Karen Johnson Davidson County
Batch# 1009420 AFFIDAVITH
05/31/2023 02:33:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20230531-0041076

*Prepared By and Return To:*
Hayes, Johnson & Conley, PLLC
700 South 21st Street
Fort Smith, AR 72901
Contract No.: 000199710278

**AFFIDAVIT OF DEATH AND HEIRSHIP**
As to **J ARNOLD VON HAGEN a/k/a JAMES ARNOLD VON HAGEN** ("Decedent")

STATE OF Alabama }
} ss.
COUNTY OF Madison }

JOEY JESUP ("Affiant #1"), bearing the following relationship to the decedent: None,

and

KAREN JESUP ("Affiant #2"), bearing the following relationship to the decedent: None,

(collectively "Affiants"), of lawful age, who reside in the State of Alabama with an address of:

160 Waterbury Dr Harvest AL 35749

and are familiar with the family history of the Decedent, **J ARNOLD VON HAGEN a/k/a JAMES ARNOLD VON HAGEN**, being first duly sworn, upon oath depose and say:

1. Decedent departed this life in Davidson County, State of Tennessee on or about June 3, 2022. Death Certificate attached hereto as Exhibit "A".
2. Decedent owned, at the time of his death, the following described real estate situated in Davidson County, Tennessee, to-wit:

   A **84,000 / 117,880,000** undivided fee simple absolute interest in the Units in **Building 13**, as tenants in common with the other undivided interest owners of said Units, together with an appurtenant undivided interest in the common areas as may be described and depicted on a plat of **Phase II, Building 13**;

   of **FAIRFIELD NASHVILLE AT MUSIC CITY USA**, as may be further described in the aforesaid Declaration of Covenants, Conditions, and Restrictions for Fairfield Nashville at Music City USA, applicable thereto, as recorded in Book 9546, Page 213 et seq., the Fifth Supplemental Declaration to Amended and Restated Declaration of Horizontal Property Regime Covenants, Conditions Restrictions for Fairfield Nashville at Music City USA, applicable thereto, as recorded as in Book 10775, Page 891 et seq., and any amendments and supplements thereto, all in the Register's Office of Davidson County, Tennessee, which undivided interest has been assigned 84,000 Fairshare Plus Points symbolic of said Property interest. LESS AND EXCEPT Oil, Gas, and other minerals, as previously reserved.

Being part of or the same property, and subject to the same terms, conditions, and restrictions as conveyed to J ARNOLD VON HAGEN, the Decedent, and SUE M VON HAGEN by Deed from Fairfield Communities, Inc., recorded in the official land records for the aforementioned property on April 27, 1999, at Deed Book 11449 / Page 316. SUE M VON HAGEN a/k/a ELIZABETH SUE VON HAGEN, whose Death Certificate is attached hereto as Exhibit "B", predeceased her spouse on January 21, 2020, making J ARNOLD VON HAGEN a/k/a JAMES ARNOLD VON HAGEN the sole owner.

3. This real estate was not occupied as the homestead of the Decedent.

4. Decedent died intestate without leaving a Last Will and Testament.

5. There is no pending administration of the decedent's estate.

6. Decedent did not leave a surviving spouse.

7. Decedent's surviving children:

   JAMES TODD VONHAGEN, 606 Lawrence St, Old Hickory, TN 37138

   HALLIE VONHAGEN MCDAVID, 223 Hughes Pond Cir, Madison, AL 35758

   DRAIS MIXON VON HAGEN, 12339 Butternut Cir, Knoxville, TN 37934

8. Decedent did not have any legally adopted children or predeceased children.

9. Decedent does not have any remaining unpaid debts.

10. No inheritance or estate tax is due on the Decedent's Estate.

Further, affiants sayeth not.

***[Affiants' Signatures and Notary Acknowledgement on Following Page.]***

Affiant #1:

Joey Jesup
JOEY JESUP

5/5/2023
Date

Affiant #2:

Karen Jesup
KAREN JESUP

May 5, 2023
Date

Acknowledgment

State of Alabama )
)
County of Madison )

On this day before me, a Notary Public, within and for said County and State, duly commissioned and acting, appeared, **JOEY JESUP AND KAREN JESUP,** to me personally well-known or proven with valid identification, as the person(s) who executed the foregoing instrument and executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

(SEAL)

Cynthia Thompson
Notary Public

Printed Name: Cynthia Thompson

My commission expires: My Commission Expires 8/1/2023

(Please DO NOT Stamp or Sign outside this Box)

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 038412

| 1. Decedent's Legal Name | | | 2. Sex | 3. Date of Death |
|---|---|---|---|---|
| JAMES ARNOLD VON HAGEN | | | MALE | 06/03/2022 |
| **4. Time of Death (Approx.)** | **5a. Age** | **6. Date of Birth** | **7. Birthplace** | |
| 23:30 | 82 | 03/15/1940 | NASHVILLE, TN | |

**8a. Place of Death**
DECEDENT'S HOME

| 8b. Facility Name | 8c. City or Town | 8d. County of Death |
|---|---|---|
| 721 BRINDLEY DRIVE | NASHVILLE | DAVIDSON |

| 9. Marital Status | 10. Surviving Spouse (name prior to first marriage) | 11a. Decedent's Usual Occupation | 11b. Kind of Business/Industry |
|---|---|---|---|
| WIDOWED | | ARCHITECT | METRO SCHOOLS |
| **12. Social Security Number** | **13a. Residence-State or Foreign Country** | **13b. County** | **13c. City or Town** |
| - - 2005 | TENNESSEE | DAVIDSON | NASHVILLE |

| 13d. Street and Number | 13e. Inside City Limits? | 13f. Zip Code | 14. Was Decedent ever in US Armed Forces? |
|---|---|---|---|
| 721 BRINDLEY DRIVE | YES | 37220 | YES |

| 15. Decedent's Education | 16. Decedent of Hispanic Origin? | 17. Decedent's Race |
|---|---|---|
| SOME COLLEGE CREDIT, BUT NO DEGREE | NO, NOT SPANISH/HISPANIC/LATINO | WHITE |

| 18. Father's Name | 19. Mother's Name Prior to First Marriage |
|---|---|
| KEITH C VON HAGEN | ELIZABETH WHITE |

| 20a. Informant's Name | 20b. Relationship to Decedent | 20c. Mailing Address |
|---|---|---|
| HALLIE MCDAVID | DAUGHTER | 223 HUGHES POND CIRCLE, MADISON, AL 35758 |

| 21a. Method of Disposition | 21b. Place of Disposition | 21c. Location |
|---|---|---|
| CREMATION | WEST HARPETH CREMATORY | NASHVILLE, TN |

| 22a. Signature of Funeral Director | 22b. License Number | 22c. Signature of Embalmer | 22d. License Number |
|---|---|---|---|
| ▶ /e/ LYNN MCCLAIN | 4730 | ▶ | |

| 23a. Name and Address of Funeral Home | 23b. License Number |
|---|---|
| HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221- | 849 |

| 24. Registrar's Signature | 25. Date Filed |
|---|---|
| ▶ /e/ EDWARD G BISHOP III | 06/09/2022 |

**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 | 27b. License Number | 27c. Date Signed |
|---|---|---|
| ▶ /e/ ANH THI MEADOWS | 045572 | 06/07/2022 |

**27d. Name and Address**
ANH THI MEADOWS 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. SEPSIS DUE TO PERFORATED DIVERTICULUM. | |
| | 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 | 31. Did Tobacco Use Contribute to Death? | 32. If Female: |
|---|---|---|
| NATURAL | NO | 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-1659E RDA 10112

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.

14271067

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

**EXHIBIT "A"**

Edward G. Bishop III
State Registrar

1 4 2 7 1 0 6 7
Date Issued: Jun-09-2022

## CERTIFICATION OF VITAL RECORD

COPYGAR CAPTURE® ANTI-FRAUD PROTECTION

202305310041076

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH** STATE FILE NUMBER 2020 003990

| | | | | |
|---|---|---|---|---|
| 1. Decedent's Legal Name: ELIZABETH SUE VON HAGEN | | | 2. Sex: FEMALE | 3. Date of Death: 01/21/2020 |
| 4. Time of Death (Approx): 08:52 PM | 5a. Age: 76 | 6. Date of Birth: 04/21/1943 | 7. Birthplace: GREENVILLE, SC | |
| 8a. Place of Death: DECEDENT'S HOME | | | | |
| 8b. Facility Name: 721 BRINDLEY DRIVE | | 8c. City or Town: NASHVILLE | | 8d. County of Death: DAVIDSON |
| 9. Marital Status: MARRIED | 10. Surviving Spouse (name prior to first marriage): JAMES ARNOLD VON HAGEN | 11a. Decedent's Usual Occupation: SECRETERY/BOOKKEEPER | | 11b. Kind of Business/Industry: CHURCH OFFICE |
| 12. Social Security Number: -4471 | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | | 13c. City or Town: NASHVILLE |
| 13d. Street and Number: 721 BRINDLEY DRIVE | | 13e. Inside City Limits?: YES | 13f. Zip Code: 37220 | 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: BASEL MIXON | | 19. Mother's Name Prior to First Marriage: FLORENCE JEFFRIES | | |
| 20a. Informant's Name: JAMES ARNOLD VON HAGEN | 20b. Relationship to Decedent: HUSBAND | 20c. Mailing Address: 721 BRINDLEY DRIVE, NASHVILLE, TN 37220 | | |
| 21a. Method of Disposition: CREMATION | 21b. Place of Disposition: WEST HARPETH CREMATORY | | 21c. Location: NASHVILLE, TN | |
| 22a. Signature of Funeral Director: ▶ /e/ JUSTIN MARSHALL | 22b. License Number: 6268 | 22c. Signature of Embalmer: ▶ | | 22d. License Number |
| 23a. Name and Address of Funeral Home: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221 | | | | 23b. License Number: 849 |
| 24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III | | 25. Date Filed: 01/27/2020 | | |

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/ DANIEL CARMODY | 27b. License Number: 037163 | 27c. Date Signed: 01/25/2020 |

27d. Name and Address: DANIEL CARMODY 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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. ALZHEIMER'S DISEASE | YEARS |
| | 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: 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 |

TH-1859 (Rev. 8/2017) RDA 10112

**EXHIBIT "B"**

11766582

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 1 7 6 6 5 8 2

Date Issued: Jan-27-2020

CERTIFICATION OF VITAL RECORD

202305310041076

**TRUE COPY CERTIFICATION of ELECTRONIC DOCUMENT**

I, Christopher B. Conley, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this electronic document is a true and correct copy of the original document executed and authenticated according to law on 05/05/2023 (date of document).

C Conley

Signature
Printed Name: Christopher B. Conley

State of Arkansas
County of Sebastian

Personally, appeared before me, Billie J. Nelligan, a notary public for this county and state, Christopher B. Conley, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

(SEAL)

BILLIE J NELLIGAN
Notary Public-Arkansas
Sebastian County
My Commission Expires 09-04-2030
Commission # 12711838

Billie J. Nelligan

Notary's Signature
Print Name: Billie J. Nelligan
My Commission Expires: 9/4/2030