Karen Johnson
Batch # 1289785
06/25/2025 08:59:06 AM
Fees: $137.00 Taxes: $0.00
Davidson County
AFFIDAVITH
27 pgs
20250625-0049916

Prepared By:

Name: Cole Law Group, P.C.
Address: 1648 Westgate Circle, Suite 301
Brentwood, Tennessee 37027

After Recording Return To:

Name: Cole Law Group, P.C.
Address: 1648 Westgate Circle, Suite 301
Brentwood, Tennessee 37027

Send Tax Bills To:

Ralph Michael Lance
5233 Redfield Dr.,
Murfreesboro, Tennessee 37129

Deborah Jeanette Lance
2020 Woodwind Cir.,
Greenbrier, Tennessee 37073

Space Above This Line for Recorder's Use

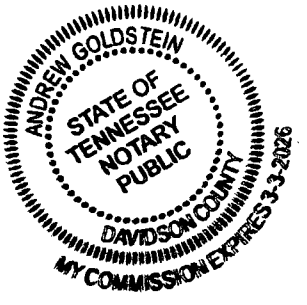
STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual consideration for this transfer is:
$0.00

Ralph Michael Lance
Ralph Michael Lance

Subscribed and sworn to before me, this 28th day of May, 2025.

NOTARY PUBLIC



Deborah Jeanette Lance

Deborah Jeanette Lance

Subscribed and sworn to before me, this 28th day of May, 2025.

NOTARY PUBLIC

ANDREW GOLDSTEIN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2026

Matthew Steven Lance

Subscribed and sworn to before me, this 28th day of May, 2025.

NOTARY PUBLIC

ANDREW GOLDSTEIN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 3-3-2026

AFFIDAVIT OF HEIRSHIP

1. Ralph Wendell Lance ("Wendell Lance" or "Decedent") died on April 29, 2024. A copy of the Certificate of Death is attached as **Exhibit 1**.

2. Decedent had an interest in a certain parcel of improved real property at the time of his death, which is located at 2636 Glenrose Avenue, Nashville, Tennessee 37210 (the "Property") and more and fully and particularly described as follows:

    a. Land in Davidson County, Tennessee being within Council District 16.

    b. Beginning at a point in the center of N. C. A. St. L. Railroad right-of-way and in the west boundary line and 274.5 feet south of the northwest corner of a 20 acre tract of land described in deed from Cynthia Grissim and husband J.G. Grissim to J.U. Sidler and wife, Hattie S. Sidler, Joe Sidler, Jr., and C.S. Sidler, of recor4d in Book 1172, page 220 Register's Office for said County, and running thence with the west boundary line of said 20 acre tract, S.1/2 degrees East. 600 feet to the southwest corner of said 20 acre tract, 836 feet to a point in the south boundary line of said tract; thence northwardly 550 feet to a point in the center line of said N. C. A. St. L. Railroad right-of-way; thence with the center line of said right of way 836 feet to the point of beginning, containing 11 acres, more or less.

c. Being part of the property conveyed to C.S. Sidler and wife, Jennie Lou Sidler, by warranty deed from J.U. Sidler and wife, Hattie S. Sidler, dated May 13, 1952, of record in Book 2083, page 259, Register's Office for Davidson County, Tennessee, to which reference is hereby made.

3. The Parcel Identification No. for the Property is 22907011000.

4. C.S. Sidler died with a Last Will and Testament. The Will established a trust holding the Property for the benefit of his incompetent son, Milton C. Sidler. The Property was to vest in Betty Jeannette Sidler Lance upon the death of Milton C. Sidler. A copy of the Will is attached as **Exhibit 2**.

5. Milton C. Sidler died on June 5. 1995. A copy of the Certificate of Death is attached as **Exhibit 3.**

6. Betty Jeannette Sidler Lance died on June 27, 2002. A copy of the Certificate of Death is attached as **Exhibit 4.**

7. Decedent died with a Last Will and Testament. A copy of the Will is attached as **Exhibit 5**.

8. Decedent was predeceased by his son James S. Lance.

9. Decedent is survived by his son Ralph Michael Lance, his daughter Deborah Jeanette Lance, and his grandson Matthew Steven Lance.

10. An Order to Close Estate was entered in the Rutherford County Probate Court, Case No. 75PR1-2024-PR-377, on May 12, 2025, confirming the current ownership of the Property. A copy of the Order to Close Estate is attached hereto as **Exhibit 6**.

11. As of the filing of this Affidavit, ownership of the Property remains vested as Tenants in Common as follows:

Ralph Michael Lance – 50%
Deborah Jeanette Lance – 50%

[THIS SPACE IS INTENTIONALLY LEFT BLANK]

FURTHER AFFIANTS SAYETYH NOT.

SWORN this 28th day of May, 2025.

Ralph Michael Lance
Ralph Michael Lance

Deborah Jeanette Lance
Deborah Jeanette Lance

Matthew Steven Lance

[THIS SPACE IS INTENTIONALLY LEFT BLANK]

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Now having first been duly sworn according to law, the above-named Ralph Michael Lance, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 28th day of May, 2025.

NOTARY PUBLIC

My Commission Expires: 3/3/2026

ANDREW GOLDSTEIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-3-2026

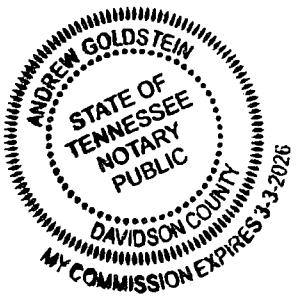
STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Now having first been duly sworn according to law, the above-named Deborah Jeanette Lance, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 28th day of May, 2025.

NOTARY PUBLIC

My Commission Expires: 3/3/2026



STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Now having first been duly sworn according to law, the above-named Matthew Steven Lance, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 28th day of May, 2025.

NOTARY PUBLIC

My Commission Expires: 3/3/2026

ANDREW GOLDSTEIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-3-2026

EXHIBIT 1

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 028798

1. Decedent's Legal Name			2. Sex	3. Date of Death
RALPH WENDELL LANCE			MALE	04/29/2024
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
19:22	87	07/13/1936	WARREN COUNTY, TN	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		8c. City or Town	8d. County of Death	
TRADITION OF SMYRNA		SMYRNA	RUTHERFORD	
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry	
WIDOWED		RUBBER WORKER	PIRELLI TIRE	
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town	
-9158	TENNESSEE	RUTHERFORD	MURFREESBORO	
13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?	
5233 REDFIELD DR	YES	37129	YES	
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
JAMES SHERMAN LANCE		MAEBELLE MCKNIGHT		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
MIKE LANCE	SON	5233 REDFIELD DR, MURFREESBORO, TN 37129		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
BURIAL	WOODLAWN CEMETERY	NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number	
▶ /e/ ROBERT H WHITLEY	3618	▶ /e/ JOHN ROY TAYLOR	4202	
23a. Name and Address of Funeral Home			23b. License Number	
ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216			775	
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		05/10/2024		

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/ AKASHIA ANDERSON MURPHY	45989	05/09/2024

27d. Name and Address
AKASHIA ANDERSON MURPHY 211 HERITAGE PARK DRIVE, MURFREESBORO, TN 37129

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. SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	
	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	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: May-10-2024

016234811

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 2

COPY

W I L L

I, Cornelius Schubert Sidler, a resident of Metropolitan Nashville and Davidson County, Tennessee, do hereby make, publish and declare this my Last Will and Testament, hereby revoking all former Wills and all Codicils thereto heretofore made by me.

ITEM ONE

I direct my Executrix, hereinafter named, to pay all my just debts, funeral and burial expenses and costs of administration of my estate. I direct my Executrix to pay all taxes that may be owing by my estate including all estate, transfer, inheritance and succession taxes which may be imposed upon or assessed against my estate or any devises or legacies made hereby. All of said taxes shall be paid in the same manner as if they were general obligations and debts of my estate, without attenting in any way to prorate or apportion such taxes against any beneficiary of my estate.

ITEM TWO

I give, devise and bequeath all the rest and residue of my estate and property, real, personal and mixed and wheresoever it may be located, in trust to my daughter, Betty Jennette Sidler Lance as Trustee for my incompetent son, Milton Sidler. The terms and provisions of said trust herein created and the disposition of the trust estate upon its termination shall be as follows:

1. The Trustee shall have the sole right to possession of all of said property in the trust estate, with sole and absolute right, power and authority to manage the trust estate, to mortgage any part of same if the Trustee deems it necessary, proper or appropriate, to sell and dispose of any or all of the real property, personal property or mixed property for cash or upon such terms as the Trustee may deem reasonable and to encroach upon the principal at such time or times the Trustee may deem proper for the purposes of this trust. The Trustee shall have all the powers conferred upon Trustees by the

laws of the State of Tennessee and the right to exchange assets, and to make such investments as the Trustee may deem reasonable.

2. The Trustee shall, out of the income from the trust, and out of the principal to the extent the Trustee deems it proper to encroach upon the principal, maintain, support and care for my incompetent son, Milton Sidler, and to furnish and provide him with all the necessities of life and all reasonable comforts, and all proper medical and hospital services to the end that he may live a normal life to the extent that his condition permits. To such extent as may be permitted or authorized by law, I direct that my said Trustee shall have possession and control of the person of my said son, Milton Sidler.

3. The trust shall commence upon my death and shall terminate upon the death of Milton Sidler.

4. Upon the termination of the trust, the Trustee shall pay the funeral and burial expenses of the said Milton Sidler and shall furnish and pay for an appropriate monument or marker at his grave.

5. If Betty Jennette Sidler Lance cannot or does not desire to serve as Trustee or if she does serve as Trustee but for any reason does not continue to serve in such capacity until the termination of the trust, then I hereby name and appoint my son, Morris Sidler, as Alternate or Successor Trustee. If my said son, Morris Sidler, cannot or does not desire to serve as such Alternate or Successor Trustee or if he does serve as such Alternate or Successor Trustee but does not continue to serve as such until the termination of the trust, then I name and appoint my son, Ronald Sidler, as Alternate or Successor Trustee. In the event either or both of the Alternate or Successor Trustees named above shall serve as such, they shall have the same duties, powers and authority as are conferred upon Betty Jennette Sidler Lance as Trustee.

6. After the trust has terminated and the said Trustee has paid the funeral and burial expenses of Milton Sidler and has paid for the monument or marker at his grave, the entire remaining trust estate, including the principal and any accrued interest or income thereon, shall

vest in Betty Jennette Sidler Lance if she is living at that time but, if she is not living, then it shall vest in Morris Sidler if he is the Trustee at the time the trust terminates but, if he is not the Trustee at the time the trust terminates and if Betty Jennette Sidler Lance is not still living, then it shall vest in Ronald Sidler if he is the Trustee at the time the trust terminates. In the event said trust estate vests in Betty Jennette Sidler Lance, under the foregoing provisions, it shall be her properly solely and absolutely and she may do with it or dispose of it as she pleases. In the event the trust estate under the foregoing provision vests in either Morris Sidler or Ronald Sidler, it shall be his property solely and absolutely and he may do with it or dispose of it as he pleases; however, I recommend but do not require that he make some reasonable distribution of same among himself and his brother if his brother still be living and among the children or grandchildren of his sister, Betty Jennette Sidler Lance and the children and grandchildren of his brother, if his brother be deceased.

ITEM THREE

I name and appoint my daughter, Betty Jennette Sidler Lance, as Executrix of this my Last Will and Testament but if she cannot or does not desire to serve I name and appoint my son, Morris Sidler, as Executor; but if he cannot or does not desire to serve as such, then I appoint my son, Ronald Sidler, as Executor; and I direct that neither the said daughter, Betty Jennette Sidler Lance, nor either of my two sons named above shall be required to give bond.

In witness whereof I have hereunto subscribed my name on this 20 day of February, 1979.

Cornelius Schubert Sidler

Cornelius Schubert Sidler

The foregoing instrument was in our presence declared by the said Cornelius Schubert Sidler to be his Last Will and Testament and the same was signed by him as and for his Last Will and Testament in the presence of us, the undersigned, who at his request and in his presence and in the presence of each other have subscribed our names hereto as attesting witnesses the day and date above written.

Claude Callicott
Witness

513 Nashville City Bank Bldg.
Nashville, Tenn.
Address

Home: 1116 Kilgore Road
Franklin, Tenn.

James Type Hanson
Witness

513 Nashville City Bank Bldg.
Nashville, Tenn.
Address

3511 B Westwood Ave.
Nashville, Tenn.

AFFIDAVIT OF ATTESTING WITNESSES

STATE OF TENNESSEE §
COUNTY OF DAVIDSON §

We, the undersigned Claude Callicott and James Type Hanson do each solemnly swear that on the 2nd day of February, 1979, Cornelius Schubert Sidler declared in our presence that the foregoing instrument was his Last Will and Testament; that in our presence he signed said instrument as his signature appears thereon and that at his request and in his presence and in the presence of each other we signed said instrument as attesting witnesses, as our signatures appear thereon. We do each further swear that in our opinion the said Cornelius Schubert Sidler was a person of sound mind at the time he signed said instrument.

Claude Callicott

James Type Hanson

Sworn to and subscribed
before me this 2nd day
of February, 1979.

Susie N. Hargis
Notary Public, State of Tennessee

My Commission expires:

2-1-79

EXHIBIT 3

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

0503052

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

95 022041
STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Milton / C / Sidler
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 5, 1995
4. SOCIAL SECURITY NUMBER (of Deceased): UNKNOWN
5a. AGE - LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR (Months / Days) / 5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): June 23, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2636 Glenrose
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired): Never Worked
12b. KIND OF BUSINESS/INDUSTRY
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2636 Glenrose
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes:
15. RACE - American Indian, Black, White, Etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): never went; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medication 02204 1X1 1995

INFORMANT

17. FATHER'S NAME (First, Middle, Last): C.S. Sidler
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jennie Hill
19a. INFORMANT'S NAME (Type/Print): Jennette Lance
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2636 Glenrose Nashville, TN 37210

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION - City or Town, State: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Imogene Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4367
21c. SIGNATURE OF EMBALMER: Charles Crawford
21d. LICENSE NUMBER OF EMBALMER: 3775
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home, 2627 Nolensville Road, Nashville, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H Jones
24. DATE FILED (Month, Day, Year): June 13, 1995

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Dr. Baucom
25b. LICENSE NUMBER: 0001487 72
25c. DATE SIGNED (Month, Day, Year): 6-6-95
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): William Baucom M.D., 5651 Frist Blvd Suite 601 Hermitage, Tn 37076

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. — Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Volume depletion
DUE TO (OR AS A CONSEQUENCE OF): 2765
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. DUE TO (OR AS A CONSEQUENCE OF):
c. 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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1659 REV. 1/89

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: May-16-2024

016179835

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 4

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK: 0 2 0 3 8 3 0 — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Betty Jeannette Lance
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 27, 2002
4. SOCIAL SECURITY NUMBER (If Deceased): 410-66-6517
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct.20, 1942
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2636 Glenrose Ave
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ralph Lance
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Medical Field
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2636 Glenrose Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 27210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No — Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Cornelia Sidler
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jimmie Lou Hill

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ralph Lance
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2636 Glenrose Ave, Nashville, TN

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c. LOCATION—City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Imogene Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4367
21c. SIGNATURE OF EMBALMER: Scotty Brewer
21d. LICENSE NUMBER OF EMBALMER: 4687
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home, 2627 Nolensville Road, Nashville, TN 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha L Jones
24. DATE FILED (Month, Day, Year): July 15, 2002

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
1 ☐ SIGNATURE AND TITLE OF PHYSICIAN: Benjamin H. Hill
25b. LICENSE NUMBER: 30787
25c. DATE SIGNED (Month, Day, Year): 07/09/02
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated
2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

CAUSE OF DEATH

28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cirrhosis of Liver
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
SEE INSTRUCTIONS ON OTHER SIDE.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☒ No
30. MANNER OF DEATH: 1 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PII-1659 REV.2-93

BIRTH NO.

RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

John P. Dunn
John P. Dunn
Local Registrar

JUL 16 2002
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT 5

Last Will and Testament

OF

RALPH WENDELL LANCE

I, RALPH WENDELL LANCE, presently residing at 2636 Glenrose Avenue, Nashville, Tennessee, 37210, being of sound mind and disposing memory do hereby make and publish this my Last Will and Testament hereby revoking all Wills and Codicils thereto, heretofore by me made.

ITEM I

It is my will and desire that at my death, my funeral expenses and all of my just and provable debts, be first paid from any funds coming into the hands of my Executrix or as soon as practicable after my death.

ITEM II

I hereby will, devise and bequeath to my beloved wife, Jeanette Sidler Lance, all of my property both real and personal and of every kind and nature of which I die seized and possessed to be hers in fee simple absolute to do with as she may see fit

ITEM III

In the event that my wife should predecease me or my wife and I die in a simultaneous catastrophe, then and in that even, I give devise and bequeath all of my property both real and personal to my grandson and two children whose names and addresses are as follows:

My son, R. Michael Lance, Redfield Drive, Murfreesboro, Tennessee

My daughter, Deborah J Lance, Windmere Court, Greenbriar, Tennessee

My grandson, Matthew Steven Lance, Glenrose Avenue, Nashville, Tennessee

My grandson Matthew S. Lance is to receive all property both real and personal located at 2630 Glenrose Avenue, Nashville, Tennessee

My two children R, Michael Lance and Deborah J Lance, receiving an equal one-half share of the

remaining property both real and personal.

ITEM IV

I hereby nominate and appoint my wife, Jeannette Sidler Lance, to serve as Executrix of this my Last Will and Testament and having full faith in her ability, I direct that she serve without bond. In the event that my wife cannot serve or will not serve, then I nominate and appoint my two children, R. Michael Lance and Deborah J Lance to serve as Co-Executors of my estate and having full faith in their ability, I direct that they serve without bond. All real property owned my me at the time of my death shall be subject to the administration by my Executor or Executrix

EXECUTED this the 22 of July, 2022, at Smyrna, TN

Ralph W. Lance

RALPH WENDELL LANCE; Testator

SIGNED, sealed, published and declared by the Testator, **RALPH WENDELL LANCE**, as and to be his Last Will and Testament, in the presence of all of us at one and the same time and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses and we do hereby attest to the sound mind and disposing memory of said Testator and to the performance of the aforesaid act of execution at the place and on the date herein above set out.

NOTARY

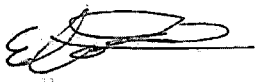
JACQUELINE CARRILLO
STATE OF TENNESSEE NOTARY PUBLIC
PUTNAM COUNTY

Jacqueline Carrillo
Signature

12/19/23
Commission NOTARY EXP

Smyrna TN Residing at County Rutherford

WITNESS 1



Edward Velasquez Residing at 202 noel Ln Smyrna Tn, 37167

WITNESS 2 OR NOTARY

Jeremy Humelsine Residing at 136 Vincent Lane La Vergne, TN 37086

EXHIBIT 6

LODGED
5-6-25 RL

IN THE PROBATE COURT OF RUTHERFORD COUNTY, TENNESSEE
AT MURFREESBORO

IN RE: ESTATE OF RALPH WENDELL LANCE)
)
Deceased.)

Case No. 75PR1-2024-PR-377

FILED
2025 MAY -2 AM 8:48
RUTHERFORD COUNTY CLERK

ORDER TO CLOSE ESTATE

This cause came before the Honorable Judge Toby Gilley, Judge of the Probate Court of Rutherford County, Tennessee, upon the Motion to Close Estate filed by the Personal Representatives of the Estate of Ralph Wendell Lance. Based upon the Motion to Close Estate, the lack of any opposition to the Motion, and the record as a whole, this Honorable Court finds as follows:

1. The Estate of Ralph Wendell Lance is hereby declared to be solvent.
2. All claims (if any) filed against this Estate have been paid, released, dismissed, or otherwise adjudicated.
3. If applicable, the Personal Representatives have filed a Release from the Bureau of TennCare with the Clerk in this matter.
4. If applicable, all receipts for specific bequests under the Last Will and Testament have been properly filed with the Clerk.
5. Both Personal Representatives have filed Personal Representative Statements with the Clerk detailing the completed and proper performance of their duties pertaining to the administration of this Estate, as required by statute.
6. Distributee Statements have been filed by each residual distributee confirming their satisfaction regarding the performance of the Personal Representatives, waiving their right

to a detailed accounting of the Estate and their acknowledgment that they have received their proper distribution from the Personal Representatives and release the Personal Representatives from any further liability in connection with this Estate, as well as the surety, if any.

7. This Estate has been properly administered according to the Laws and Rules of the State of Tennessee and Rutherford County.
8. All administrative costs involved in this Estate have been paid in full.

It is therefore **ORDERED, ADJUDGED, AND DECREED** that this Estate has been properly administered according to the Laws and Rules of the State of Tennessee and Rutherford County. This matter is hereby ordered to be closed and terminated, with any additional costs taxed to the surety, Ralph Wendell Lance, for which execution may issue if necessary. The Personal Representatives, Ralph Michael Lance and Deborah Jeanette Lance, are hereby relieved from their responsibilities and no further action is required.

It is further **ORDERED, ADJUDGED, AND DECREED** that, as set out in the Decedent's Last Will and Testament and the Petition to Probate Will and for Appointment of Personal Representatives, and pursuant to Tennessee law, Decedent's grandson, Matthew Steven Lance, is the fee simple owner of and is hereby awarded all right, title, and interest in the real property located at 2630 Glenrose Avenue, Nashville, Tennessee 37210.

It is further **ORDERED, ADJUDGED, AND DECREED** that, as set out in the Decedent's Last Will and Testament and the Petition to Probate Will and for Appointment of Personal Representatives, and pursuant to Tennessee law, Decedent's two (2) adult children, Ralph Michael Lance and Deborah Jeanette Lance, are the equal owners of and are hereby awarded in equal portions all right, title, and interest in the real property located at 2620 Glenrose Avenue, Nashville,

Tennessee 37210 and the real property located at 2636 Glenrose Avenue, Nashville, Tennessee 37210.

It is further **ORDERED, ADJUDGED, AND DECREED** that Counsel for the Personal Representatives, Andy Goldstein, Esq., and the law firm of Cole Law Group, P.C. is hereby relieved as attorney of record and shall bear no further responsibilities in this matter.

IT IS SO ORDERED.

ENTERED this 6th day of May, 2025.

JUDGE TOBY GILLEY

SUBMITTED FOR ENTRY BY:

Andy Goldstein, Esq. BPR # 037042
COLE LAW GROUP, P.C.
1648 Westgate Circle, Suite 301
Brentwood, TN 37027
Telephone: (615) 326-9059
Fax: (615) 842-5914
agoldstein@colelawgrouppc.com
Attorney for Personal Representatives

CERTIFIED COPY

State of Tennessee, County of Rutherford
The undersigned, County Clerk of said County and state, hereby certifies that the foregoing is a true and correct copy of the original document filed in the Office of the County Clerk
This 9th day of June 2025
Lisa Crowell, Rutherford County Clerk
By: Deputy Clerk

RUTHERFORD COUNTY CLERK SEAL TENNESSEE

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Order to Close Estate has been served upon the following individuals by sending the same via electronic mail and U.S. mail, postage prepaid, on this the 1st day of May, 2025:

Ralph Michael Lance
5233 Redfield Drive
Murfreesboro, Tennessee 37129

Deborah Jeanette Lance
2020 Woodwind Circle
Greenbrier, Tennessee 37073

Michael Steven Lance
223 Cave Circle Drive
Manchester, Tennessee 37355



ANDY GOLDSTEIN