Karen Johnson
Batch # 1122709
04/15/2024 09:43 AM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20240415-0026544

THIS DOCUMENT PREPARED BY:

Barbara J. Moss
Elder Law of Nashville PLC
4525 Hillsboro Pike, Suite 300
Nashville, TN 37215

OWNERS: Travis A. Haley, 102 Lagrange Dr., Hendersonville, Tn 37075
Jessica L. Haley, 203 Stirton Rd, Nashville, TN 37210

Map & Parcel No.: 029 00 0 009.00

Address: 4145 Knipfer Rd., Joelton, TN 37080

SEND TAX NOTICE TO: Travis A Haley
102 Lagrange Dr.
Hendersonville, Tn 37075

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF WILSON)

The undersigned, Sandra Fraley Elkins, being duly sworn, deposes and says:

Laurence P. Haley, a resident of Davidson County, Tennessee, was quitclaimed this real property on August 23, 2023. Laurence P. Haley died on March 30, 2024 (death certificate attached). Decedent was not married at the time of his death. Decedent is survived by his two children, Travis A. Haley and Jessica L. Haley. There are no other heirs at law.

The undersigned, Sandra Fraley Elkins, was Laurence P. Haley's aunt, and has known him and his family 64 years. I am personally familiar with Decedent's family and marital history. I reside at 4632 Boxcroft Ct., Mt. Juliet, TN 37122-8566

Signed this 3rd day of April, 2024.

Sandra Fraley Elkins

Sandra Fraley Elkins

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Sandra Fraley Elkins, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 3rd day of April, 2024.

Roxann F. Allen

Notary Public

My Commission Expires: October 29, 2026

ROXANN F ALLEN
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 021026

1. Decedent's Legal Name			2. Sex	3. Date of Death
LAURENCE PARKER HALEY			MALE	03/31/2024
4. Time of Death (Actual)	5a. Age	6. Date of Birth	7. Birthplace	
02:38	63	06/17/1960	NASHVILLE, TN	
8a. Place of Death				
NURSING HOME/LONG TERM CARE				
8b. Facility Name		8c. City or Town	8d. County of Death	
RED CEDAR GLEN		HENDERSONVILLE	SUMNER	
9. Marital Status	10. Surviving Spouse (name prior to last marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry	
DIVORCED		ELECTRICIAN	UTILITY COMPANY	
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town	
0-0662	TENNESSEE	SUMNER	HENDERSONVILLE	
13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?	
202 WALTON FERRY ROAD	YES	37075	NO	
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
HARRY HALEY		DOROTHY RHOTEN		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
TRAVIS HALEY	SON	102 LA GRANGE DRIVE, HENDERSONVILLE, TN 37075		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
CREMATION	SPRING HILL MEMORIAL CREMATORY	SPRING HILL, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number	
▶ /s/ SCOTT KEEL	15297	▶		
23a. Name and Address of Funeral Home			23b. License Number	
NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505			1136	
24. Registrar's Signature		25. Date Filed		
▶ /s/ EDWARD G BISHOP III		04/07/2024		

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
▶ /s/ THOMAS B MILLER	7539	04/03/2024

27d. Name and Address: THOMAS B MILLER 166 E. MAIN STREET, HENDERSONVILLE, TN 37075

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)	a. MALIGNANT NEOPLASM OF THE KIDNEY	1-2 YEARS
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	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

ROA 10112

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Apr-08-2024

016227852

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE