Prepared By/ Return To
Title One Agency INC
4618 Dressler Rd NW
Canton, OH 44718

First American Title Insurance Company

AFFIDAVIT OF HEIRSHIP

State of OHIO)

County of STARK)

Karen Johnson Davidson County
Batch# 885123 AFFIDAVITH
07/06/2022 02:51:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20220706-0078036

Beverly F. Marsh (Affiant) being duly sworn upon oath, states:

1. That the Affiant resides at 4580 Morgate Circle N.W., Canton, OH 44708 .
2. That the Affiant is the sister (relationship) of Herman James Dhanse (decedent).
3. That the Decedent died on February 19, 2022 in the County of Davidson , State of Tennessee _____. (Attach copy of death certificate.
4. That the Decedent died owning an interest in the property commonly known as 2841 Colonial Circle, Nashville, TN 37214 and more fully described in commitment no. _____ .
5. That the Decedent died leaving (a/no) Will. (Attach copy of will if applicable.)
6. That the Decedent was married to the following individuals and no others:

Name	Status

7. That the following children and no others were born to or adopted by the Decedent:

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock except as follows:

9. That in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedent's heirship (include names of all deceased descendents):

10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is $ 305,000.00

11. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses have been paid in full: or, that the following claims will be paid from the proceeds of the subject property:

12. That the Federal Estate Tax (has/has not) been paid, that the Tennessee Inheritance Tax (has/has not) been paid; that no (Federal Estate Tax/Tennessee Inheritance Tax) is due.

13. That the Affiant makes this affidavit to induce First American Title Company (First American) to issue its policy of title commitment number _____ and with knowledge that First American will rely on the representations made and contained herein to insure title.

Further Affiant sayeth not.

Beverly F Walsh
Affiant

Subscribed and sworn to before me, this 20th day of June, 2022

Notary Public

BELINDA A. BRIDGES, NOTARY PUBLIC
COMM. EXP. MAY 30, 2026
STATE OF OHIO

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 013365

1. Decedent's Legal Name: HERMAN JAMES DHANSE			2. Sex: MALE	3. Date of Death: 02/19/2022
4. Time of Death (Approx.): 19:55	5a. Age: 66	6. Date of Birth: 01/13/1956	7. Birthplace: PITTSBURGH, PA	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 2841 COLONIAL CIRCLE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: UNKNOWN	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: MECHANIC		11b. Kind of Business/Industry: AIRLINE MECHANIC
12. Social Security Number: -3460	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2841 COLONIAL CIRCLE		13e. Inside City Limits?: YES	13f. Zip Code: 37214	14. Was Decedent ever in US Armed Forces?: YES
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: HERMAN DHANSE		19. Mother's Name Prior to First Marriage: VIRGINIA DEPP		
20a. Informant's Name: BEVERLY MARSH	20b. Relationship to Decedent: SISTER	20c. Mailing Address: 4580 MORGATE CIRCLE N.W , CANTON, OH 44708		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: HIGHLAND HILLS FUNERAL HOME AND	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ JENNIFER SHELTON	22b. License Number: 20200	22c. Signature of Embalmer: ▶	22d. License Number	
23a. Name and Address of Funeral Home: CREMATION AND FUNERAL SERVICES OF TENNESSE, PO BOX 295 576 HIGHWAY 70, PEGRAM, TN 37143-0295			23b. License Number: 1211	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 02/22/2022		

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/ ERIC W BERG, M.D	27b. License Number: 045359	27c. Date Signed: 02/21/2022

27d. Name and Address: ERIC W BERG, M.D., III 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). 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. PENDING	
	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:	34b. Date of Injury	34c. Time of Injury	34d. Injury at Work?
	34e. Describe How Injury Occurred		34f. Place of Injury
			34g. Location of Injury

PH-1659E

RDA 10112

13971789

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 9 7 1 7 8 9
Date Issued: Feb-23-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

I, Emily Prophet, 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 6.20.22 (date of document).

Affiant Signature

7.6.22

Date

State of Tennessee

County of Rutherford

Sworn to and subscribed before me this 6th day of July, 2022.

Richelle B. Montg

Notary's Signature

MY COMMISSION EXPIRES: June 21, 2025

Notary's Seal

