Karen Johnson
Batch # 1264326
04/24/2025 08 21 00 AM
Fees $42 00 Taxes $0 00
Davidson County
AFFIDAVITH
8 pgs
20250424-0031381

AFFIDAVIT OF HEIRSHIP

RE: ESTATE OF

John Edward Myers

I, ARNETHEA BEASLEY, being duly sworn, depose and say

1. I am over the age of 18 and reside at 217 Brandywine Ln. Springfield TN 37172. My relationship to the decedent is friend of family. I knew the decedent for 35+ years from 1987 until the decedent's death.

2. The decedent died on 9/12/2024, and their place of death was at home. At the time of their death, the decedent's residence was at 718 Rowan DR, Nashville, TN.

3. I hereby answer the following based on my personal knowledge of the decedent and they are true and correct to the best of my knowledge:

   a. Did the decedent leave a will? ☑ Yes ☐ No
      - If yes, has it been filed with probate? ☐ Yes ☑ No
        - If yes, in what county and state? _____

   b. If the decedent did not leave a will, has there been an administration of their estate? ☐ Yes ☐ No
      - If yes, in what county and state? _____
        - If yes, who is the appointed administrator? _____

   c. At the time of death, the decedent's marital status was:
      ☐ Married ☐ Divorced ☐ Single ☑ Widowed

4. The decedent's marital history is as follows:

Name of Spouse	Date of Marriage	Date of Divorce	Date of Death
Brenda Andrea Myers	1/27/1961		3/23/2023

5. The decedent had the following children (biological or adopted):

Name of Child	Date of Birth	Address	Spousal Parent	Date of Death
Kevin Myers	10/23/1961	6412 Fakefield Dr Montgomery, AL 36117	Brenda Myers	
Darryl Myers	10/11/1962	2510 Boxkerst St Nashville, TN 37208	Brenda Myers	
Sean Myers	8/30/1970	240 Warrior Rd Madison, TN 37115	Brenda Myers	
Tiffani Hall	10/17/1973	3856 Northbrook Dr Nashville, TN 37207	Brenda Myers	

6 If the decedent had any deceased children who were survived by their own children, fill out the information below.

The decedent had the following grandchildren who are heirs of their deceased child(ren):

Name of Grandchild	Date of Birth	Address	Name of Parent

7. If the decedent was not survived by any children or grandchildren, fill out the information below.

The decedent's mother was:

Name of Mother	Date of Birth	Address (If Living)	Date of Death

The decedent's father was.

Name of Father	Date of Birth	Address (If Living)	Date of Death

8. If the decedent was not survived by any children, grandchildren, or parents, fill out the information below.

Decedent had the following siblings (biological or half):

Name of Sibling	Date of Birth	Address	Date of Death

9. If the decedent had any deceased siblings that were survived by their own children, fill out the information below.

The decedent had the following nephews and/or nieces who are heirs of their deceased sibling(s):

Name of Nephew/Niece	Date of Birth	Address	Name of Parent

10. Did the decedent own interest in any real property? ☑ Yes ☐ No

If yes, provide the legal description of each property

Land in Davidson County, Tennessee, being Lot No. 312 on the Plan of Haynes Manor, Sec. II, as of record in Book 3700, page 88, Register's office for said County. Said lot fronts 75 feet on the northerly side of Rowan Drive and extends back between lines 135 feet to a dead line in the rear and measures 64.87 feet thereon.

11. Did the decedent leave any unpaid debts at the time of death? ☐ Yes ☑ No

If yes, list the debts:

Being the same property conveyed to Cumberland Builders, Inc., by deed from Lineberger Development Company, as of record in Book 4104, page 635.

By signing below, I am declaring under penalties of perjury that I have read the foregoing affidavit of heirship and the facts stated therein are true to the best of my knowledge.

(Do not sign until you are in front of a notary or clerk.)

Arnethea Beasley
Signature of Affiant

ARNETHEA BEASLEY
Print Name

4/19/2025
Date

STATE OF Tennessee

COUNTY OF Davidson

On this 19th day of April 2025, before me appeared Arnethea Beasley, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

Barbara Billingslea
Notary Public

My commission expires. 9-8-2025

BARBARA BILLINGSLEA
TENNESSEE
NOTARY
PUBLIC
My Comm Exp.
2025
COUNTY OF DAVIDSON

BOOK 4207 PAGE 682

This instrument was prepared by

FORM NO. WD-1

Thomas, Halliburton, Bamin & Makris, Attys.
Stahlman Building
Nashville, Tennessee

THIS INSTRUMENT WAS PREPARED BY

NAME ADDRESS

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO	MAP-PARCEL NUMBERS
John E. Myers (NAME)	Murphree Mortgage Company (NAME)	Map 59-11
718 Rowan Dr. Lot 312 Sec. 2, Haynes Manor S/D (STREET ADDRESS OR ROUTE NUMBER)	226 Third Avenue North (STREET ADDRESS)	Par. 5
Nashville, Tennessee (CITY) (STATE) (P. O. ZIP)	Nashville, Tennessee (CITY) (STATE) (ZIP)	

(FOR REGISTER'S USE)

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 14,850.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 10th DAY OF January, 1968

Notary Public

MY COMMISSION EXPIRES 11/7/[illegible]

(AFFIX SEAL)

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE, L. H. HARDAWAY, SR. d/b/a Cumberland Builders, Inc.

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO JOHN E. MYERS and wife, BRENDA A. MYERS,

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS: TO-WIT:

Land in Davidson County, Tennessee, being Lot No. 312 on the Plan of Haynes Manor, Sec. II, as of record in Book 3700, page 88, Register's Office for said County.

Said lot fronts 75 feet on the northerly side of Rowan Drive and extends back between lines 135 feet to a dead line in the rear and measures 64.87 feet thereon.

Being the same property conveyed to Cumberland Builders, Inc., by deed from Lineberger Development Company, as of record in Book 4104, page 635.

This is { unimproved (X) / improved ( ) } property, known as 718 Rowan Drive (House Number) (Street) Nashville, Tennessee (P O Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES their heirs and assigns, forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise herein set out, and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness his hand this 10th day of January, 19 68.

L. H. HARDAWAY, SR.

STATE OF TENNESSEE
Davidson County

Personally appeared before me, _____, a Notary Public in and for said County and State, the within named _____

the bargainor____, with whom I am personally acquainted, and who acknowledged that _____ executed the within instrument for the purposes therein contained. Witness my hand and official seal at _____, Tennessee, this _____ day of _____ 19____

Commission expires _____

_____
Notary Public

STATE OF TENNESSEE
Davidson County

Before me, _____, a Notary Public within and for the State and County aforesaid, personally appeared L. H. HARDAWAY, SR. d/b/a Cumberland Builders, Inc. with whom I am personally acquainted and who upon (his oath) (their several oaths) acknowledged (himself) (themselves) to be the President and _____ respectively of the Cumberland Builders, Inc. the within named bargainor, a corporation, and that (he) (they) as such President and _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by the said L. H. HARDAWAY, SR. as such President, and attesting the same by the said _____ as such _____

Witness my hand and official seal at office at Nashville, Tennessee on this the 10th day of January, 19 68.

My commission expires Oct 24, 1970

Faye W Clinard
Notary Public

WARRANTY DEED

FROM CUMBERLAND BUILDERS, INC.

TO JOHN E. MYERS, ETUX

03967

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY
STATE OF TENN

JAN 29 8:46 AM '68

NOTED BOOK 118 PAGE 183

RECORDING FEE $ 3.00

DEP. REG. _____

Attorneys Title Company
Title Guaranteed
NASHVILLE, TENN.

STATE TAX $ 38.48
PROBATE .50
TOTAL $ 38.98

JAN 29 1968

FELIX Z. WILSON, II
COUNTY REGISTER
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 061189

1 Decedent's Legal Name				2. Sex	3 Date of Death
JOHN EDWARD MYERS				MALE	09/12/2024
4 Time of Death (Approx.)	5a. Age	6 Date of Birth	7. Birthplace		
UNKNOWN	85	03/11/1939	NASHVILLE, TN		
8a Place of Death					
DECEDENT S HOME					
8b Facility Name		8c. City or Town		8d County of Death	
718 ROWAN DRIVE		NASHVILLE		DAVIDSON	
9 Marital Status	10. Surviving Spouse (name prior to first marriage)	11a Decedent's Usual Occupation		11b Kind of Business/Industry	
WIDOWED		TENNESSEE SUPREME COURT		STATE OF TN	
12. Social Security Number	13a Residence-State or Foreign Country	13b County		13c City or Town	
)-6802	TENNESSEE	DAVIDSON		NASHVILLE	
13d Street and Number		13e. Inside City Limits?	13f Zip Code	14. Was Decedent ever in US Armed Forces?	
718 ROWAN DRIVE		YES	37207	YES	
15 Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race			
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN			
18 Father's Name		19 Mother's Name Prior to First Marriage			
JOESPH MYERS		AMY JONES			
20a Informant's Name	20b Relationship to Decedent	20c. Mailing Address			
TIFFANI A HALL	DAUGHTER	3856 NORTHBROOK DRIVE NASHVILLE, TN 37207			
21a Method of Disposition	21b. Place of Disposition	21c. Location			
BURIAL	MIDDLE TN VETERANS 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		10/07/2024			

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	27b. License Number	27c Date Signed
▶ /e/ IJAGHA EME	57274	09/27/2024

27d. Name and Address: IJAGHA EME 329 MURFREESBORO PIKE, NASHVILLE TN 37210

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 PANCREATIC NEOPLASM	
	b HYPERTENSION	
	c PARKINSON DISEASE	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female,		
NATURAL	NO	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. Oct-07-2024

0 1 6 5 9 9 6 8 6

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 021780

1 Decedent's Legal Name				2 Sex	3 Date of Death
BRENDA A MYERS				FEMALE	03/23/2023
4 Time of Death (Approx.)	5a Age	6. Date of Birth	7. Birthplace		
UNKNOWN	79	08/13/1943	NASHVILLE, TN		
9a Place of Death					
DECEDENT'S HOME					
8b Facility Name		8c. City or Town		8d County of Death	
718 ROWAN DRIVE		NASHVILLE		DAVIDSON	
9 Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b Kind of Business/Industry	
MARRIED	JOHN E MYERS	HOME HEALTH		MEDICAL	
12. Social Security Number	13a Residence-State or Foreign Country	13b County		13c City or Town	
0181	TENNESSEE	DAVIDSON		NASHVILLE	
13d Street and Number		13e Inside City Limits?	13f Zip Code	14 Was Decedent ever in US Armed Forces?	
718 ROWAN DRIVE		YES	37207	NO	
15 Decedent's Education	16 Decedent of Hispanic Origin?	17. Decedent's Race			
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN			
18 Father's Name		19 Mother's Name Prior to First Marriage			
CHARLES H JENKINS		CLEO MCCOLLOUGH			
20a Informant's Name	20b. Relationship to Decedent	20c Mailing Address			
TIFFANI A HALL	DAUGHTER	3856 NORTH BROOK DRIVE, NASHVILLE, TN 37207			
21a Method of Disposition	21b Place of Disposition	21c. Location			
BURIAL	MIDDLE TN VETERAN CEMETERY	NASHVILLE TN			
22a Signature of Funeral Director	22b License Number	22c. Signature of Embalmer		22d License Number	
▶ /e/ MELVIN J SMITH	4592	▶ /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		04/12/2023			

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/ JEFFREY SCOTT SUMMERS	026566	04/10/2023

27d Name and Address

JEFFREY SCOTT SUMMERS 6612 MAYNARDVILLE HIGHWAY, KNOXVILLE TN 37918

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 stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a MALIGNANT NEOPLASM OF LIVER	
	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	31 Did Tobacco Use Contribute to Death?	32 If Female:
NATURAL	UNKNOWN	NOT PREGNANT WITHIN PAST YEAR

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 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

14992616

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

Edward G Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued. Apr-14-2023

CERTIFICATION OF VITAL RECORD