Karen Johnson Davidson County
Batch# 1118296 AFFIDAVITH
04/03/2024 12:08:37 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20240403-0023490

This Instrument Prepared By and Return To:
Rudy Title and Escrow, LLC
2012 21st Avenue South
Nashville, TN 37212
Phone: (615)383-2903

AFFIDAVIT OF HEIRSHIP

I, Joseph P. Dunigan, hereinafter referred to as Affiant, being first duly sworn, make oath as follows:

1. That Affiant is at least eighteen (18) years of age and presently reside at the following address: 101 Lake Point Drive Gallatin TN 37066

2. That Affiant knew **Lucinda Pack Lord**, hereinafter referred to as Decedent, and has personal knowledge of the family, life and death of the Decedent by reason of the following:

   Affiant was a personal acquaintance of the Decedent and family of the Decedent, having known the Decedent for more than 4 years.

3. That Affiant knew that at date of death, Decedent had ownership in the following described real estate in Davidson County, Tennessee: 813 Gina Brooke Court, Hermitage, Tennessee 37076

4. That Decedent died on May 5, 2023, and was at that time a resident of Davidson County, State of Tennessee.

5. That Decedent died Intestate.

6. That Decedent was survived by the following persons:

   Surviving Spouse: Jason Lord

   Surviving Children (adopted, natural born, legitimate or illegitimate): None

   Deceased Children (adopted, natural born, legitimate or illegitimate): None

   Children of Deceased Children (adopted, natural born, legitimate or illegitimate): None

7. That this Affidavit of Heirship is freely given with all full knowledge that whoever willfully, corruptly, and falsely swears to any statement in any such affidavit known by such person to be false, or about which such person does not have

sufficiently definitive knowledge to justify the making of such sworn statement, and such statement is false, commits a Class E Felony. T.C.A. Section 30-2-712 (2).

8. That Affiant fully understands that this Affidavit of Heirship is being relied upon to authenticate the ownership of the above mentioned property, and Affiant hereby agrees to indemnify any entity or person that incurs damages arising from any false or misleading statement contained in this Affidavit.

9. Additional information, if any, either known or understood to be true by Affiant:

*See attached death certificate

FURTHER AFFIANT SAITH NOT.

Joe Dunigan 3-25-24

STATE OF Tennessee
COUNTY OF Davidson

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, Joseph Dunigan, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

WITNESS my hand and official seal this the 25th day of March, 2024.

Notary Public

My Commission expires: 5/24/24

BRADY WOODWARD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 05-07-2024

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 027964

1. Decedent's Legal Name				2. Sex	3. Date of Death
LUCINDA LOUREE LORD				FEMALE	05/05/2023
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace		
16:32	39	07/30/1983	NASHVILLE, TN		
8a. Place of Death					
DECEDENT'S HOME					
8b. Facility Name		8c. City or Town		8d. County of Death	
813 GINA BROOKE CT		HERMITAGE		DAVIDSON	
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry	
MARRIED	JASON LORD	AUDIT MANAGER		KROGER	
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town	
[redacted]	TENNESSEE	DAVIDSON		HERMITAGE	
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?	
813 GINA BROOKE CT		YES	37076	NO	
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			
DOUGLAS PACK JR		DONNA LYNN WERNER			
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address			
DONNA HAYES	MOTHER	5756 GEORGE FRANKLIN RD, SMYRNA, TN 37167			
21a. Method of Disposition	21b. Place of Disposition	21c. Location			
BURIAL	FOREST GROVE UMC CEMETERY	JOELTON, TN			
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number		
▶ /e/ ALYSSA MARIE HYDEN	20442	▶ /e/ ROBERT GREGORY DEGNAN	6919		
23a. Name and Address of Funeral Home			23b. License Number		
ANDERSON AND GARRETT FUNERAL HOME, 3501 OLD CLARKSVILLE PIKE, JOELTON, TN 37080-8892			193		
24. Registrar's Signature		25. Date Filed			
▶ /e/ EDWARD G BISHOP III		05/10/2023			

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/ THOMAS DEERING, MD	28369	05/08/2023

27d. Name and Address: THOMAS DEERING, MD 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	31. Did Tobacco Use Contribute to Death?	32. If Female:
PENDING INVESTIGATION		

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

This document is not a certified copy.

Pursuant to TENN CODE ANN § 56-7-206, this document may only be used for the purposes of establishing proof of death as it relates to a life insurance policy with a value of fifteen thousand dollars ($15,000.00) or less.