Karen Johnson Davidson County
Batch # 1235846 AFFIDAVITH
02/10/2025 03:01:40 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20250210-0010038

This instrument prepared by:
Kinslow Law Group PLLC
810 Dominican Drive
Nashville, TN 37228

AFFIDAVIT OF HEIRSHIP

Comes now your Affiant **SHELIA DENISE ROYSTER** and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is **SHELIA DENISE ROYSTER**, and I am an adult citizen and resident of **Davidson County, Tennessee**, and a close friend of the family to Nathan Albert Thompson, Jr.
2. On September 30, 1970, Coleman Realty Company conveyed 3366 Olsen Lane, Nashville, TN 37218 to Nathan A. Thompson, Jr. and wife Geraldine Thompson, by Warranty Deed, Book 4451, Page 412.

Legal description of said property is:

> Land in Davidson County, Tennessee, being Lot No. 533 on the Plan of Bordeaux Hills, Section Eight, as of record in Book 4175, page 113, Register's Office for said County.
>
> SAID Lot No. 533 fronts 55 feet on the northeasterly side of Olsen Lane and extends back between parallel lines 143.0 feet to the right of way of the Illinois Central Railroad.
>
> Being the same property conveyed to Coleman Realty , by deed from Andrew Ewing, Trustee, of record in Book 4410, page 895, Register's Office for Davidson County, Tennessee.

3. On August 30, 1990, Nathan Albert Thompson, Jr. received all interest in 3366 Olsen Lane, Nashville, TN, by Final Decree of Divorce recorded in Book 8218, page 595, Register's Office for Davidson County, Tennessee.

4. Nathan Albert Thompson, Jr. died on February 24, 2023 at the age of 87 years, a resident of Davidson County, residing at 3366 Olsen Lane, Nashville, TN 37218. See, *Exhibit* A (Certificate of Death).

5. To the best of my knowledge and information, the following are the names, addresses and relationship of all of the heirs at law of Nathan Albert Thompson, Jr.:

Berry Thompson, *Wife*
3366 Olsen Lane
Nashville, Tennessee 37218

Natasha Ayana Thompson, *Adult Daughter*
4400 S. Quebec St.
Denver, Colorado 80237

FURTHER AFFIANT SAYETH NOT.

The undersigned **SHELIA DENISE ROYSTER** being first duly sworn, hereby states that I have read the foregoing Affidavit of Heirship and that, to be the best of my knowledge and belief, the facts stated therein are true and accurate.

Shelia D. Royster
SHELIA DENISE ROYSTER

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned notary public in and for the above state **SHELIA DENISE ROYSTER**, personally known to me or proved on the basis of satisfactory evidence, who, being first duly sworn, did execute this Affidavit of Heirship above.

Adrienne Layne Counts Warren
NOTARY PUBLIC

My Commission Expires: 05/09/2026

Adrienne Layne Counts Warren
STATE OF TENNESSEE NOTARY PUBLIC
Davidson County
My Commission Expires May 9, 2026

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 017548

1. Decedent's Legal Name			2. Sex	3. Date of Death
NATHAN ALBERT THOMPSON JR			MALE	02/24/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
12:35 PM	87	01/12/1936	NASHVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
SAINT THOMAS MIDTOWN HOSPITAL		NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
MARRIED	BERRY JEAN SAWYERS	COOK		RESTAURANT
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
-7705	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**		**14. Was Decedent ever in US Armed Forces?**
3366 OLSEN LANE	YES	37218		NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
NATHAN ALBERT THOMPSON SR		MARY HOLMAN		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
BERRY JEAN THOMPSON	WIFE	3366 OLSEN LANE, NASHVILLE, TN 37218		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREENWOOD NORTH CEMETERY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ MELVIN J SMITH	4502	▶ /e/ CHRISTOPHER LEE JEFFERSON		6500
23a. Name and Address of Funeral Home				**23b. License Number**
SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				809
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		03/24/2023		

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	27b. License Number	27c. Date Signed
▶ /e/ DANA BANNERMAN	034669	03/23/2023

27d. Name and Address
DANA BANNERMAN 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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. ACUTE RENAL FAILURE	DAYS
	b. SEPSIS	DAYS
	c. MESENTERIC ISCHEMIA	DAYS
	d. HYERTENSIVE CHRONIC KIDNEY DISEASE STAGE 4	YEARS

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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	PROBABLY	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

OPTICAL CAPTURE AUTHORIZED PROTECTION

14989144

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.

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACR
Commissioner

Date Issued: Mar-24-2023

SEAL OF THE STATE OF TENNESSEE 1796 AGRICULTURE COMMERCE

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD