Karen Johnson Davidson County
Batch# 1288557 AFFIDAVITH
06/23/2025 02:14:30 PM 11 pgs
Fees: $57.00 Taxes: $0.00
20250623-0049092

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

TERESA M. MORGAN
MORGAN LAW GROUP, PLLC
PO Box 60711
Nashville, Tennessee 37206
(615) 975-9174

AFFIDAVIT OF HEIRSHIP

Pursuant to Tenn. Code Ann. § 30-2-712, I, LAETITIA ARMSTRONG, being duly sworn, hereby state as follows:

1. My full name is Laetitia Armstrong. I reside at 200 Manzano Rd., Madison, TN 37115s. I am over the age of 18, of sound mind, and am not executing this Affidavit under duress or the undue influence of any person or entity.
2. I have personal knowledge of the heirship of Mary Elizabeth Word.
3. Mary Elizabeth Word died testate on April 29, 1988. A copy of the Verification of Death Facts showing her date of death is attached hereto as **Exhibit A**.
4. Mary Elizabeth Word died seized and possessed of real property known as 3191 LaGrange Drive, Nashville, TN 37218.
5. Mary Elizabeth Word's Last Will and Testament was admitted to probate in Davidson County Circuit court on April 15, 1994 in Docket No. 94P593. The same Last Will and Testament is of record in Will Book 190 Page 196 in the Register's Office for Davidson County, Tennessee. A copy of her Last Will and Testament is attached hereto as **Exhibit B.**
6. The residuary clause of Mary Elizabeth Word's Last Will and Testament gives and devises all of her real and personal property to her brother, Herbert Ray Primm, if he survives her.
7. Herbert Ray Primm, also known as Herbert Ray Primm, Sr., survived Mary Elizabeth Word.
8. Herbert Ray Primm, Sr. died intestate on March 26, 2010. A copy of the Verification of Death Facts showing his date of death is attached hereto as **Exhibit C.**
9. Herbert Ray Primm, Sr. was not married at the time of his death. He was survived by all five (5) of his children: Herbert Ray Primm, Jr., Elias Levette Ford, Cynthia Glover, Valorie Denise Russell and Johnny Ray King.

10. Johnny Ray King died intestate on November 18, 2012. He was married to Hettie Andra Sweeney King at the time of his death. He did not have any children. A copy of his certified death certificate is attached hereto as **Exhibit D**.
11. Herbert Ray Primm, Jr. died intestate on November 10, 2015. A copy of the Verification of Death Facts showing his date of death is attached hereto as **Exhibit E.**
12. Herbert Ray Primm, Jr. was not married and did not have any children. Both of his parents predeceased him. His heirs at law were his three (3) siblings: Elias Levette Ford, Cynthia Glover, Valorie Denise Russell.
13. As of the date of this Affidavit, Elias Levette Ford, Cynthia Glover, Valoire Denise Russell and Hettie Andra Sweeney King are living.
14. Pursuant to Tenn. Code Ann. § 31-2-103 and § 31-2-104, 3191 LaGrange Drive, Nashville, TN 37218 is currently vested in the following heirs in these respective fractional interests:

Hettie Andra Sweeney King	1/5
Elias Levette Ford	4/15
Cynthia Glover	4/15
Valoire Denise Russell	4/15

15. I understand that this Affidavit will be recorded in the Register's Office for Davidson County, Tennessee and relied upon to evidence the heirship of real property.

Signed on this 21st day of June, 2025.

LAETITIA ARMSTRONG

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, LAETITIA ARMSTRONG, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and while under oath acknowledged that she/he executed the foregoing Affidavit of Heirship for the purposes contained therein.

Witness my hand and official seal on this the 21st day of June, 2025.

NOTARY PUBLIC

My commission expires on July 7, 2027

CRYSTAL MARCRUM-POTTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-7-2027

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
VERIFICATION OF DEATH FACTS

DO NOT WRITE BELOW. THE STAFF AT THE OFFICE OF VITAL RECORDS WILL ENTER INFORMATION.
This form is not a death certificate.
The information is transcribed from the original document.

1. Name of Decedent: MARY ELIZABETH WORD — TN FIXED.
2. Sex: FEMALE
3. Date of Death: APRIL 29, 1988 4. Age at time of Death: 60
5. Date of Birth: OCT. 27, 1927
6. Place of Birth:
7. Was Decedent Ever in the Armed Forces: ☐ Yes ☐ No From _____ to _____
8. Place of Death: NASHVILLE, TN
9. Facility Name and Address: MEHARRY - HUBBARD
10. Marital Status: WIDOWED
11. Spouse's Name:
12. Decedent's Occupation – Kind of Business: HOUSEWIFE - 961
13. Decedent's Residence: 3191 LA GRANGE DR
14. Race: BLACK 16. Education:
17. Father's Name: HENRY SHERN
18. Mother's Name: MAGGIE PRIMM
19. Informant's Name: HERBERT PRIMM
20. Informant's Relationship:
21. Mailing Address: 3817 PARK AVE. NASHVILLE, TN
22. Method – Place of Disposition: BURIAL - HILLS OF CALVARY
23. Funeral Director: K. GARDNER, JR.
24. Embalmer: FORD OTEY
25. Name and Address of Funeral Home: K. GARDNER/SON - 1511 JEFFERSON ST. NASHVILLE TN 37208
26. Medical Examiner's Name and Address:
27. Physician's Name and Address: ILLEGIBLE
28. Date Certificate Filed: 05/04/1988

Other Information:

☐ We were unable to locate a certificate with information given.

Verified By: S. Neal
Title: VR INFO ASSISTANT
Date Verified: 06/17/2025

PH-3055 (REV.06/15) RDA 10112

202506230049092

Copy

Exhibit B

LAST WILL AND TESTAMENT

OF

MARY ELIZABETH WORD

****

I, Mary Elizabeth Word, of Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my Last Will and Testament, hereby revoking all former wills and codicils to wills heretofore made by me.

I desire and direct that all of my just debts (including unpaid charitable pledges whether or not the same are enforceable obligations of my estate) and my funeral expenses (including the cost of a suitable monument at my grave) be paid as soon as practicable after my death, except that any debts which are payable in installments or are not due until at least one year from the date of my death need not be paid during the administration of my estate but may, if the terms of such debts permit, be continued and paid according to their tenor. My executor may, in his sole discretion, pay from my domiciliary estate, all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

In the event that any property or interest in property passing under this Will, by operation of law, or otherwise by reason of my death, shall be encumbered by mortgage or lien, or shall be pledged to secure any obligation (whether the property or interest in property so encumbered or pledged shall be owned by me jointly or individually), it is my intention that such indebtedness shall not be charged to or paid from my estate, but that the devisee, legatee, joint owner taking by survivorship or beneficiary receiving such property or interest in property shall take it subject to all encumbrances existing at the time of my death.

LAW OFFICES
McKINNEY,
DAVIS & HART
1305 GALLATIN ROAD, NO.
MADISON, TENNESSEE
37115
(615) 865-5443

Copy

I give, devise and bequeath to my beloved brother, Herbert Ray Primm, all real, personal and mixed property that I have and any future interest in real, personal or mixed property that I might acquire.

In the event my brother, Herbert Ray Primm, does not survive me, I give, devise and bequeath to my nephew, Johnny Ray King, all of my property that I have and any future interest in real, personal or mixed property that I might acquire.

I hereby nominate, constitute and appoint my brother, Herbert Ray Primm, executor of this my Last Will and Testament. In the event said Herbert Ray Primm shall not survive me or shall fail to qualify, die, resign or cease to act for any reason, I appoint my nephew, Johnny Ray King, as executor in his place. I direct that no bond or other security shall be required of my executor for the faithful performance of his duties as such, nor shall he be required to prepare or file an inventory of my estate.

I incorporate by reference, as fully as if copied verbatim, all the provisions and powers set forth in Section 3 of Chapter 110 of Tennessee Public Acts of 1963, the same being Tennessee Code Annotated, Section 35-618 (Supp. 1977), which section enumerates the administrative powers that I hereby confer upon my executor.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, at ~~Madison~~ Nashville, Tennessee, this 22nd day of June, 1987.

Mary Elizabeth Ward

PAGE TWO OF MY WILL Mary Elizabeth Ward

Law Offices
McKinney,
Davis & Hart
1320 Gallatin Road, NO
Madison, Tennessee
37115
(615) 865-9442

202506230049092

Copy

Signed, sealed, published and declared by the testatrix, MARY ELIZABETH WORD, to be her Last Will and Testament, in the presence of all of us at one and the same time, and we at her request and in her presence and the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of the testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

Loudla Bradley OF Nashville Tenn

Dean Bradley OF Nashville

PAGE THREE AND ATTESTATION PAGE OF MY WILL

Mary Elizabeth Word

LAW OFFICES
McKINNEY,
LEWIS & HART
HALLATIN ROAD, NO
HISON, TENNESSEE
37115
(615) 865-5447

20250625004909

Copy

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Lorella Bradley and Oscar Bradley, after being duly sworn or affirming, make oath or affirm that the foregoing Last Will and Testament was signed by the testatrix, as and for and at that time acknowledged, published and declared by MARY ELIZABETH WORD to be her Last Will and Testament, in the sight and presence of us, the undersigned, who at her request and in her sight and presence, and in the sight and presence of each other, have subscribed our names as attesting witnesses on the 22nd day of June, 1987; and we further make oath or affirm that the testatrix was of sound mind and disposing memory and not acting under the fraud, menace or undue influence of any person and was more than eighteen (18) years of age; and that each of the attesting witnesses is more than eighteen (18) years of age.

Lorella Bradley

Oscar Bradley

Sworn to and subscribed before me
this 22nd day of June, 1987.

Notary Public

My Commission Expires: 1-21-1990

/jWF1-87/19

Law Offices
McKinney,
Davis & Hart
1323 Gallatin Road, No.
Madison, Tennessee
37115
(615) 865-5447

20250623004909 2

Exhibit C

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
VERIFICATION OF DEATH FACTS

DO NOT WRITE BELOW. THE STAFF AT THE OFFICE OF VITAL RECORDS WILL ENTER INFORMATION.
This form is not a death certificate.
The information is transcribed from the original document.

1. Name of Decedent: HERBERT PRIMM, SR
2. Sex: MALE
3. Date of Death: MARCH 26, 2010 4. Age at time of Death: 72
5. Date of Birth: APRIL 16, 1937
6. Place of Birth: NASHVILLE, TN
7. Was Decedent Ever in the Armed Forces: ☐ Yes ☑ No From _____ to _____
8. Place of Death: INPATIENT
9. Facility Name and Address: CENTENNIAL MEDICAL CENTER
10. Marital Status: WIDOWED
11. Spouse's Name: _____
12. Decedent's Occupation – Kind of Business: BRICK MASON - LEE MASONARY CO
13. Decedent's Residence: 3817 PARK AVENUE
14. Race: BLACK 16. Education: GRADE 12
17. Father's Name: UNKNOWN UNKNOWN
18. Mother's Name: MAGGIE PRIMM
19. Informant's Name: HERBERT PRIMM, JR
20. Informant's Relationship: SON
21. Mailing Address: 1922 HERMAN ST, APT B NASHVILLE, TN 37208
22. Method – Place of Disposition: BURIAL - GREENWOOD CEMETERY
23. Funeral Director: HENRY L SMITH
24. Embalmer: PATRICK L TUCKER
25. Name and Address of Funeral Home: HENRY LOUIS SMITH FUNERAL DIRECTORS - NASHVILLE TN
26. Medical Examiner's Name and Address: _____
27. Physician's Name and Address: JUDSON E.
28. Date Certificate Filed: 06/17/2025

Other Information: _____

☐ We were unable to locate a certificate with information given.

Verified By: [signature]
Title: VR INFO ASSISTANT
Date Verified: 06/17/2025

PH-3055 (REV.06/15) RDA 10112

202506230049092

STATE OF TENNESSEE
Office of Vital Records

Exhibit D

1286865

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Johnny Ray King
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 16, 2012
4. TIME OF DEATH (Hour): 4:14 am
5a. AGE-Last Birthday (Years): 48
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 18, 1964
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

9a. PLACE OF DEATH (Check only one):
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

TYPE/PRINT IN PERMANENT BLACK INK

9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY OR TOWN: Nashville
9d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Andra Sweeney
11a. DECEDENT'S USUAL OCCUPATION: Baker
11b. KIND OF BUSINESS/INDUSTRY: Bakery
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3191 LaGrange Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37128
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (To be completed by Physician or Funeral Director)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death):
[ ] 8th grade or less
[ ] 9th – 12th grade; no diploma
[X] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino):
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):
[ ] White
[X] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Herbert Primm, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Jeannetta Knox

DISPOSITION

20a. INFORMANT'S NAME: Andra King
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3191 LaGrange Dr., Nashville, TN., 37128
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hills of Calvary Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendy B. Hellum
22b. LICENSE NUMBER: 3548
22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
22d. LICENSE NUMBER: 5102
23a. NAME AND ADDRESS OF FUNERAL HOME: Hellum Funeral Home, Inc., 611 So. Highland Ave., Murfreesboro, TN., 37130
23b. LICENSE NUMBER OF FUNERAL HOME: 909

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda K Boulevare
25. DATE FILED (Month, Day, Year): Nov 19, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH: MUST COMPLETE AND SIGN WITHIN 48 HOURS.

25. IF CERTIFIER (Check only one):
26a. [ ] PHYSICIAN - To the best of my knowledge, death occurred at the time, date 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, and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER:
27b. LICENSE NUMBER: 24707
27c. DATE SIGNED (Month, Day, Year): 11-19-2012
27d. NAME AND ADDRESS: Murray Primm, MD 3443 Dickerson Pike Ste 450 Nashville, TN 37207

MEDICAL CERTIFICATION

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. Hypoxic brain injury	1 week
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	b. Acute respiratory failure due to (or as a consequence of)	
	c. Complications of Tracheotomy due to (or as a consequence of)	
	d. due to (or as a consequence of)	

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [ ] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home; farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1339

FH-1339 (Rev. 10/2011)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

5534549

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

Tonya Y. Foreman

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

NOV 19 2012
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

202506230049092

Exhibit E

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
VERIFICATION OF DEATH FACTS

DO NOT WRITE BELOW. THE STAFF AT THE OFFICE OF VITAL RECORDS WILL ENTER INFORMATION.
This form is not a death certificate.
The information is transcribed from the original document.

1. Name of Decedent: HERBERT R. PRIMM JR.
2. Sex: MALE
3. Date of Death: NOVMEBER 10, 2015 4. Age at time of Death: 39
5. Date of Birth: MARCH 24, 1976
6. Place of Birth: NASHVILLE TN
7. Was Decedent Ever in the Armed Forces: ☐ Yes ☑ No From _____ to _____
8. Place of Death: INPATIENT
9. Facility Name and Address: CENTENNIAL MEDICAL CENTER
10. Marital Status: NEVER MARRIED
11. Spouse's Name: _____
12. Decedent's Occupation – Kind of Business: DOMESTIC - FOOD SERVICE
13. Decedent's Residence: 3912 PATTON HILL ROAD
14. Race: BLACK OR AA 16. Education: HIGH SCHOOL GRADUATE
17. Father's Name: HERBERT RAY PRIMM SR.
18. Mother's Name: EVELYN COPPAGE
19. Informant's Name: TRACEY JONES
20. Informant's Relationship: COUSIN
21. Mailing Address: 3912 PATTON HILL ROAD NASHVILLE, TN
22. Method – Place of Disposition: BURIAL - GREENWOOD NORTH
23. Funeral Director: HENRY L. SMITH
24. Embalmer: ZACHARY BUNCH
25. Name and Address of Funeral Home: REVELATION FUNERAL HOME 2203 BUCHANAN ST NASHVILLE
26. Medical Examiner's Name and Address: _____
27. Physician's Name and Address: JUDSEN ROGERS
28. Date Certificate Filed: 06/17/2025

Other Information: _____

☐ We were unable to locate a certificate with information given.

Verified By: [signature]
Title: VR INFO ASSISTANT
Date Verified: 06/17/2025

PH-3055 (REV.06/15) RDA 10112

TRUE COPY CERTIFICATION

Pursuant to Tenn. Code Ann. § 66-24-101(d)(3) – As Amended on July 1, 2021

I, **TERESA MORGAN**, Tennessee BPR No. 033448, 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 June 21, 2025.

Teresa Morgan 6/21/2025

TERESA MORGAN **DATE**

PO BOX 60711
NASHVILLE, TN 37206
Phone: (615) 975-9174
Fax: (615) 577-3649
Email: teresa@morganlawgroup.us

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn and subscribed before me on June 21, 2025.

CRYSTAL MARCRUM-POTTER, Notary Public
My Commission Expires: July 7, 2027

CRYSTAL MARCRUM-POTTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-7-2027