This Instrument Was Prepared By
& Returnable To (after recordation):
Ashworth & Rye, PLLC
Brian T. Hurst, Attorney at Law
237 2nd Avenue South
Franklin, Tennessee 37064

Karen Johnson Davidson County
Batch# 1284693 AFFIDAVITH
06/16/2025 10:57:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20250616-0046750

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The undersigned affiants, being over the age of eighteen (18) years, Anita Valentina Scales-Akwu, a resident of Williamson County, Tennessee, (collectively, the "Affiants"), having known Melvin Brown, Sr. and his family for 7 years, all being first duly sworn, depose and state as follows:

1. That we are well acquainted with Melvin Brown, Sr. (the "Decedent").

2. That the Decedent was unmarried at the time of his death, died intestate on or about September 28, 2024, and was a resident of Davidson County, Tennessee at the time of his death.

3. That Decedent was survived by the following person(s):

   i. Carmen Obasi (Adopted Daughter of Decedent with a date of birth of June 11, 1965).
   ii. Melvin Brown, Jr. (Biological Son of Decedent with a date of birth of July 2, 1969).
   iii. Margarette Williamson (Biological Daughter of Decedent with a date of birth of January 31, 1966).

4. That no other children or issue were born to or adopted by the Decedent.

5. This Affidavit of Heirship is executed and intended for the express purpose of conforming to the provisions of Tennessee Code Annotated 30-2-712. The undersigned acknowledge that they have executed this affidavit of their own free will and will be subject to any penalty described in Tennessee Code Annotated 30-2-712 if they knowingly made any false statements herein.

6. That the Affiants acknowledge that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

7. The undersign acknowledge and agree that this Affidavit of Heirship may be executed in any number of counterparts, each of which shall be considered an original for all purposes; provided, however, that all such counterparts shall together constitute one and the same instrument.

8. Further Affiants sayeth not.

Signatures and notary acknowledgements are the following pages.

IN WITNESS WHEREOF, the Affiant has caused this instrument to be executed on the date set forth herein below.

Affiant:

Anita Valentina Scales-Akwu

Anita Valentina Scales-Akwu

BRIAN HURST
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
COUNTY OF Williamson

Sworn to and subscribed before me this this 23 day of April, 2025.

My commission expires: My Commission Expires: May 20, 2028

Notary Public

NOTARY STAMP HERE

STATE OF TENNESSEE
COUNTY OF Williamson

Personally appeared before me, the undersigned authority, a Notary Public for said County and State, **Anita Valentina Scales-Akwu,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand, at office, this this 23 day of April, 2025.

My commission expires: My Commission Expires: May 20, 2028

Notary Public

NOTARY STAMP HERE

BRIAN HURST
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Attention Notary Public: This page must be notarized twice. Each of the jurat and acknowledgment above must be filled out, signed, and stamped.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 061772

1. Decedent's Legal Name: MELVIN BROWN SR			2. Sex: MALE	3. Date of Death: 09/28/2024
4. Time of Death (Approx.): 02:40 AM	5a. Age: 78	6. Date of Birth: 01/27/1946	7. Birthplace: STANTON, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: SELECT SPECIALTY HOSP - NASHV		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: AERONAUTIAL INSPECTOR		11b. Kind of Business/Industry: AVCO TEXTRON
12. Social Security Number: 5594	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 3101 CHATEAU DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37207	14. Was Decedent ever in US Armed Forces?: YES
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 AFRICAN AMERICAN		
18. Father's Name: DAVID BROWN SR		19. Mother's Name Prior to First Marriage: CALLIE SUE GRAVES		
20a. Informant's Name: MELVIN BROWN JR	20b. Relationship to Decedent: SON	20c. Mailing Address: 915 PATIO DRIVE, NASHVILLE, TN 37214		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: ST JOHN MISSIONARY BAPTIST CHURCH	21c. Location: STANTON, TN		
22a. Signature of Funeral Director: ▶ /e/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /e/ CHRISTOPHER LEE JEFFERSON		22d. License Number: 8500
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				23b. License Number: 609
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 10/09/2024	

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: ▶ /e/ STACEY LOUISE VALLEJO	27b. License Number: 039104	27c. Date Signed: 10/07/2024
27d. Name and Address: STACEY LOUISE VALLEJO 4230 HARDING PIKE, NASHVILLE, TN 37205		

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)	a. SEPTIC SHOCK	HOURS
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	b. PNEUMONIA	HOURS
	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?: NO	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-1639E 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: Oct-09-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

0 1 6 6 4 1 9 5 8

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202506160046750

CERTIFICATION REQUIRED BY TCA 66-24-101(D)

I, Cyndi Van Campen, 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 April 23, 2025 (date of document).

Affiant Signature

April, 2025

Date

State of Georgia

County of Gwinnett

Sworn to and subscribed before me this 23rd day of April, 2025,

Notary's Signature

My Commission Expires: ROBYNN MILLER DeKalb County My Commission Expires April 19, 2027

Notary's Seal (if on paper)