Karen Johnson Davidson County
Batch# 908039 AFFIDAVITH
08/25/2022 11:48:58 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20220825-0096053

This Instrument Prepared By:
Bradley Arant Boult Cummings LLP
1600 Division Street, Suite 700
Nashville, Tennessee 37203

# AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE )
)
COUNTY OF DAVIDSON )

On this 24th day of August, 2022, before me personally appeared **Theresa Hostetler** (the "Affiant"), who having been duly sworn, states upon her personal knowledge:

1. That she is at least eighteen (18) years of age and is a citizen and resident of Davidson County, Tennessee.

2. That Affiant is the only child born to her mother, **Betty McLaughlin** ("Decedent").

3. That Decedent died intestate in Davidson County, Tennessee on or about December 24, 2020, and was unmarried at the time of her death. An original of the death certificate of Decedent is attached as EXHIBIT A. No estate administration was opened for Decedent.

4. That Decedent was survived by Affiant, being Decedent's sole heir at law.

This Affidavit of Heirship is freely given to help establish and reflect the heirship with respect to any assets owned by Decedent.

Further, Affiant saith not.

Theresa Hostetler

**Theresa Hostetler**

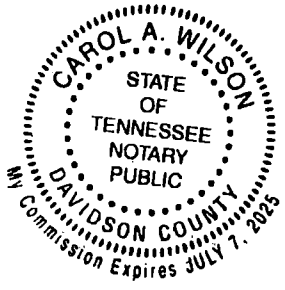
Affiant

Subscribed and sworn to before me this 24th day of August, 2022.

Carol A Wilson
Notary Public

My Commission Expires:

7-7-2025




**ADDRESS OF AFFIANT:**

**Theresa Hostetler**
**2280 Seven Points Circle**
**Hermitage, Tennessee 37076**

# EXHIBIT A

## Death Certificate

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 086041

| 1. Decedent's Legal Name | | | 2. Sex | 3. Date of Death |
|---|---|---|---|---|
| BETTY MADDEN MCLAUGHLIN | | | FEMALE | 12/24/2020 |
| **4. Time of Death (Approx.)** | **5a. Age** | **6. Date of Birth** | **7. Birthplace** | |
| UNKNOWN | 85 | 01/13/1935 | GREENUP COUNTY, KY | |
| **8a. Place of Death** | | | | |
| NURSING HOME/LONG TERM CARE | | | | |
| **8b. Facility Name** | | **8c. City or Town** | **8d. County of Death** | |
| CHARTER SENIOR LIVING OF HERMITAGE | | HERMITAGE | DAVIDSON | |
| **9. Marital Status** | **10. Surviving Spouse (name prior to first marriage)** | **11a. Decedent's Usual Occupation** | **11b. Kind of Business/Industry** | |
| WIDOWED | | PAYROLL CLERK | ASHLAND MARATHON | |
| **12. Social Security Number** | **13a. Residence-State or Foreign Country** | **13b. County** | **13c. City or Town** | |
| 3618 | TENNESSEE | DAVIDSON | HERMITAGE | |
| **13d. Street and Number** | **13e. Inside City Limits?** | **13f. Zip Code** | **14. Was Decedent ever in US Armed Forces?** | |
| 4131 ANDREW JACKSON PKWY | YES | 37076 | NO | |
| **15. Decedent's Education** | **16. Decedent of Hispanic Origin?** | **17. Decedent's Race** | | |
| BACHELOR'S DEGREE | NO, NOT SPANISH/HISPANIC/LATINO | WHITE | | |
| **18. Father's Name** | | **19. Mother's Name Prior to First Marriage** | | |
| HUBERT WORTHINGTON | | SADIE BURGE | | |
| **20a. Informant's Name** | **20b. Relationship to Decedent** | **20c. Mailing Address** | | |
| THERESA J. HOSTETLER | DAUGHTER | 4401 BATON ROUGE DRIVE, HERMITAGE, TN 37076 | | |
| **21a. Method of Disposition** | **21b. Place of Disposition** | **21c. Location** | | |
| BURIAL REMOVAL FROM STATE | BRICK UNION CEMETERY | GREENUP, KY | | |
| **22a. Signature of Funeral Director** | **22b. License Number** | **22c. Signature of Embalmer** | **22d. License Number** | |
| ▶ /e/ BAMBI REED | 5032 | ▶ /e/ Tracey H Bond | 4072 | |
| **23a. Name and Address of Funeral Home** | | | **23b. License Number** | |
| REED FUNERAL HOME, 612 MAIN STREET, GREENUP, KY 41144 | | | 1093 | |
| **24. Registrar's Signature** | | **25. Date Filed** | | |
| ▶ /e/ EDWARD G BISHOP III | | 01/06/2021 | | |

**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 | 27b. License Number | 27c. Date Signed |
|---|---|---|
| ▶ /e/ BRUCE ALAN WALLSTEDT | 025914 | 01/06/2021 |

27d. Name and Address: BRUCE ALAN WALLSTEDT 1601 17TH AVENUE SOUTH, NASHVILLE, TN 37212

**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. COMPLICATIONS OF SENILE DEGENERATION OF THE BRAIN | 9999 |
| | b. HYPERTENSION | 9999 |
| | c. | |
| | d. | |

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: HYPERLIPIDEMIA, INFLAMMATORY POLY ARTHRITIS

29a. Was an Autopsy Performed? NO

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

| 30. Manner of Death | 31. Did Tobacco Use Contribute to Death? | 32. If Female: |
|---|---|---|
| NATURAL | NO | |

| 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-1659E RDA 10112

12101476

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 2 1 0 1 4 7 6

Edward G. Bishop III, State Registrar

Lisa Piercey, MD, MBA, FAAP, Commissioner

Date Issued: Jan-07-2021

CERTIFICATION OF VITAL RECORD