THIS INSTRUMENT PREPARED BY:	STATE OF TENNESSEE COUNTY OF Davidson
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096	The actual consideration for this transfer is: $0.00. Felicia Lopez **AFFIANT**
Karen Johnson Batch # 1295959 07/11/2025 09:00:53 AM Fees: $17.00 Taxes: $0.00 20250711-0054600 Davidson County AFFIDAVITH 3 pgs rch was not conducted in the t. All information was provided e Affiant.	Subscribed and sworn to before me, this 2 day of July 2025. Katie Aeschliman **NOTARY PUBLIC** My Commission Expires: May 6, 2029 KATIE AESCHLIMAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Address New Owner:	Send Tax Bills To:	Tax Information:
Brenda J. Harris, et. al. 4401 Enchanted Circle Nashville, TN 37218	New Owner	09203003300

AFFIDAVIT OF HEIRSHIP

1. My name is **Mary Hamilton** ("Affiant"). I currently reside in Davidson County, state of Tennessee. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. Nathaniel E. Harris (hereinafter "Decedent") was my friend, and I knew him for approximately 52 years.

3. Decedent died on February 4, 2024, as a resident of Davidson County, Tennessee. His Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, Decedent died without a Last Will and Testament, and his intestate estate has been opened for probate administration under Docket No. 24P638 in the Seventh Circuit Court for Davidson County, Tennessee at Nashville.

4. At the time of his passing, Decedent owned real property located at **2035 JEFFERSON STREET, NASHVILLE TN 37208** (the "Property"). The Property is more fully and particularly described as follows:

> BEING Lot No. 5 on the Map of Jowett's Subdivision of Lot No. 3 of the Elizabeth Harding Plan of record in Book 57, page 67, Register's Office for Davidson County, Tennessee.

SAID Lot No. 5 fronts 50 feet on the south side of Jefferson Street and runs back between parallel lines 182 feet to an alley.

Being the same property conveyed to Nathaniel E. Harris by Warranty Deed from Charlie Christian, Harry Christian, Thomas Christian, Herman Christian, Jr., Curtis Christian, and Joe Louis Davis, of record in Book 7962, Page 287, Register's Office for Davidson County, Tennessee.

5. The Decedent was married at the time of his death to Brenda J. Harris.

6. Decedent was survived by two children, Tresa Jennings and Dionne Harris. Decedent had no other children, born-to or adopted by him, during his lifetime.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Brenda J. Harris, Tresa Jennings, and Dionne Harris, his sole heirs-at-law, immediately upon his death, pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the names of **BRENDA J. HARRIS, TRESA JENNINGS, AND DIONNE HARRIS, AS TENANTS IN COMMON.**

FURTHER AFFIANT SAYETH NOT.

SWORN this 26th day of July 2025.

Mary Hamilton

Mary Hamilton, *Affiant*

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Mary Hamilton**, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 26th day of June 2025.

NOTARY PUBLIC
My commission expires: 9/5/2028

DEMETRIA OWEN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 9-5-2028

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

[redacted]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4395808

CERTIFICATE OF DEATH

2024002360
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Nathaniel Ellis	HARRIS	February 04, 2024	Clark

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpetient(Specify)	4. SEX
Las Vegas	Sunrise Hospital Medical Center	Intensive Care Unit (Icu)	Male

5. RACE (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
Black		74			November 29, 1949

9a. STATE OF BIRTH (If not US/CA, name country)	9b. CITIZEN OF WHAT COUNTRY	10.EDUCATION	11. MARITAL STATUS (Specify)	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
Tennessee	UNITED STATES	18	Married	Brenda JONES

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]	Self Employed	Art	Yes

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Tennessee	Davidson	Nashville	4401 Enchanted Circle	No

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
Adolphus HARRIS	Sarah SMITH

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)
Brenda HARRIS	4401 Enchanted Circle Nashville, Tennessee 37218

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Removal/burial	Greenwood Cemetery	Nashville Tennessee 37210

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
DURRELL SINCLAIR YOUNG SIGNATURE AUTHENTICATED	FD998	Giddens Memorial Chapel 2737 N Lamb Blvd Las Vegas NV 89115

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) **SIGNATURE AUTHENTICATED**
OSEMWINGIE AGHEDO MD

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
February 06, 2024	16:36

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)

22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED DEAD AT (Hour)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	23b. LICENSE NUMBER
Osemwingie Aghedo MD 3186 S Maryland Pkwy Las Vegas, NV 89109	19233

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
NANCY BARRY SIGNATURE AUTHENTICATED	February 07, 2024	YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I
(a) [redacted]
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) [redacted]
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) [redacted]
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(d) [redacted]

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	No

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

DATE ISSUED: 2/14/2024 By: Susan Zannis

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE