This instrument was prepared by:
Johnny Ellis Attorney-at-Law
3844 Old Hickory Blvd.
Old Hickory, TN 37138
615-847-2000
Johnny@LJELAW.com

Karen Johnson Davidson County
Batch# 1166195 AFFIDAVITH
08/05/2024 08:13:30 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20240805-0059092

AFFIDAVIT OF SURVIVORSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, RICKY D. LANNOM, after first being duly sworn, states that:

1. I am an adult citizen and resident of Davidson County, Tennessee residing at: 110 Becker Ave, Old Hickory, TN. 37138

2. I am the SURVIVING Joint Co-Tenant and child of **KENNETH C. LANNOM** and **DOROTHY LANNOM**, *deceased*. I have personal knowledge of the facts stated herein, and am otherwise competent to make this affidavit.

3. **KENNETH C. LANNOM, DOROTHY LANNOM** and myself, **RICKEY D. LANNOM,** were Tenants in Common with the Right of Survivorship in a certain tract or parcel of land in Davidson County, Tennessee shown in Instrument #20111206-0094068, RODC, TN, described as follows:

See Attached Legal Description Exhibit "A"

4. **DOROTHY LANNOM**, died on October 23, 2014, in Davidson County Tennessee. A certified copy of her death Certificate is Attached hereto as **Exhibit "B"**

5. **KENNETH C. LANNOM** died, Testate, in Davidson County on October 1, 2023 in Davidson County, Tennessee. A certified copy of his death Certificate is attached hereto as **Exhibit "C"**.

6. This Affidavit of Survivorship is given to record the death of **KENNETH C. LANNOM** and **DOROTHY LANNOM**, and the survivorship of RICKY D. LANNOM, to reflect that **RICKY D. LANNOM** is now the sole owner of the real property described in **Exhibit "A"** attached hereto.

Further Affaint Saith Not.

Ricky Lannom 8/2/24

RICKY D. LANNOM, Affiant Date

Tax Map#
064 05 0 / 05800
064 05 0 / 05900

Send Tax bill to:

Name: *RICKY D. LANNOM.*

Address: *110 Becker Ave.*

Old Hickory, TN. 37138

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, Leroy J. Ellis IV, the undersigned, a notary public in the state of Tennessee, personally appeared RICKY D. LANNOM, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

Subscribed and sworn to before me, this the 2nd day of AUGUST, 2024.

LEROY JOHNSTON ELLIS IV NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

NOTARY PUBLIC

My Commission Expires: 01-24-2028

EXHIBIT "A"
LEGAL DESCRIPTION

TRACT I

Lot Numbers 23 and 25 of Block "F" in the subdivision of the Hulme Farm, known as Hadley's Bend City, a plat of which subdivision being filed in the Register's Office of Davidson County, Tennessee, on March 19, 1918, and recorded at Page 120 of Plan Book 421 of the said Office.

TRACT II

Lot 27 of Block "F" in the subdivision of the Hulme Farm, known as Hadley's Bend City, a plat of which subdivision being filed in the Register's Office of Davidson County, Tennessee, on March 19, 1918, and recorded of Plan Book 421, of the said Office.

Being all the same property (shown as "Tract III" and "Tract IV") conveyed to Kenneth C. Lannom, Dorothy Lannom, and Ricky Lannom, as joint tenants with right of survivorship, by deed from Ty Matthews and Meg Matthews dated November 14, 2011, and of record as Instrument # 20111206-0094968, Register's Office for Davidson County, Tennessee.

Davidson County Tax Map:
064 05 0 / 05800
064 05 0 / 05900

Property Address:
0 Union Street
Old Hickory, TN. 37138

STATE OF TENNESSEE
Office of Vital Records

1406743

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STAT 2014 052476

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy Ann Lannom
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 23, 2014
4. TIME OF DEATH (Actual): 1:15 PM
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 27, 1932
7. BIRTHPLACE (City and State or Foreign Country): Rutherford County, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☑ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 110 Becker Avenue
8c. CITY OR TOWN: Old Hickory 094
8d. COUNTY OF DEATH: Davidson 19

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☑ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Kenneth Lannom
11a. DECEDENT'S USUAL OCCUPATION: homemaker
11b. KIND OF BUSINESS/INDUSTRY: own home
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 110 Becker Avenue
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☑ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☑ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☑ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☑ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): [redacted]
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): [redacted]

20a. INFORMANT'S NAME: KENNETH C LANNOM
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 110 Becker Ave., Old Hickory, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☑ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Lee Frazer
22b. LICENSE NUMBER: 6079
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Ln. Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes
25. DATE FILED (Month, Day, Year): October 28, 2014

CERTIFIER

26. CERTIFIER (Check only one)
26a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 10/27/14
27d. NAME AND ADDRESS: Laura Thomas MD 1718 Patterson St. Nashville TN 37203

MEDICAL CERTIFICATION

EXHIBIT
B

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.

15677500

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: Jan-05-2024

THE SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 068425

1. Decedent's Legal Name: KENNETH CARTHEL LANNOM		2. Sex: MALE	3. Date of Death: 10/01/2023
4. Time of Death (Approx.): 06:52 PM	5a. Age: 89	6. Date of Birth: 01/16/1934	7. Birthplace: NASHVILLE, TN
8a. Place of Death: ER/OUTPATIENT			
8b. Facility Name: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE	8c. City or Town: HERMITAGE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: OPERATIONS	11b. Kind of Business/Industry: FORD GLASS COMPANY
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: OLD HICKORY
13d. Street and Number: 110 BECKER AVENUE	13e. Inside City Limits?: YES	13f. Zip Code: 37138	14. Was Decedent ever in US Armed Forces?: YES
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: ROY LANNOM		19. Mother's Name Prior to First Marriage: K[redacted]S	
20a. Informant's Name: RICKY LANNOM	20b. Relationship to Decedent: SON	20c. Mailing Address: 120 CENTER STREET, OLD HICKORY, TN 37138	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: HERMITAGE MEMORIAL GARDENS	21c. Location: OLD HICKORY, TN	
22a. Signature of Funeral Director: ▶ /e/ KENNETH HODGES	22b. License Number: 3691	22c. Signature of Embalmer: ▶ /e/ STEPHANIE BROOK WORKING	22d. License Number: 6116
23a. Name and Address of Funeral Home: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138			23b. License Number: 540
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 11/09/2023	

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/ STUART LOWERY	27b. License Number: 49459	27c. Date Signed: 11/09/2023
27d. Name and Address: STUART LOWERY 5656 FRIST BLVD, 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. RUPTURED ABDOMINAL AORTIC ANEURYSM	1 HOUR
	b. ABDOMINAL AORTIC ANEURYSM	
	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

RH-1659E

RDA 10112

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.

15542489

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

EXHIBIT C

Edward G Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Nov-13-2023

CERTIFICATION OF VITAL RECORD

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and custodian of the original version of the Electronic document tendered for registration herewith and that this Electronic document is a True and Exact copy of the Original document executed and authenticated according to law on Aug 2 2024.

Leroy Johnston Ellis, IV, Affiant

Aug 2, 2024
Date

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Sworn to and subscribed before me this 2 day of August, 2024.

Cheryl Denise Whitfield
NOTARY PUBLIC

My Commission Expires: 11/06/2024

CHERYL DENISE WHITFIELD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Certificate Prepared by:
Johnny Ellis, Attorney-at-Law
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
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Johnny@LJELAW.com