RECORDING REQUESTED BY:
SHARON LYNN YOUNG
212 HEARTHSTONE MANOR LANE, BRENTWOOD, TN 37027

Karen Johnson Davidson County
Batch# 1264983 AFFIDAVIT
04/25/2025 10:34:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20250425-0031907

WHEN RECORDED MAIL TO:
SUMMIT SETTLEMENT SERVICES, LLC
50 JORDAN STREET
EAST PROVIDENCE, RI 02914

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

Assessor's Parcel Number: 160 15 0A 072.00

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Sharon Lynn Young, an unmarried woman, of legal age, being first duly sworn, deposes and says:

That, **Nancy Gene Young**, the decedent mentioned in Certificate of Death filed in Williamson is the same person as **Sharon Lynn Young and Nancy Gene Young, all rights, title, and interest as joint tenants with right of survivorship**, named as one of the parties in that certain Deed DATED JANUARY 25, 2025, RECORDED JANUARY 30, 2025, AS DOCUMENT NO. 20250130-0007272 IN THE OFFICIAL RECORDS OF WILLIAMSON, TENNESSEE to wit:

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN DAVIDSON COUNTY, TENNESSEE, TO-WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING UNIT NO. 72 ON THE PLAN OF HEARTHSTONE MANOR, PHASE IV, AS OF RECORD IN BOOK 6250, PAGE 990, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS MADE FOR A MORE COMPLETE DESCRIPTION.

THIS BEING THE SAME PROPERTY CONVEYED TO SHARON LYNN YOUNG AND NANCY GENE YOUNG, NOT IN TENANCY IN COMMON BUT IN JOINT TENANCY FROM SHARON LYNN YOUNG, IN A DEED DATED JANUARY 25, 2025, RECORDED JANUARY 30, 2025, AS DOCUMENT NO. 20250130-0007272. NANCY GENE YOUNG

LEFT THIS LIFE ON FEBRUARY 17, 2025 IN THE TOWN OF DAVIDSON COUNTY, TENNESSEE. TITLE NOW VESTS SOLELY IN SHARON LYNN YOUNG.
PARCEL ID NO: 160 15 0A 072.00

For Title reference see deed dated January 25, 2025, recorded January 30, 2025, as Document/Instrument No. 20250130-0007272, in the Official Records of Williamson County, State of Tennessee.

Commonly known as: 212 HEARTHSTONE MANOR Lane, Brentwood, TN 37027

That the value of the decedent's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his/her death.

Dated 4-3-2025

Sharon Lynn Young by Steven H. Young as attorney in fact

Sharon Lynn Young by Steven H. Young as attorney in fact

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 4 day of April 20 25 by Sharon Lynn Young by Steven H. Young as attorney in fact, to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL

Notary Signature
Notary Public Commissioned for said County and State
Williamson & TN



Prepared By:
Misha Medeiros
Summit Settlement Services, LLC
50 Jordan Street
East Providence, RI 02914
(401) 865-6400

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 011493

1. Decedent's Legal Name: NANCY GENE YOUNG			2. Sex: FEMALE	3. Date of Death: 02/17/2025
4. Time of Death (Approx.): 11:15 AM	5a. Age: 87	6. Date of Birth: 04/21/1937	7. Birthplace: MILAN, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 212 HEARTHSTONE MANOR LN		8c. City or Town: BRENTWOOD		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: MUSIC DIRECTOR		11b. Kind of Business/Industry: DIRECTOR
12. Social Security Number: REDACTED	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: BRENTWOOD
13d. Street and Number: 212 HEARTHSTONE MANOR LN		13e. Inside City Limits?: YES	13f. Zip Code: 37027	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: HERMAN CLAY HEADDEN		19. Mother's Name Prior to First Marriage: RUTH DUNEGAN		
20a. Informant's Name: STEVE YOUNG	20b. Relationship to Decedent: SON	20c. Mailing Address: 212 HEARTHSTONE MANOR LN, BRENTWOOD, TN 37027		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ KALEIGH B EASTWOOD BARKER	22b. License Number: 20503	22c. Signature of Embalmer: ▶		22d. License Number:
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407				23b. License Number: 933
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 02/23/2025		

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/ HEATHER D ROWE	27b. License Number: 34753	27c. Date Signed: 02/20/2025
27d. Name and Address: HEATHER D ROWE 397 WALLACE ROAD C300, NASHVILLE, TN 37211		

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. INANITION	
	b. CEREBROVASCULAR DISEASE	
	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? / 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: Feb-24-2025

0 1 6 8 9 6 2 5 7

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

T20250425001961

Tennessee Certification of Electronic Document

I, Emma Morrison, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 04/03/2025 (date of document).

Affiant Signature

04/10/2025
Date

State of Rhode Island

County of Providence

Sworn to and subscribed before me this 10 day of April, 2025.

MICHELLE MEDEIROS
Notary Public-State of Rhode Island
ID# 772401
My Commission Expires
August 15, 2028

Notary's Signature

MY COMMISSION EXPIRES: 08/15/2028

NOTARY'S SEAL