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

Karen Johnson Davidson County
Batch# 1118296 AFFIDAVITH
04/03/2024 12:08:37 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20240403-0023492

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 Dr, Gallatin TN 37066**

2. That Affiant knew **Jason 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 7 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 March 10, 2024, 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: None

   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

   Jason Lord was predeceased by his wife Lucinda Pack Lord and his father Clyde Lord leaving his mother **Donna Desheles** as his sole heir.

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 for Clyde Lord & Jason Lord

FURTHER AFFIANT SAITH NOT.

Joe Dunigan 3-25-24
Affiant

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: 5/07/2024

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

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 007480

1. Decedent's Legal Name: CLYDE DARRELL LORD		2. Sex: MALE	3. Date of Death: 02/09/2020
4. Time of Death (Approx.): 11:00 AM	5a. Age: 64	6. Date of Birth: 01/04/1956	7. Birthplace: JOELTON, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 1895 KEYES ROAD	8c. City or Town: GREENBRIER		8d. County of Death: ROBERTSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): DIANE SLAUGHTER	11a. Decedent's Usual Occupation: DRIVER	11b. Kind of Business/Industry: TRUCKING
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: ROBERTSON	13c. City or Town: GREENBRIER
13d. Street and Number: 1895 KEYES ROAD	13e. Inside City Limits?: YES	13f. Zip Code: 37073	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: WILLIAM LORD	19. Mother's Name Prior to First Marriage: MILDRED MIDGETT		
20a. Informant's Name: DIANE LORD	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 1895 KEYES ROAD, GREENBRIER, TN 37073	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: HENDERSONVILLE CREMATION CENTER	21c. Location: HENDERSONVILLE, TN	
22a. Signature of Funeral Director: ▶ /s/ WAYNE ANDREW SLIGHTER	22b. License Number: 5243	22c. Signature of Embalmer: ▶ /s/ Wayne Andrew Slighter	22d. License Number: 5244
23a. Name and Address of Funeral Home: COLE & GARRETT FUNERAL HOME AND CREMATION SERVICES - GOODLETTSVILLE, 127 N. MAIN STREET, GOODLETTSVILLE,			23b. License Number: 718
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III	25. Date Filed: 02/11/2020		

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: ▶ /s/ SASHA L BOWERS	27b. License Number: 052952	27c. Date Signed: 02/10/2020
27d. Name and Address: SASHA L. BOWERS 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 immediate cause. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. ESOPHAGEAL CANCER WITH METASTASIS TO LYMPH NODES	
	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?: PROBABLY	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:

TH-1659 (Rev. 9/2017) 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
Ralph Alvarado, MD, FACP, Commissioner
Date Issued: Mar-20-2024

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 018668

1. Decedent's Legal Name			2. Sex	3. Date of Death
JASON MATTHEW LORD			MALE	03/10/2024
4. Time of Death (Actual)	5a. Age	6. Date of Birth	7. Birthplace	
11:59	43	11/25/1980	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		8c. City or Town	8d. County of Death	
813 GINA BROOKE COURT		HERMITAGE	DAVIDSON	
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry	
WIDOWED		CLEANER	WINDOW	
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 COURT		YES	37076	NO
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
CLYDE DARRELL LORD		DONNA JOY WHITTLE		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
DONNA DESHELES	MOTHER	813 GINA BROOKE COURT, HERMITAGE, TN 37076		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
CREMATION	SUMNER FUNERAL & CREMATION	HENDERSONVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number	
▶ /e/ RANDOLPH NASH	6177	▶		
23a. Name and Address of Funeral Home			23b. License Number	
SUMNER FUNERAL & CREMATION, 128A WEST EASTLAND AVE, GALLATIN, TN 37066			1345	
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		03/26/2024		

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/ MATTHEW MILLIGAN	50582	03/25/2024

27d. Name and Address
MATTHEW MILLIGAN 3939 CENTRAL PIKE, HERMITAGE, TN 37076

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. SEIZURE	30 MINUTES
	b. DELIRIUM TREMENS	2 DAYS
	c. ALCOHOLISM	30 YEARS
	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-1659F RDA 10112

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar-27-2024

CERTIFICATION OF VITAL RECORD