This instrument prepared by:

GEORGE J. DUZANE
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Send tax bills to:

Armond Hanner
2624 Old Matthews Road
Nashville, TN 37207

Karen Johnson Davidson County
Batch # 1228805 AFFIDAVITH
01/22/2025 12:13:00 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20250122-0004917

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **ARMOND HANNER, am the sole heir at law to said real estate** after being duly sworn according to law, depose and state as follows:

1. I am the only child of **SHIRLEY JEAN HANNER**, residing as follows:

   2624 Old Matthew Road
   Nashville, TN 37207
   Parcel No.: 06013006600

2. I am over the age of 18 years and am of sound mind and disposing memory.

3. My mother, Shirley Jean Hanner, died on December 28, 2024. My father, Archie Otto Hanner, Jr., predeceased our mother on February 28, 2013. (See Attached Exhibit A: Death Certificate of Shirley Jean Hanner)

4. At the time of her death, Shirley Jean Hanner, owned real property, a certain tract or parcel of land in Davidson County, State of Tennessee, located at 2624 Old Matthew Road, Nashville, TN 37207, described as follows:

   Land in Davidson County, Tennessee, being Lot No. 56 on the Plan of Trinity Hills Village, Section One, Second Addition, as of record in Book 4175, Page 79, Register's Office for said County.

   Said Lot No. 56 Fronts 62.0 feet on the Southerly margin of Matthews Road and extends back 127.6 feet on the Westerley line and 127.4 feet on the Easterley line to a dead line in the rear measuring 58.4 feet thereon.

   Being the same property conveyed to Miles Hunt, Jr., and wife, Frances Hunt, and Charles Henry Welch by deed from Trinity Hills Village, Inc., of record in Book 4499, Page 854, said Register's Office for Davidson County, Tennessee.

Property located on 2624 Matthew Road, Nashville, TN 37207.
Subject to any unpaid taxes, easements, restrictions and State and Federal tax liens.

This transfer is by Quitclaim and I make no warranties as to the title.

This is improved property known as 2624 Old Matthews Road, Nashville, Davidson County, Tennessee 37207. Also, said property recorded by Instrument Number 20150527-0048598, in the Register's Office for Nashville, Davidson County, Tennessee.

ARMOND HANNER

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said State and County, **ARMOND HANNER,** with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that he is the sole heir/son of Shirley Jean Hanner and that the statements contained therein are true and correct to the best of his information, knowledge and belief.

ARMOND HANNER

Sworn to and subscribed before me this 20 day of June 2025.

GEORGE J DUZAN
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

NOTARY PUBLIC
My Commission Expires: 01/30/27

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 081570

1. Decedent's Legal Name: SHIRLEY JEAN HANNER			2. Sex: FEMALE	3. Date of Death: 12/28/2024
4. Time of Death (Approx.): 11:25 PM	5a. Age: 76	6. Date of Birth: 09/05/1948	7. Birthplace: LINEVILLE AL	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: TEACHER		11b. Kind of Business/Industry: CHATTANOOGA PUBLIC SCHOOL
12. Social Security Number: -1690	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 1710 PATTERSON ST		13e. Inside City Limits?: YES	13f. Zip Code: 37203	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: WALTER WELCH		19. Mother's Name Prior to First Marriage: FRANCIS SEARS		
20a. Informant's Name: ARMOND HANNER	20b. Relationship to Decedent: SON	20c. Mailing Address: 2646 OLD MATTHEW WAY, NASHVILLE, TN 37203		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: CHATTANOOGA NATIONAL CEMETERY		21c. Location: CHATTANOOGA, TN	
22a. Signature of Funeral Director: ▶ /e/ WILLIAM J WILLIS,JR	22b. License Number: 2737	22c. Signature of Embalmer: ▶ /e/ WILLIAM J. WILLIS		22d. License Number: GA 002383
23a. Name and Address of Funeral Home: WILLIS FUNERAL HOME, INC., 2011 MARTIN L. KING JR. BLVD., DALTON, GA 30721				23b. License Number: 000382
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 01/07/2025	

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/ MARY-ELLEN EDMISTON	27b. License Number: 5916	27c. Date Signed: 01/02/2025
27d. Name and Address: MARY-ELLEN EDMISTON 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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. SEPSIS SECONDARY TO URINARY TRACT INFECTION AND SACRAL WOUND INFECTION	DAYS
	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?: 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		34f. Location of Injury

34d. Place 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: Jan-13-2025

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE