Karen Johnson Davidson County
Batch# 1081559 AFFIDAVITH
12/13/2023 01:36:30 PM 12 pgs
Fees: $62.00 Taxes: $0.00
20231213-0096236

THIS INSTRUMENT
PREPARED BY:
Tressler & Associates, LLC
212 N. Castle Heights Ave.
Lebanon, TN 37087
File No. RE-00992

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF WILSON

Now comes **Ron Edwards and Paul Odum** having been first duly sworn and on their oath do depose and state that they are of lawful age and all information being based upon personal knowledge, further deposes and states:

1. That Affiants reside at the following addresses:

Ron Edwards	Paul Odum
4907 Alvin Sperry Rd.	3087 Bradau Rd.
Mt. Juliet TN, 37122	Hermitage TN 37076

2. That Affiants have personal knowledge of the family of the Decedents, **Kenneth Lester London and wife Barbara Jean London**, by reason of the following:

   Ron Edwards has been a friend of the Decedents' family for 50 years.

   Paul Odum has been a friend of the Decedents' family for 25 years.

3. That the **Kenneth Lester London** died on March 21st, 2021 and at the time of his death, he and his wife had an interest in the property known as **833 Norwalk Drive, Nashville TN 37214**, as tenants by the entirety. See attached **Exhibit A** for his proof of death.

4. The Decedents died **intestate.**

5. That at the time of the **Kenneth Lester London's**, was survived by his wife **Barbara Jean London**, thus vesting the interest in the property automatically upon death in fee simple to Barbara Jean London as the surviving spouse.

6. **Barbara Jean London** died on October 25th, 2022. See Attached **Exhibit B.**

7. **Barbara Jean London** died intestate.

8. That the **Barbara Jean London** left behind the following children: **Christopher George London** and **Caje Alexander London.**

9. That the following persons constitute the only heirs at law of the Decedents, at the time of Decedents' death:

Name	Relationship to Decedent
Christopher George London	**Child**
Caje Alexander London	**Child**

10. That upon the Decedents' death, no one other than the heirs listed in this Affidavit had an interest in the Decedents' property located at **833 Norwalk Drive, Nashville TN 37214**

11. That the Decedents' estates were not subject to a claim from TennCare. See attached **Exhibit C and D.**

a. *Note: the statute of limitations is four years from the date of passing and also does not apply to Non-TN individuals.*

12. No Probate Proceeding was ever opened for the Decedents' estates as of the date of the execution of this affidavit.

13. The property known as **833 Norwalk Drive, Nashville TN 37214** is legally described as follows: **See Attached Exhibit E for a copy of the Deed.**

WARNING: TCA 30-2-712(f) provides whoever shall willfully, corruptly and falsely swear to any statement in any such affidavit known by such person to be false, or about which such person does not have sufficient definite knowledge to justify his making such a sworn statement, and such statement is false, commits a Class "E" felony.

Further affiant sayeth not.

SPACE LEFT INTENTIONALLY BLANK
SIGNATURES ON FOLLOWING PAGES

Paul Odum

STATE OF TENNESSEE

COUNTY OF WILSON

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Paul Odum** with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office, this 11th day of December, 2023.

Notary Public

My commission expires: 4/24/26

TURNER EVANS
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Commission Expires 04-25-2026

Ron Edwards
Date: 12/11/23

STATE OF TENNESSEE

COUNTY OF WILSON

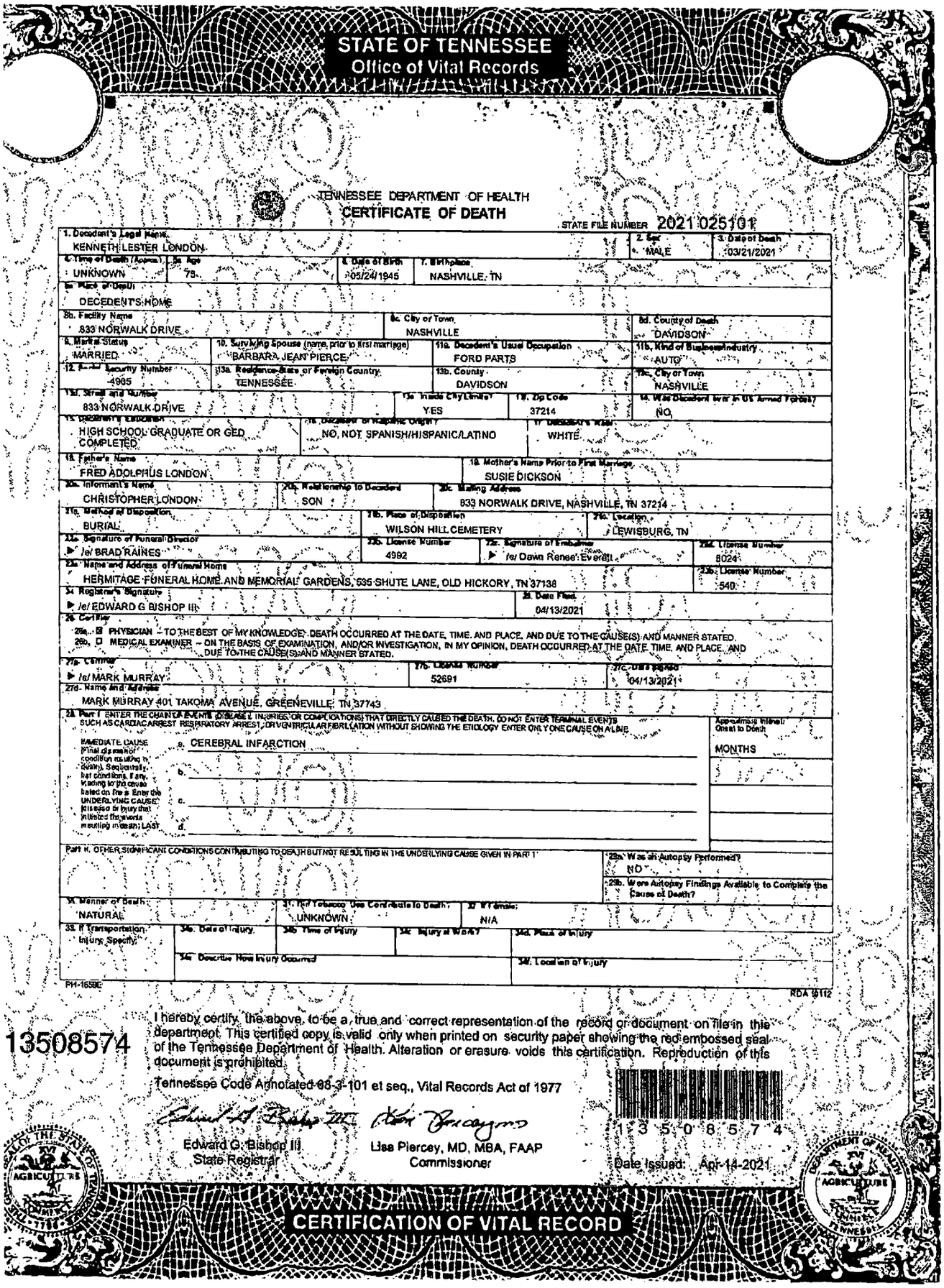
Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Ron Edwards**, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office, this 11th day of December, 2023.

Notary Public

My commission expires: 4/20/26

EXHIBIT A



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 025101

1. Decedent's Legal Name: KENNETH LESTER LONDON				2. Sex: MALE	3. Date of Death: 03/21/2021
4. Time of Death (Approx.): UNKNOWN	5. Age: 75	6. Date of Birth: 05/24/1945	7. Birthplace: NASHVILLE, TN		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 833 NORWALK DRIVE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name, prior to first marriage): BARBARA JEAN PIERCE	11a. Decedent's Usual Occupation: FORD PARTS		11b. Kind of Business/Industry: AUTO	
12. Social Security Number: 4985	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 833 NORWALK DRIVE		13e. Inside City Limits? YES	13f. Zip Code: 37214	14. Was Decedent ever in US Armed Forces? NO	
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: FRED ADOLPHUS LONDON			19. Mother's Name Prior to First Marriage: SUSIE DICKSON		
20a. Informant's Name: CHRISTOPHER LONDON	20b. Relationship to Decedent: SON	20c. Mailing Address: 833 NORWALK DRIVE, NASHVILLE, TN 37214			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WILSON HILL CEMETERY		21c. Location: LEWISBURG, TN		
22a. Signature of Funeral Director: /e/ BRAD RAINES	22b. License Number: 4992	22c. Signature of Embalmer: /e/ Dawn Renee' Everett		22d. License Number: 8024	
23a. Name and Address of Funeral Home: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138				23b. License Number: 540	
24. Registrar's Signature: /e/ EDWARD G BISHOP III			25. Date Filed: 04/13/2021		

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: /e/ MARK MURRAY	27b. License Number: 52691	27c. Date Signed: 04/13/2021
27d. Name and Address: MARK MURRAY 401 TAKOMA AVENUE, GREENEVILLE, TN 37743		

28. Part I. ENTER THE CHAIN OF EVENTS, DISEASE, 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.)	a. CEREBRAL INFARCTION	MONTHS
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.	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?

31. Manner of Death: NATURAL	31. If Tobacco Use Contributed to Death: UNKNOWN	32. If Female: 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 6112

13508574

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

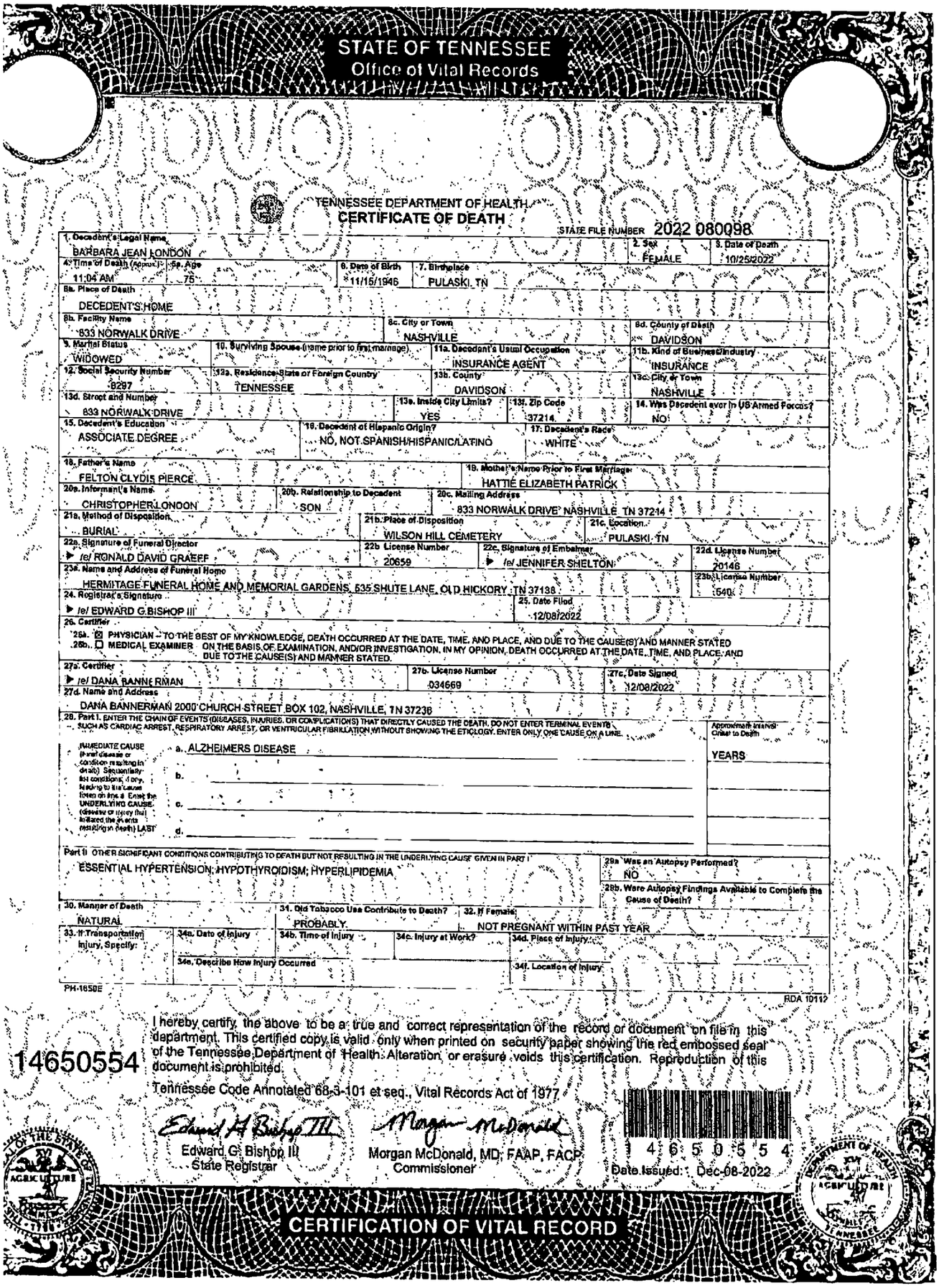
1 3 5 0 8 5 7 4

Date Issued: Apr-14-2021

CERTIFICATION OF VITAL RECORD

202312130096236

EXHIBIT B



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 080098

1. Decedent's Legal Name: BARBARA JEAN LONDON			2. Sex: FEMALE	3. Date of Death: 10/25/2022
4. Time of Death (approx.): 11:04 AM	5a. Age: 75	6. Date of Birth: 11/15/1946	7. Birthplace: PULASKI, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 833 NORWALK DRIVE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: INSURANCE AGENT		11b. Kind of Business/Industry: INSURANCE
12. Social Security Number: 9297	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON		12c. City or Town: NASHVILLE
13d. Street and Number: 833 NORWALK DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37214	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: ASSOCIATE DEGREE		16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: FELTON CLYDIS PIERCE			19. Mother's Name Prior to First Marriage: HATTIE ELIZABETH PATRICK	
20a. Informant's Name: CHRISTOPHER LONDON	20b. Relationship to Decedent: SON	20c. Mailing Address: 833 NORWALK DRIVE NASHVILLE TN 37214		
21a. Method of Disposition: BURIAL		21b. Place of Disposition: WILSON HILL CEMETERY	21c. Location: PULASKI, TN	
22a. Signature of Funeral Director: /e/ RONALD DAVID GRAEFF		22b. License Number: 20659	22c. Signature of Embalmer: /e/ JENNIFER SHELTON	22d. License Number: 20146
23a. Name and Address of Funeral Home: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138				23b. License Number: 540
24. Registrar's Signature: /e/ EDWARD G BISHOP III			25. Date Filed: 12/08/2022	

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/ DANA BANNERMAN	27b. License Number: 034669	27c. Date Signed: 12/08/2022
27d. Name and Address: DANA BANNERMAN 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. ALZHEIMERS DISEASE	YEARS
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ESSENTIAL HYPERTENSION; HYPOTHYROIDISM; HYPERLIPIDEMIA

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?: PROBABLY	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-1650E

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.

14650554

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

Edward G Bishop III
State Registrar

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 6 5 0 5 5 4

Date Issued: Dec-08-2022

CERTIFICATION OF VITAL RECORD

202312130096236

EXHIBIT C

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV
#

November 14, 2023

Turner Evans
212 N. Castle Heights Ave.
Lebanon, TN 37087

RE: London, Kenneth Lester Date of Death: 3/21/2021 SSN: xxx-xx-4905
Our File Number: 113239

Turner Evans:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

No Ben 2021-1

EXHIBIT D

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV
#

November 14, 2023

Turner Evans
212 N. Castle Heights Ave.
Lebanon, TN 37087

RE: London, Barbara Jean Date of Death: 10/25/2022 SSN: xxx-xx-8297
Our File Number: 113235

Turner Evans:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

No Ben 2021-1

EXHIBIT E

BOOK 9961 PG 66

STATE OF TENNESSEE
COUNTY OF DAVIDSON
FILE BOX 3
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 102,500.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 28th DAY OF February 19 96

Notary Public

MY COMMISSION EXPIRES: 5-23-98
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY EDWARD SEDDON, ATTORNEY AT LAW NFRM-96-871.
111 W. College Street, Murfreesboro, TN 37130 3 Maryland Farms Suite 110, Brentwood, TN 37027
313 E. Main Street Suite 5, Hendersonville, TN 37075 2187 Vultee Boulevard, Nashville, TN 37217 1885-C Ft. Campbell Boulevard, Clarksville, TN 37042

ADDRESS NEW OWNER(S) AS FOLLOWS.	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Kenneth L. London (NAME)	First Republic Mortgage (NAME)	MAP 109-1
833 Norwalk Drive (ADDRESS)	3310 West End Avenue, 4th Floor (ADDRESS)	PARCEL 22
Nashville, Tennessee 37214 (CITY) (STATE) (ZIP)	Nashville, TN 37203 (CITY) (STATE) (ZIP)	3p-85702

FOR AND CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE, Karen Lee Stevens, unmarried

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO Kenneth L. London and wife, Barbara J. London

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN Davidson COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Being Lot No. 105, Section Two on the Plan of Larchwood, as of record in Plat Book 5200, Page 57, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same property conveyed to Karen Lee Stevens, unmarried by deed from Abraham P. Cheij, Jr. married of record in Deed Book 8303, page 885, Register's Office for said County.

This conveyance is subject to Restrictive Covenants of record in Deed Book 5479, page 443, Book 5688, page 696 and Book 6011, page 130, Register's Office for said County.

This conveyance is subject to any and all existing easements and restrictions of record.

0154605
IDENTIF. ↑ REFERENCE

96 FEB 29 AM 9:35
RECEIVED IN REGISTER'S OFFICE
DAVIDSON COUNTY, TN.

unimproved (
This is improved (X) property, known as 833 Norwalk Drive, Nashville, Tennessee 37214
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my hand this 28th day of February 19 96

Karen Lee Stevens

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BOOK 9961 PG 67

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Karen Lee Stevens, unmarried

the bargainor with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville Tennessee, this 21st day of February 1995.

Commission expires 5-22-98

Notary Public

STATE OF TENNESSEE
COUNTY OF

Before me, _____, a Notary Public within and for the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted and who upon _____ oath(s) acknowledged _____ to be the _____ and _____ respectively of the _____ the within named bargainor, and corporation, and that _____ as such _____ and _____ being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing the name of the corporation, by the said _____ as such _____, and attesting the same by the said _____ as such _____.

Witness my hand and official seal at office at _____ on this the _____ day of _____ 19_____.

My commission expires _____

_____
Notary Public

RETURN TO:
CUMBERLAND TITLE COMPANY

EDWARD SEDDON
ATTORNEY - AT - LAW

☐ 313 E. Main Street, Suite 5
Hendersonville, Tennessee 37075

☐ 1885-C Ft. Campbell Boulevard
Clarksville, Tennessee 37042

☒ 1187 Vultee Boulevard
Nashville, Tennessee 37217

☐ 111 W. College Street
Murfreesboro, Tennessee 37130

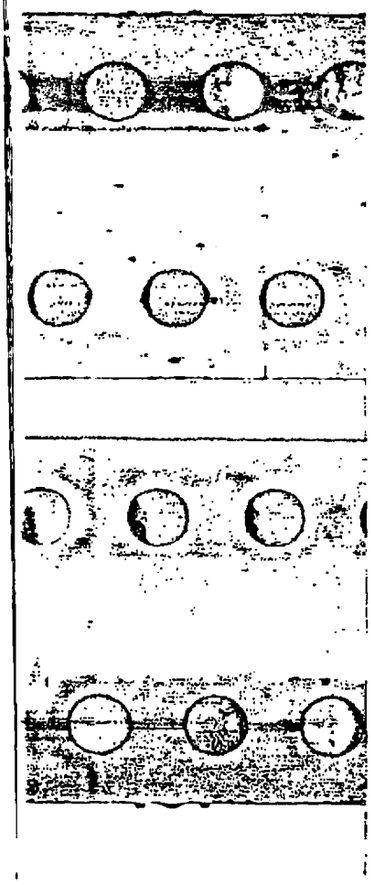
☐ 3 Maryland Farms, Suite 110
Brentwood, Tennessee 37027

2523 02/29 0101 03[illegible] BOOK

Page 2 of 2

886-25

202312130096236



OFFICIAL RECEIPT
FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 9961 PG 68

CO - CONVEYANCE	CC - CERTIFIED COPY	MISC - MISCELLANEOUS
MD MORTGAGE	REL - RELEASE	COTX - STATE TAX CONVEY
WD WARRANTY DEED	UCC - UNIFORM COMMERCIAL CODE	MOTX - STATE TAX MORT
TD - TRUST DEED		PRFEE - PROBATE FEE

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID
			DAMT	
				102500.00
			CON TX	379.25
			PRFEE	1.00
			MISCEL	8.00
			TOTAL	388.25
			CASH	388.25

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

0154605
IDENTIF. # REFERENCE

96 FEB 29 AM 9:35
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

No. 1010665

202312130096236

Tennessee Certification of Electronic Document

I, Todd A. Tressler, II, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on December 11, 2023.

Affiant Signature

07-25-23

Date

State of TENNESSEE

County of WILSON

Sworn to and subscribed before me on this 25th day of July, 2023.

Notary Signature

My Commission Expires: 06-28-25

NOTARY'S SEAL:

LISA P. CHANEY
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY