THIS INSTRUMENT PREPARED BY:	STATE OF TENNESSEE COUNTY OF Davidson
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212	The actual consideration for this transfer is: $0.00. Charles Brent Seaton AFFIANT
Karen Johnson Davidson County Batch # 1212978 AFFIDAVITH 12/06/2024 08 08 21 AM 4 pgs Fees $22 00 Taxes $0 00 20241206-0094707	Subscribed and sworn to before me, this 21st day of November ~~2023.~~ 2024 Janelle Marie Sokolowski NOTARY PUBLIC My Commission Expires: 07-03-2028
An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.	

JANELLE MARIE SOKOLOWSKI NOTARY PUBLIC STATE OF TENNESSEE My Commission Expires on 07/03/2028 DAVIDSON COUNTY

Address New Owner:	Send Tax Bills To:	Tax Information:
Hope McWhorter 2014 West McLaughlin St. Smyrna, TN 37167	New Owner	148 09 0 030.00

AFFIDAVIT OF HEIRSHIP

1. My name is **Charles Brent Seaton** ("Affiant"). I currently reside in Williamson County, state of Tennessee. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. Christopher Joel McWhorter (hereinafter "Decedent") was my friend and I knew him for approximately 33 years.

3. Decedent died on May 31, 2024, as a resident of Davidson County, Tennessee. His Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, he died without a Last Will and Testament and his intestate estate is being administered under Docket No. 24P1650 in the Seventh Circuit Court for Metropolitan Nashville – Davidson County, Tennessee

4. At the time of his passing, Decedent owned real property located at **3815 BARLOW DRIVE, NASHVILLE, TN 37211** (the "Property"). The Property is more fully and particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 69 on the Plan of Section Two, Haywood Heights of record in Plat Book 2663, Page 13, in the Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description of the property.

Said Lot No. 69 fronts 100 feet on the Southerly side of Barlow Drive, and runs back 193.2 feet on the Westerly line and 136.6 feet on the Easterly line to a dead line in the rear on which it measures 86.01 feet.

Being the same property conveyed to Christopher Joel McWhorter, unmarried, by Warranty Deed from Matthew Joseph Geroux and Rosie Ann Geroux, husband and wife, of record in Instrument No. 20220629-0075597, Register's Office for Davidson County, Tennessee.

5. The Decedent was unmarried at the time of his death and had no children, biological or adopted, during his lifetime.

6. He was predeceased by his father, Christopher Kent McWhorter, on November 20, 2021, and he is survived by his mother, Hope McWhorter.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Hope McWhorter, his sole heir-at-law, immediately upon his death, pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the name of **HOPE MCWHORTER.**

[SIGNATURE PAGE TO FOLLOW]

FURTHER AFFIANT SAYETH NOT.

SWORN this 21 day of November 2024.

Charles Brent Seaton, Affiant

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Charles Brent Seaton**, the within named Affiant, 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.

Sworn to and subscribed before me, the undersigned Notary Public, this 21st day of November 2024.

NOTARY PUBLIC
My commission expires: 07/03/2028



[redacted]

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2024 034087

1. Decedent's Legal Name: CHRISTOPHER JOEL MCWHORTER			2. Sex: MALE	3. Date of Death: 05/31/2024
4. Time of Death (Approx.): 18 54	5a. Age: 33	6. Date of Birth: 04/17/1991	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: RESIDENCE				
8b. Facility Name: 3815 BARLOW DR		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: OPTICIAN		11b. Kind of Business/Industry: HEALTHCARE
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 3815 BARLOW DR		13e. Inside City Limits?: YES	13f. Zip Code: 37211	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: CHRISTOPHER KENT MCWHORTER		19. Mother's Name Prior to First Marriage: HOPE RENEE MILLER		
20a. Informant's Name: HOPE RENEE MCWHORTER	20b. Relationship to Decedent: MOTHER	20c. Mailing Address: 2014 WEST MCLAUGHLIN ST, SMYRNA, TN 37167		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WILLIAMSON MEMORIAL GARDENS	21c. Location: FRANKLIN, TN		
22a. Signature of Funeral Director: ▶ /e/ AMANDA LEIGH GOODRICH	22b. License Number: 6272	22c. Signature of Embalmer: ▶ /e/ LAUREN PAIGE MARSHALL	22d. License Number: 6815	
23a. Name and Address of Funeral Home: WILLIAMSON MEMORIAL FUNERAL HOME AND CREMATION SERVICES, 3009 COLUMBIA AVE, FRANKLIN, TN 37064			23b. License Number: 615	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 06/05/2024		

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/ SCOTT COLLIER	27b. License Number: 60347	27c. Date Signed: 06/04/2024

27d. Name and Address: SCOTT COLLIER 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. [redacted]	
	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: PENDING INVESTIGATION	31. Did Tobacco Use Contribute to Death?	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 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: Jun-05-2024

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