THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 1935 21st Avenue South, Ste 100 Nashville, Tennessee 37212 Karen Johnson Davidson County Batch# 939869 **AFFIDAVITH** 11/10/2022 08:43:53 AM 3 pgs Fees: $17.00 Taxes: $0.00 20221110-0120443 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 Shelby The actual consideration for this transfer is: $0.00 JENNIFER WAGNER WATSON Subscribed and sworn to before me, this 1st day of November 2022. NOTARY PUBLIC My Commission Expires: 10-4-2025 SABRINA C. WHEELER STATE OF TENNESSEE NOTARY PUBLIC SHELBY COUNTY

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
TIMOTHY W. WAGNER and ANN E. WAGNER 4113 E Lone Oak Road Nashville, TN 37215	New Owner	Map and Parcel No.: 131-03-0-E 001.00CO

AFFIDAVIT OF HEIRSHIP

1. My name is Jennifer Wagner Watson ("Affiant"). I am an adult resident of the State of Tennessee. 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 sister of Malinda A. Wagner ("Decedent").

3 Decedent died intestate on May 16, 2022, as a resident of Davidson County, Tennessee. A copy of the Certificate of Death is attached hereto as **Exhibit 1.**

4. Decedent owned a certain parcel of improved real property at the time of death, which is located at **4113 E. Lone Oak Road, Nashville, TN 37215** (the "Property") and more fully and particularly described as follows:

> Land in Davidson County, Tennessee, being Unit No. 1, on the Plan of Lone Oak Condominiums, of record in Book 6200, Page 103; and as shown on the Master Deed in Book 8866, Page 562, Book 8870, Page 11, and in Book 8895, Page 629, Register's Office for said County, to which plan reference is hereby made for a more complete description.

Being the same property conveyed to Malinda A. Wagner from Shahrzad Ansari, Trustee of the Shahpour Ansari Trust, dated January 30, 2008, by Warranty Deed of record in ~~Book 130, Page 92,~~ Register's Office for ~~Montgomery~~ Davidson County, Tennessee. Instrument No. 20090820-0078335

5. Decedent was unmarried at the time of her death and had no children, born-to or adopted by her, during her lifetime. The Decedent's parents, Timothy W. Wagner and Ann E. Wagner, are the Decedent's heirs-at-law pursuant to Tenn. Code Ann. § 31-2-104.

6. A Small Estate Affidavit was administered in the Seventh Circuit Court for the Twentieth Judicial District, State of Tennessee/Metropolitan, Nashville-Davidson County by Judge Randy Kennedy on August 18, 2022 at Docket #22P1288.

7. Pursuant to Tenn. Code Ann. § 31-2-103, Decedent's interest in the Property vested immediately upon death equally unto her heirs-at-law, Timothy W. Wagner and Ann E. Wagner, and remains so vested today.

FURTHER AFFIANT SAYETH NOT.

SWORN this 1st **day of** November **2022.**

JENNIFER WAGNER WATSON

STATE OF TENNESSEE)
)
COUNTY OF Shelby)

Now having first been sworn, the above-named Jennifer Wagner Watson, Affiant, appeared before me and proved her 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 1st day of November 2022.

SABRINA C. WHEELER STATE OF TENNESSEE NOTARY PUBLIC SHELBY COUNTY

Notary Public

My commission expires: 10-4-2025

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 034519

1. Decedent's Legal Name: MALINDA ANN WAGNER		2. Sex: FEMALE	3. Date of Death: 05/16/2022
4. Time of Death (24-hr): 22:25	5a. Age: 56	6. Date of Birth: 09/07/1965	7. Birthplace: NASHVILLE, TN
8a. Place of Death: INPATIENT			
8b. Facility Name: SAINT THOMAS WEST HOSPITAL	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: AUDITOR	11b. Kind of Business/Industry: STATE OF TENNESSEE
12. Social Security Number	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and number: 4113 LONE OAK ROAD UNIT E	13e. Inside City Limits?: YES	13f. Zip Code: 37215	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: TIMOTHY WILLIAM WAGNER	19. Mother's Name Prior to First Marriage: ANNA BELLE ELLINGTON		
20a. Informant's Name: TIMOTHY WILLIAM WAGNER	20b. Relationship to Decedent: FATHER	20c. Mailing Address: 931 EVANS ROAD, NASHVILLE, TN 37204	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ BRIAN S DAVIDSON	22b. License Number: 5814	22c. Signature of Embalmer: ▶	22d. License Number
23a. Name and Address of Funeral Home: BRENTWOOD-ROESCH-PATTON FUNERAL HOME, 9010 CHURCH ST EAST, BRENTWOOD, TN 37027-5255			23b. License Number: 911
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 05/22/2022	

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/ MICHAEL ANDREW MORSE	27b. License Number: 050146	27c. Date Signed: 05/20/2022

27d. Name and Address: MICHAEL ANDREW MORSE 4230 HARDING ROAD SUITE 330, NASHVILLE, TN 37205

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. HEART FAILURE	1 MONTH
	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?: UNKNOWN	32. If Female: NOT PREGNANT WITHIN PAST YEAR	
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-1559E RDA 10112

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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

1426788

Date Issued: May 23, 2022

CERTIFICATION OF VITAL RECORD