THIS INSTRUMENT PREPARED BY: **MARTIN HELLER POTEMPA & SHEPPARD** 2122 21st Avenue South Nashville, Tennessee 37212 Karen Johnson Davidson County Batch # 1200318 **AFFIDAVITH** 11/01/2024 10:58:13 AM 4 pgs Fees: $22.00 Taxes: $0.00 20241101-0084932 This Deed was prepared based upon information provided by the parties. No independent title examination was conducted. The preparer makes no representation as to the status of the title or the accuracy of the description.	**STATE OF TENNESSEE** **COUNTY OF DAVIDSON** The actual consideration for this transfer is: $0.00 **MARK MAYHUGH, AFFIANT** Subscribed and sworn to before me, this 25 day of October 2024. **NOTARY PUBLIC** My Commission Expires: 01/04/2027 JESSICA ANN CLEGG STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON MY COMM. EXPIRES JANUARY 4, 2027

Address New Owner: **Mark Mayhugh** 113 High Lea Road Brentwood, TN 37027	**Send Tax Bills To:** New Owner	**Map and Parcel ID:** 053 11 0 017.00

AFFIDAVIT OF TERMINATION OF LIFE ESTATE

1. Carolyn Reynolds (hereinafter "Decedent") died in Davidson County on September 23, 2024. A copy of the Decedent's death certificate is attached hereto as Exhibit A.

2. At her time of death, Decedent possessed a life estate interest in certain real property located in Davidson County, commonly known as **126 Park Circle, Old Hickory, Tennessee 37138** ("Property"). Said Property is more fully and particularly described as follows:

> Being Lot Nos. 15, 16 and the northerly ½ of Lot No. 17 on the Plan of Sub. No. 3 of the Life & Casualty Insurance Company Property as of record in Book 974, Page 11, Register's Office for Davidson County, Tennessee.
>
> Said Lot Nos. 15, 16, and the northerly ½ of Lot No. 17 fronts 125 feet on the westerly margin of Park Circle and runs back between parallel lines 180 feet to a dead line in the rear measuring 125 feet thereon.
>
> Being the same property conveyed to Carolyn Reynolds, an estate for life so long as she may live, with the remainder in fee simple absolute to Mark Mayhugh, from Carolyn Reynolds by Quitclaim Deed recorded in the

Register's Office of said county and state at Instrument No. 20190920-0095577.

3. Upon the death of Carolyn Reynolds, the life estate terminated and the Property described above vested with the Affiant, Mark Mayhugh, by operation of law.

FURTHER AFFIANT SAYETH NOT.

SWORN this 25 **day of** OCTOBER **2024.**

Mark D. Mayhugh

Mark Mayhugh

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Personally appeared before me, JESSICA ANN CLEGG, Notary Public of the state and county aforesaid, **Mark Mayhugh**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office, this 25 day of OCTOBER 2024.

Jessica Ann Clegg

Notary Public

My Commission Expires: 01-04-27

JESSICA ANN CLEGG
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES JANUARY 4, 2027

EXHIBIT A

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 058688

1. Decedent's Legal Name: CAROLYN POLSON REYNOLDS			2. Sex: FEMALE	3. Date of Death: 09/23/2024
4. Time of Death (Approx.): 13:58	5a. Age: 82	6. Date of Birth: 11/21/1941	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: NURSING HOME/LONG TERM CARE				
8b. Facility Name: NHC HEALTHCARE, FRANKLIN		8c. City or Town: FRANKLIN		8d. County of Death: WILLIAMSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: BOOKKEEPER		11b. Kind of Business/Industry: LITHOGRAPHY
12. Social Security Number: -0663	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: OLD HICKORY
13d. Street and Number: 126 PARK CIRCLE		13e. Inside City Limits?: YES	13f. Zip Code: 37138	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: ARCHIE POLSON		19. Mother's Name Prior to First Marriage: CORA JONES		
20a. Informant's Name: MARK MAYHUGH	20b. Relationship to Decedent: SON	20c. Mailing Address: 113 HIGH LEA ROAD, BRENTWOOD, TN 37027		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: SPRING HILL CEMETERY	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ ALLISON KLOTZ	22b. License Number: 4855	22c. Signature of Embalmer: ▶ /e/ ADAM RODGERS		22d. License Number: 4622
23a. Name and Address of Funeral Home: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216				23b. License Number: 331
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 09/25/2024		

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: ▶ /e/ HEATHER D ROWE	27b. License Number: 34753	27c. Date Signed: 09/25/2024
27d. Name and Address: HEATHER D ROWE 397 WALLACE ROAD C300, NASHVILLE, TN 37211		

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. INANITION	
	b. CEREBROVASCULAR DISEASE	
	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: NOT PREGNANT WITHIN PAST YEAR	
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?
	34e. Describe How Injury Occurred		34d. Place of Injury / 34f. Location of Injury

PH-1659E

RDA 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: Sep-25-2024

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE