This Instrument Prepared by:

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street
Nashville, TN 37208

Karen Johnson
Batch # 1149719
06/21/2024 11:33:45 AM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20240621-0046703

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Mail Tax Statement to:
Kito Epperson
1710 Cass St.
Nashville, TN 37208

COMES NOW, **KITO EPPERSON,** son and only heir in this cause, having been duly sworn, who would state to the oath as follows:

1. My full name is **KITO EPPERSON**. I will refer to myself in this affidavit as the affiant.

2. I currently reside at 1710 Cass Street, Nashville, TN 37208.

3. I have resided at 1710 Cass Street, Nashville, TN 37208 for over 10 years and I have been a resident of Davidson County , Tennessee for fifty (50) years.

4. I am the sole biological son of **THOMAS EDWARD EPPERSON** and **FAYE JEAN EPPERSON** and the only child.

5. **THOMAS EDWARD EPPERSON** died a widower on January 12, 2011. *A copy of his death certificate is attached as Exhibit 1* **FAY JEAN EPPERSON** died on June 6, 2010.

6. **THOMAS EDWARD EPPERSON** and FAYE JEAN EPPERSON both had only one child, KITO EPPERSON, the Affiant. Neither THOMAS EDWARD EPPERSON or FAYE JEAN EPPERSON had any issue or children who predeceased them.

7. The estate of the Decedent, **THOMAS EDWARD EPPERSON** was administered in a proceeding by Probate Court for Davidson County Tennessee, Docket No.: 11P312. The estate of **FAY JEAN EPPERSON** was not administered in a proceeding by a court. I am the only heir from this union.

I am the sole heir to the Estate of **THOMAS EDWARD EPPERSON**, and as such am the rightful owner of the following described real estate in Davidson County, Tennessee, to-wit:

Land in Davidson County, Tennessee, being Lots Nos. 12 and 12 in A. C. Dudley's Subdivision of the mcDaniel Land, a plan of which

is recorded in Book 161, page 10, register's Office for said County.

Said Lots Nos. 12 and 13 adjoin and front together 100 feet on the northerly side of Cass Street, (formerly 'A" Street) and runs back between parallel lines 150 feet to an alley.

Being the same property conveyed to Leonard E. Epperson, Sr. and wife, Dorothy M. Epperson, deceased, by deed from Mrs. Hattie Davis King as of record in Book 2745, page 183.

The grantee assumes balance of mortgage of approximately $64,000.00 and will pay 1968 taxes and all back taxes.

Being the same property conveyed to Thomas Edward Epperson and wife, Dorothy M. Epperson, deceased, by Warranty Deed, from Leonard Epperson, Sr. as of record April 17, 1969 in Book 4331, page 977.

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 16th day of April, 2024.

THIS INSTRUMENT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES. NO TITLE EXAMINATION HAS BEEN PERFORMED OR REQUESTED AND THE LAW OFFICES OF LUVELL L. GLANTON, PLLC. SHALL NOT BE RESPONSIBLE FOR ANY MATTER THAT COULD HAVE BEEN RESOLVED BY A TITLE EXAMINATION.

(Signature on next page)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, **KITO EPPERSON**, hereby offer this instrument for recording within the meaning of the statutes of the State of Tennessee

Kito Epperson
KITO EPPERSON

Sworn to and subscribed before me this
16th day of April, 2024.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On the 16th day of April, 2024, before me, the undersigned, personally appeared Kito Epperson, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, acknowledged that he executed the within instrument for the purposes therein contained.

Jewell S. Grimes
STATE OF TENNESSEE NOTARY PUBLIC
Davidson County

NOTARY PUBLIC

My Commission Expires: 4-2027

STATE OF TENNESSEE
Office of Vital Records

1100357

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Thomas Edward Epperson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 12, 2011
SSN NUMBER: -6657
4a. AGE-LAST BIRTHDAY (Years): 70
4b. UNDER 1 YEAR MOS. / DAYS
4c. UNDER 1 DAY HOURS / MIN.
5. DATE OF BIRTH (Month, Day, Year): October 10, 1940
6. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 1710 Cass Street
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Department Of Labor
12b. KIND OF BUSINESS/INDUSTRY: State Government
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1710 Cass Street
CENSUS TRACT: 14.3 UR
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Leonard Epperson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Howse

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kito Epperson
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2400 Albion Apt A Nashville, TN 37208

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle TN State Veterans
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William Taylor
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3285
21c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home 2510 12th Ave. So. Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 0772

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowers
24. DATE FILED (Month, Day, Year): January 26, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Anna O. Golden MD
25b. LICENSE NUMBER: MD 09468
25c. DATE SIGNED (Month, Day, Year): 1/19/11
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
PHYSICIAN OR MEDICAL EXAMINER EXECUTES CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Sudden Death — record
DUE TO (OR AS A CONSEQUENCE OF): b. Cerebral Arteriosclerosis — record
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c. Hypertensive Cardiomyopathy — years
DUE TO (OR AS A CONSEQUENCE OF): d. Malignant Hypertension — years
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Kidney Disease Stage V, Pulmonary Hypertension, Thrombocytopenia
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

FH-1629 (REV. 6/99) — OMITH NO. — RDA 1398

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

45A2521

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT 1

Blumberg No. 6209