THIS INSTRUMENT PREPARED BY:	STATE OF TENNESSEE COUNTY OF Davidson
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096	The actual consideration for this transfer is: $0.00. Jessica Clegg AFFIANT Subscribed and sworn to before me, this 7 day of Feb 2025. Felicia Lopez NOTARY PUBLIC My Commission Expires: 10/4/2027
An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.	

FELICIA LOPEZ NOTARY PUBLIC STATE OF TENNESSEE My Commission Expires on 10/04/2027 DAVIDSON COUNTY

Address New Owner:	Send Tax Bills To:	Tax Information:
James M. Dobbins, et. al. 3629 Princeton Ave. Atlanta, GA 30337	New Owner	06007004900

Karen Johnson Davidson County
Batch # 1244344 AFFIDAVITH
03/07/2025 01 06 30 PM 3 pgs
Fees $17 00 Taxes $0 00
20250307-0017409

AFFIDAVIT OF HEIRSHIP

1. My name is **LaShonda Lynch** ("Affiant"). I currently reside in Davidson 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. James A. Lynch, Jr. (hereinafter "Decedent") was my uncle, and I knew him for 51 years.

3. Decedent died on December 30, 2023, 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. 24P1154 in the Seventh Circuit Court for Davidson County, Tennessee.

4. At the time of his passing, Decedent owned certain real property located at **3012 Hillhurst Dr., Nashville, TN 37207** (the "Property"), more fully and particularly described as follows:

BEING Lot No. 40, on the Plan of Hillhurst Acres, Section One, of record in

Book 2331, Pages 50 and 51, Register's Office for Davidson County, TN, to which plat reference is hereby made for a more complete description.

Being the same property conveyed to James A. Lynch, Jr. by Warranty Deed from Raymond Matthew Gebhardt, Sole Heir of the Estate of Mary Barbara Gebhardt, of record in Instrument No. 20111020-0081729, Register's Office for Davidson County, Tennessee.

5. The Decedent never married during his lifetime.

6. Decedent was survived by three children, James M. Dobbins, Keyanthony Henderson, Sr., and Anissadi M. Henderson. Decedent had no other children, born-to or adopted by him, during his lifetime.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in James M. Dobbins, Keyanthony Henderson, Sr., and Anissadi M. Henderson, his sole heirs-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 names of **JAMES M. DOBBINS, KEYANTHONY HENDERSON, SR., AND ANISSADI M. HENDERSON, AS TENANTS IN COMMON.**

FURTHER AFFIANT SAYETH NOT.

SWORN this 7 day of Febuary 2025.

LaShonda Lynch
LaShonda Lynch, Affiant

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **LaShonda Lynch,** the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 7 day of Febuary 2025.

NOTARY PUBLIC
My commission expires: 10-04-2027

TEVIN NOEL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 10-04-2027

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

[redacted]

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 082819

1. Decedent's Legal Name: JAMES ARTHUR LYNCH JR		2. Sex: MALE	3. Date of Death: 12/30/2023
4. Time of Death (Approx.): 2006	5a. Age: 66	6. Date of Birth: 04/10/1956	7. Birthplace: NASHVILLE TN
8a. Place of Death: RESIDENCE			
8b. Facility Name: 3012 HILLHURST DRIVE	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: HEAD CUSTODIAN	11b. Kind of Business/Industry: TN SCHOOL FOR THE BLIND METRO
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 3012 HILLHURST DRIVEE	13e. Inside City Limits?: YES	13f. Zip Code: 37207	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: BLACK OR AFR CAN AMERICAN	
18. Father's Name: JAMES ARTHUR LYNCH SR		19. Mother's Name Prior to First Marriage: MAGGIE ELIZABETH SHERRILL	
20a. Informant's Name: ANISSADI HENDERSON	20b. Relationship to Decedent: SON	20c. Mailing Address: 3012 HILLHURST DRIVEE, NASHVILLE TN 37207	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY	21c. Location: NASHVILLE TN	
22a. Signature of Funeral Director: ▶ /s/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /s/ CHRISTOPHER LEE JEFFERSON	22d. License Number: 6500
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618			23b. License Number: 809
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 01/30/2024	

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: ▶ /s/ GULPREET SINGH BOWMAN	27b. License Number: 3471	27c. Date Signed: 01/25/2024
27d. Name and Address: GULPREET SINGH BOWMAN 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.

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.

Approximate Interval Onset to Death

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING 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

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

Date Issued: Jun-04-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

016327144

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE