Karen Johnson Davidson County
Batch # 1141275 AFFIDAVITH
05/31/2024 01:56:04 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20240531-0040598

This instrument was prepared by:
Antoine Raynard Trammell [*name*]
1215 Lullwater Park Cir [*street or postal address*]
Atlanta, Georgia, 30306 [*city, state, zip code*]

GRANTEE(S): Antoine Raynard Trammell [*names*]

SEND TAX NOTICES TO: 1215 Lullwater Park Cir, Atlanta, Georgia, 30306
[*postal address, city, state, zip code*]

MAP PARCEL NUMBER: #35 Map 71-2

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE

COUNTY OF Davidson

The undersigned, being duly sworn, deposes and says:

1. My full name is Antoine Raynard Trammell. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 1215 Lullwater Park Cir, Atlanta, Georgia, 30306. [*street address, city, state, zip code*]

3. I have personal knowledge of the matters stated in this Affidavit.

4. On July 9, 2022 [*date of death*], Sarah Elizabeth Perrin [*full name of decedent*] died at 1618 Hampton Street, Nashville, Tennessee, 37207 [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 1618 Hampton Street Nashville, Tennessee, 37207 [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*] Lot No. 4 on the Map pf the E.C. Scruggs Avondale Plan, 1st Addition, of record in Plat Book 161, page 13, Registrar's Office, Davidson, County Tennessee, Map 71-2, Parcel #35

   For prior title, see Book 5989 [*number*], Page 977 [*number*] in the Register's Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 1618 Hampton Street Nashville, TN 37207. [*street address, city, state, zip code*]

7. The estate of the Decedent ..... [*select one*]
   - ☐ Was not administered in a proceeding supervised by a court.
   - ☑ Was administered in a proceeding supervised by a court in Davidson County Tennessee [*county and state*] in the Seventh Circuit Court Probate Division [*court*] in case no. 22P1394.

8. Facts concerning my relationship to the Decedent are: I am her son and only child.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: none.

ARO
Affiant

Sworn to and subscribed before me this 31st day of May, 2024.

My Commission expires: 12/22/26

Notary Public

BRAYHAM RAMOS ISLAS
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 046747

1. Decedent's Legal Name			2. Sex	3. Date of Death
SARAH ELIZABETH PERRIN			FEMALE	07/09/2022
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
15:49	71	12/26/1950	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		8c. City or Town		8d. County of Death
1618 HAMPTON ST		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
NEVER MARRIED		RECEPTIONIST		TSU ACADEMICS
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
6143	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number	13e. Inside City Limits?	13f. Zip Code		14. Was Decedent ever in US Armed Forces?
1618 HAMPTON ST	YES	37207		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	BLACK OR AFRICAN AMERICAN		
18. Father's Name		19. Mother's Name Prior to First Marriage		
CHARLES E PERRIN		MAGGIE RUTH WHITE		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
ANTOINE RAYNARD TRAMMELL	SON	1215 LULLWATER PARK CIR., ATLANTA, GA 30306		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
CREMATION	HIGHLAND HILLS FUNERAL HOME AND	NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ GEORGE M BAKER JR	4695	▶		
23a. Name and Address of Funeral Home				23b. License Number
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406				1258
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		07/16/2022		

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/ FENG LI, M.D., J.D., PH D.	34173	07/15/2022

27d. Name and Address: FENG LI, M.D., J.D., PH D. 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		

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

14543183

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

Edward G. Bishop III
State Registrar

1 4 5 4 3 1 8 3

Date Issued: Oct-14-2022

CERTIFICATION OF VITAL RECORD

COPY/NON-CERTIFIED/SECURITY PAPER/FRAUD PROTECTION