for such information which is non-disclosable by law.

Attest: Lanisa Hill Asst. Registrar January 10, 2022

STATE OF CONNECTICUT SEAL

EXHIBIT tabbies 1