**THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:**

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Karen Johnson Davidson County
Batch # 1285221 AFFIDAVITH
06/17/2025 11 03 23 AM 3 pgs
Fees $17 00 Taxes $0 00
20250617-0047475

**AFFIDAVIT OF HEIRSHIP FOR DAVID NICHOLAS DOZIER**

Pursuant to Tenn Code Ann. § 30-2-712, I, David Nicholas Dozier, after being duly sworn, do hereby state as follows:

1. That I, David Nicholas Dozier, am over the age of 21, of sound mind, and am not executing this Affidavit under coercion or undue influence My address is 222 Karen Drive, Mt Juliet, Tennessee 37122
2. That I am familiar with the family history of Sean Cummins Ammell, who was the owner at the time of his death of real property located at 477 Huntington Ridge Drive, Nashville, Davidson County, Tennessee, and more particularly described as follows:

   > BEING Lot No. 100 on the Plan of Huntington Ridge Townhouses of record in Plat Book 9700, Page 846, Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete and accurate description
   >
   > This is improved property, known as 477 Huntington Ridge Drive, Nashville, TN 37211.

3. That the said Sean Cummins Ammell died intestate in Davidson County, Tennessee on August 8, 2024. Sean Cummins Ammell Death Certificate is attached hereto as **Exhibit A**.
4. That at the time of Sean Cummins Ammell death, he resided at 477 Huntington Ridge Drive, Nashville, TN 37211.
5 That said decedent left only the following person surviving as heirs or otherwise interested in the estate· Tara Lindsay Chandler, Daughter
6. That said decedent did not leave a will or any other testamentary instrument.
7. That I have no interest, legal or otherwise, in said property.

8. That I acknowledge and understand that the statements above will be recorded in the Register's Office of Davidson County, Tennessee and relied upon to convey real property vested in the descendants and heirs of Sean Cummins Ammell

**FURTHER, AFFIANT SAITH NOT.**

**DATED THIS THE 20 DAY OF MAY, 2025.**

**DAVID NICHOLAS DOZIER**

**STATE OF TENNESSEE )**
**COUNTY OF )**

On this 20th day of May, 2025, before me, personally appeared David Nicholas Dozier, the affiant known to me to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be his free act and deed, without undue influence, stating that the information therein is accurate and true to the best of his knowledge.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

ALEXIS N. CONLEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-22-2029

Notary Public

My Commission Expires: 1-22-2029

# STATE OF TENNESSEE
## CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 049476

| | | | | |
|---|---|---|---|---|
| 1 Decedent's Legal Name: SEAN CUMMINS AMMELL | | | 2. Sex: MALE | 3. Date of Death: 08/08/2024 |
| 4 Time of Death (24hrs): 1838 | 5a. Age: 62 | 6 Date of Birth: 05/24/1962 | 7. Birthplace: PITTSBURGH, PA | |
| 8a Place of Death: RESIDENCE | | | | |
| 8b Facility Name: 477 HUNTINGTON RIDGE DR | | 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: REGISTERED NURSE | | 11b. Kind of Business/Industry: MEDICAL |
| 12. Social Security Number: --- | 13a. Residence-State or Foreign Country: TENNESSEE | 13b County: DAVIDSON | | 13c. City or Town: NASHVILLE |
| 13d Street and Number: 477 HUNTINGTON RIDGE DR | | 13e Inside City Limits?: YES | 13f Zip Code: 37211 | 14. Was Decedent ever in US Armed Forces?: NO |
| 15. Decedent's Education: ASSOCIATE DEGREE | 16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO | | 17 Decedent's Race: WHITE | |
| 18. Father's Name: JOHN AMMELL | | 19. Mother's Name Prior to First Marriage: MARY WELSH | | |
| 20a Informant's Name: MARGARET SILVERMAN | 20b. Relationship to Decedent: SISTER | 20c. Mailing Address: 192 FAIRVIEW RD , SKILLMAN, NJ 08558 | | |
| 21a Method of Disposition: CREMATION | 21b. Place of Disposition: AFFILIATED CREMATORY | | 21c Location: NASHVILLE TN | |
| 22a Signature of Funeral Director: ▶ /s/ MATTHEW A. TERRY | 22b. License Number: 6054 | 22c Signature of Embalmer: ▶ | | 22d. License Number |
| 23a Name and Address of Funeral Home: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216 | | | | 23b. License Number: 331 |
| 24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III | | 25. Date Filed: 08/14/2024 | | |

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/ DAVID L ZIMMERMAN, MD | 27b License Number: 046030 | 27c. Date Signed: 08/12/2024 |

27d Name and Address: DAVID L ZIMMERMAN, MD 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.

| | | 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. INTRAORAL GUNSHOT WOUND | |
| | 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?: YES

29b Were Autopsy Findings Available to Complete the Cause of Death?: YES

| | | | |
|---|---|---|---|
| 30. Manner of Death: SUICIDE | 31. Did Tobacco Use Contribute to Death?: NO | 32. If Female: N/A | |
| 33. If Transportation Injury, Specify: | 34a. Date of Injury: UNKNOWN | 34b. Time of Injury: UNKNOWN | 34c Injury at Work?: NO |
| 34d Place of Injury: RESIDENCE | | | |
| 34e Describe How Injury Occurred: SHOT SELF | | | |
| 34f Location of Injury: 477 HUNTINGTON RIDGE DR, NASHVILLE, TN | | | |

PH 1655E 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: Aug-14-2024

*016516622*

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE