AFFIDAVIT OF HEIRSHIP

GRANTEE:
Sallie Wood Mayne
6104 Brentwood Chase Drive
Brentwood, Tennessee 37027

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
160 16 0B 029.00

Karen Johnson Davidson County
Batch # 1145083 AFFIDAVITH
06/10/2024 10:44:25 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20240610-0043191

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
4235 Hillsboro Pike, Suite 300
Nashville, Tennessee 37215

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Sallie Wood Mayne. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. I reside at 6104 Brentwood Chase Drive, Brentwood, Davidson County, Tennessee, 37027 (the "Property"). The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

4. Willis E. Mayne III died on November 28, 2023. I will refer to him as the Decedent. A copy of his death certificate, with redactions, is attached hereto as Exhibit B. At the time of his death, the Decedent resided with me at the Property.

5. At the time the Decedent and I took title to the Property, we owned the Property as husband and wife.

6. At the time of Decedent's death, Decedent and I were legally married.

7. There was no divorce or separation between the Decedent and I prior to Decedent's death.

The Affiant makes oath that, to the best of her information and belief, the information contained herein is true, accurate, and complete.

Sallie Wood Mayne

AFFIANT

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Sallie Wood Mayne**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 5th day of June, 2024.

Stacey Schlitz

Notary Public

My commission expires: March 8, 2028

STACEY SCHLITZ
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-8-2028

Exhibit A

Land in Davidson County, Tennessee, being Lot No. 29, Revision One, Section One, Brentwood Chase, as shown by plat appearing of record in Plat Book 9700, Pages 936-941, Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for a more complete legal description.

BEING the same property conveyed by Warranty Deed dated November 20, 2002 to Willis E. Mayne III and wife, Sallie Wood Mayne from Newmark Homes, L.P., A Texas Limited Partnership of record in Instrument No. 2002120-0144055, Register's Office of Davidson County, Tennessee.

Said property is conveyed subject to such limitation, restrictions and encumbrances as may affect the premises.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 072936

1. Decedent's Legal Name: WILLIS ELLSWORTH MAYNE III		2. Sex: MALE	3. Date of Death: 11/28/2023
4. Time of Death (Approx.): 03:35 AM	5a. Age: 72	6. Date of Birth: 12/19/1950	7. Birthplace: HOUSTON, TX
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 6104 BRENTWOOD CHASE DR	8c. City or Town: BRENTWOOD	8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): SALLIE WOOD	11a. Decedent's Usual Occupation: GENERAL MANAGER	11b. Kind of Business/Industry: MUSIC INDUSTRY
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: BRENTWOOD
13d. Street and Number: 6104 BRENTWOOD CHASE DR	13e. Inside City Limits?: YES	13f. Zip Code: 37027	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: WILLIS ELSWORTH MAYNE JR		19. Mother's Name Prior to First Marriage: THELMA EVELYN FARMER	
20a. Informant's Name: SALLIE WOOD MAYNE	20b. Relationship to Decedent: SPOUSE	20c. Mailing Address: 6104 BRENTWOOD CHASE DR, BRENTWOOD, TN 37027	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: WEST HARPETH CREMATORY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ MELINDA E CRAWFORD	22b. License Number: 5229	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: NASHVILLE CREMATION CENTER, 7427 CHARLOTTE PIKE, NASHVILLE, TN 37209			23b. License Number: 1319
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 11/30/2023	

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: ▶ /e/ THOMAS B MILLER	27b. License Number: 7539	27c. Date Signed: 11/29/2023
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). 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. HEART FAILURE	2-3 YEARS
	b. ATHEROSCLEROTIC HEART DISEASE	3-5 YEARS
	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?: 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 10112

I hereby certify the above to be a true and correct representation of the record or document on fi department. This certified copy is valid only when printed on security paper showing the red embos of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproductio document is prohibited.

15545913

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

EXHIBIT tabbies B

Edward G Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Dec-01-2023

CERTIFICATION OF VITAL RECORD