Karen Johnson Davidson County
Batch# 1339473 AFFIDAVITH
10/29/2025 03:09:30 PM 15 pgs
Fees: $77.00 Taxes: $0.00
20251029-0086192

THIS INSTRUMENT
PREPARED BY:
Tressler & Associates, LLC
212 N. Castle Heights Ave.
Lebanon, TN 37087

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSE
COUNTY OF WILSON

Now comes **Doug Walker** and **Laura Walker**, having been first duly sworn and on their oath do depose and state that they are of lawful age and all information being based upon personal knowledge, further deposes and states:

1. That Affiants reside at the following addresses:

Doug Walker	**Laura Walker**
335 Dearpoint Dr.	335 Dearpoint Dr
Hendersonville TN, 37075	Hendersonville TN, 37075

2. That Affiants have personal knowledge of the family of the Decedent, **Diane Doris Gustavsen**, by reason of the following:

   Doug Walker has been a friend of the Decedent's family for twenty-two (22) years

   Laura Walker has been a friend of the Decedent's family for twenty-eight (28) years

3. That the Decedent died on **05/3/2025** and at the time of her death, she had an interest in the property known as **171 Thistle Lane, Hermitage, TN 37076**. See attached **Exhibit A** for her proof of death.

4. The Decedent died **intestate.**

5. That at the time of the Decedent's death she was unmarried.

6. That the Decedent left behind the following children: **Scott Graeff** and **Steven Graeff.**

7. Her daughter, **Jessica K. Boone** predeceased the decedent, leaving behind one known living issue: **Rachel Boone**. See the attached **Exhibit B**.

8. That the following persons constitute the only heirs at law of the Decedent, at the time of Decedent's death:

Name	Relationship to Decedent
Scott Graeff	**Child**
Steven Graeff	**Child**
Rachel Boone	**Grandchild**

9. That upon the Decedent's death, no one other than the heirs listed in this Affidavit had an interest in the Decedent's property located at **171 Thistle Lane, Hermitage, TN 37076.**

10. That the Decedent's estates were not subject to a claim from TennCare. See attached **Exhibit C**
    a. *Note: the statute of limitations is four years from the date of passing and also does not apply to Non-TN individuals.*

11. Probate for the Decedent's Estate was opened with the Wilson County, TN Probate Court, Docket No. **2025PR248**

12. The property known as **171 Thistle Lane, Hermitage, TN 37076** is legally described as follows: **See Attached Exhibit D.**

WARNING: TCA 30-2-712(f) provides whoever shall willfully, corruptly and falsely swear to any statement in any such affidavit known by such person to be false, or about which such person does not have sufficient definite knowledge to justify his making such a sworn statement, and such statement is false, commits a Class "E" felony.

Further affiant sayeth not.

SPACE LEFT INTENTIONALLY BLANK
SIGNATURES ON FOLLOWING PAGES

Douglas Walker

Date: 7/29/25

STATE OF TN

COUNTY OF Wilson

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Douglas Walker** with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office, this 29th day of July, **2025**.

Notary Public

My commission expires: 4/26/26

TURNER EVANS
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Commission Expires 04-26-2026

Laura Walker
Date: 7/28/25

STATE OF TN

COUNTY OF Wilson

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Laura Walker** with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office, this 29th day of July, **2025**.

Notary Public

My commission expires: 4/26/26

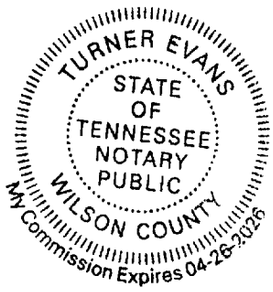


EXHIBIT A

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 029128

1. Decedent's Legal Name: DIANE DORIS GUSTAVSEN
2. Sex: FEMALE
3. Date of Death: 05/03/2025
4. Time of Death (Approx.): 10:27 AM
5a. Age: 73
6. Date of Birth: 11/22/1951
7. Birthplace: NYACK, NY
8a. Place of Death: DECEDENT'S HOME
8b. Facility Name: 414 PARRISH HILL
8c. City or Town: MOUNT JULIET
8d. County of Death: WILSON
9. Marital Status: DIVORCED
10. Surviving Spouse (name prior to first marriage):
11a. Decedent's Usual Occupation: R.N.
11b. Kind of Business/Industry: MEDICAL
12. Social Security Number: -1000
13a. Residence-State or Foreign Country: TENNESSEE
13b. County: WILSON
13c. City or Town: MOUNT JULIET
13d. Street and Number: 414 PARRISH HILL
13e. Inside City Limits?: YES
13f. Zip Code: 37122
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: HAROLD GUSTAVSEN
19. Mother's Name Prior to First Marriage: DORIS HUGHES
20a. Informant's Name: SCOTT GRAEFF
20b. Relationship to Decedent: SON
20c. Mailing Address: 171 THISTLE LN HERMITAGE TN 37076
21a. Method of Disposition: CREMATION
21b. Place of Disposition: MIDDLE TENNESSEE CREMATION CENTER
21c. Location: MOUNT JULIET, TN
22a. Signature of Funeral Director: ▶ /e/ DAVID DIAL
22b. License Number: 5144
22c. Signature of Embalmer: ▶
22d. License Number:
23a. Name and Address of Funeral Home: BOND MEMORIAL CHAPEL 1001 WESTON DR MOUNT JULIET TN 37122
23b. License Number: 1041
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III
25. Date Filed: 05/08/2025
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/ ROBERT SCOTT FRANKENFIELD
27b. License Number: 045022
27c. Date Signed: 05/06/2025
27d. Name and Address: ROBERT SCOTT FRANKENFIELD 110 OAK STREET, LEBANON, TN 37087

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. SUDDEN CARDIAC DEATH	IMMEDIATE
	b. ATHEROSCLEROTIC CORONARY ARTERY DISEASE	YEARS
	c. TYPE 2 DIABETES	YEARS
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: PULMONARY EMBOLISM

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?: UNKNOWN
32. If Female: NOT PREGNANT WITHIN PAST YEAR
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-09-2025

0 1 7 1 9 2 3 7 9

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202510290086192

EXHIBIT B

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2007 035718

1. DECEDENT'S NAME (First, Middle, Last): Jessica Kirsten Boone
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 15, 2007
4. SOCIAL SECURITY NUMBER: -8741
5a. AGE-LAST BIRTHDAY (Years): 26
6. DATE OF BIRTH (Month, Day, Year): July 11, 1981
7. BIRTHPLACE (City and State or Foreign Country): Nyack, NY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 845 Village Hills Dr 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION: Homeland Security
12b. KIND OF BUSINESS/INDUSTRY: Airport
13a. RESIDENCE-STATE: TN
13b. COUNTY: Wilson
13c. CITY, TOWN, OR LOCATION: Mt Juliet
13d. STREET AND NUMBER OR RURAL LOCATION: 414 Parrish Hill
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37122
14. WAS DECEDENT OF HISPANIC ORIGIN? Yes 0 X No
15. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Steven James Graeff
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Diane Doris Gustavsen
19a. INFORMANT'S NAME (Type/Print): Diane Gustavsen
19b. RELATIONS-IP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 414 Parrish Hill Mt. Juliet, TN 37122
20a. METHOD OF DISPOSITION: 2 X Cremation
20b. PLACE OF DISPOSITION: Williams Funeral Crematory
20c. LOCATION-City or Town, State: Columbia, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Mac Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER: Kenyon B Gibbs
21d. LICENSE NUMBER OF EMBALMER: 3247
22a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel, 1098 Weston Drive, Mt. Juliet, TN 37122
22b. LICENSE NUMBER OF FUNERAL HOME: 1041
23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): August 17, 2007
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
26a. 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 as stated. 6 X SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b. LICENSE NUMBER: 31292 MS
26c. DATE SIGNED (Month, Day, Year): 08/16/2007
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Amy R McMaster, M D , 850 R S Gass Blvd , Nashville, TN 37216, MEC07-2661
28. PART I. Enter the chain of events, diseases 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pending further studies
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.
Approximate Interval: Onset and Death:
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 X Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X Yes 2 No
30. MANNER OF DEATH: 1 Natural 5 X Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
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
RDA 1389

Page 1 of 2 pages

ertify that this is a true and correct representation of the original certificate on file with the Tennessee ice of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal d signature of the State Registrar.

Date Issued: Aug-04-2025

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

0 1 7 4 8 7 7 3 2

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202510290086192

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

DELAYED REPORT OF DIAGNOSIS – DEATH

TENNESSEE DEPARTMENT OF HEALTH

07-04548

Page 2 of 2 pages

STATE FILE NUMBER 2007-035718

1. DECEDENT'S NAME (First, Middle, Last)	2 SEX	3 DATE OF DEATH (Month, Day, Year)
Jessica Kirsten Boone	Female	August 15, 2007

5a AGE – LAST BIRTHDAY (Years)	5b UNDER 1 YEAR MOS / DAYS	5c UNDER 1 DAY HOURS / MIN	6 DATE OF BIRTH (Month, Day, Year)	9b FACILITY NAME (If not institution, give street and number)
26			July 11, 1981	845 Village Hills Drive

9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH	15 RACE (American Indian, Black, White, etc. (Specify))
Nashville	Davidson	White

22a NAME AND ADDRESS OF FUNERAL HOME	23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month, Day, Year)
Bond Memorial Chapel Mt. Juliet, TN	[signature]	October 11, 2007

25a PHYSICIAN – SIGNATURE AND MAILING ADDRESS	25c DATE SIGNED (Month, Day, Year)

26a MEDICAL EXAMINER – SIGNATURE AND MAILING ADDRESS	26c DATE SIGNED (Month, Day, Year)
[signature] Amy McMaster, M.D 850 R S Gass Blvd , Nashville TN 37216	October 10, 2007

27 I HEREBY CERTIFY THAT THE DECEASED DIED FROM THE CAUSE STATED BELOW. THE COMPLETE CAUSE OF DEATH COULD NOT BE DETERMINED WITHIN 48 HOURS AFTER DEATH AND ENTERED ON THE CERTIFICATE OF DEATH FOR THE FOLLOWING REASON

Awaiting toxicology

MEDICAL CERTIFICATION

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. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a DROWNING	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF)	
	b DUE TO (OR AS A CONSEQUENCE OF)	
	c DUE TO (OR AS A CONSEQUENCE OF)	
	d	

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

ACUTE COMBINED DRUG TOXICITY

28e WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

28f WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No

30 MANNER OF DEATH	31a DATE OF INJURY (Month, Day, Year)	31b TIME OF INJURY	31c INJURY AT WORK?	31d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☒ Suicide ☐ Homicide ☐ Could Not Be Determined	August 15, 2007	UNK M	☐ Yes ☒ No	Drowned self in tub

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)
Residence	845 Village Hills Drive, Nashville, TN

ertify that this is a true and correct representation of the original certificate on file with the Tennessee ice of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal d signature of the State Registrar.

Date Issued: Aug-04-2025

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

01748731

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202510290086192

EXHIBIT C

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE.TN.GOV
#

June 12, 2025

Tressler & Associates, PLLC
212 N. Castle Heights Ave
Lebanon, TN 37087

RE: Gustavsen, Diane Doris Date of Death: 5/3/2025 SSN: xxx-xx-1000
Our File Number: 159990

Tressler & Associates, PLLC:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to annuities, Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust or annuity, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust or annuity when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

Under 2024

EXHIBIT D

Batch# 280531 DEEDWARR
09/04/2019 10:56:30 AM 2 pgs
Fees: $13.00 Taxes: $591.26
20190904-0089188

WARRANTY DEED



STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $159,800.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30th DAY OF AUGUST, 2019.

Notary Public

MY COMMISSION EXPIRES:
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
Foundation Title and Escrow Franklin , 7112 Crossroads Blvd, Ste. 100, Brentwood, TN 37027

ADDRESS NEW OWNER(S) AS FOLLOWS:			SEND TAX BILLS TO:			MAP-PARCEL NO(S).
Diane Gustavsen and Scott Graeff			New Owner			086 14 0A 171.00
(NAME)			(NAME)			
171 Thistle Lane						
(ADDRESS)			(ADDRESS)			
Hermitage, TN 37076						
(CITY)	(STATE)	(ZIP)	(CITY)	(STATE)	(ZIP)	

For and in consideration of the sum of Ten and No/100 Dollars ($10.00), cash in hand paid by the hereinafter named Grantee, and other good and valuable considerations, the receipt of which is hereby acknowledged, I, **Jessica Haines, a single woman**, hereinafter called the Grantor, have bargained and sold, and by these presents do transfer and convey unto **Diane Gustavsen, unmarried**, hereinafter called the Grantee, her heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

Land in Davidson County, Tennessee, being all of Lot No. 171 on the Plan of Stage Two Hermitage Meadows as shown by plat appearing of record in Plat Book 5200, Page 682, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description

Being the same property conveyed to Jessica Haines, a single woman by Warranty Deed from Keith Treesh and Katherine S. Treesh, husband and wife dated March 16, 2016 and recorded March 18, 2016 in Instrument No. 201603180025941, in said Register's Office for Davidson County, Tennessee.

This conveyance is subject to (a) all restrictions of record; (b) all easements of record; (c) all visible easements; (d) all matters appearing on the plan(s) of record; and (e) all matters referenced in the master deed and by-laws; and (f) all applicable government and zoning regulations.

unimproved ☐
This is improved ☒ property, known as 171 Thistle Lane, Hermitage, TN 37076

File Number: FRN-1907209SSO

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantees, their heirs and assigns forever; and I do covenant with the said Grantees that I am lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and I do further covenant and bind myself, my heirs and representatives, to warrant and forever defend the title to the said land to the said Grantees, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my hand this 30th day of August, 2019.

Jessica Haines

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, the within-named Jessica Haines, a single woman, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained.

Witness my hand and official seal, this the 30th of August, 2019.

Laura Elizabeth Mathis
Notary Public

My Commission Expires: 3-13-22

(SEAL)

LAURA ELIZABETH MATHIS NOTARY PUBLIC STATE OF TENNESSEE WILLIAMSON COUNTY

True Copy Certification

I, Penny H Ray, do hereby make oath that I am a licensed attorney and/or custodian of the electronic version of the attached document tendered for registration herewith, and that this is a true and correct copy of the original document executed and authenticated according to law.

Penny H. Ray

State of Tennessee

County of Williamson

Personally appeared before me, Christie Perry a notary public for this county and state, Penny Y. Ray who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

CHRISTIE PERRY STATE OF TENNESSEE NOTARY PUBLIC RUTHERFORD COUNTY

My Commission Expires: 7/22/2022

Notary Seal (if on paper)

201909040089188

202510290086192

Tennessee Certification of Electronic Document

I, **Susan E. Burks,** 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 July 28, 2025

AFFIANT SIGNATURE

July 28, 2025

Date

State of TENNESSEE

County of WILSON

Sworn to and subscribed before me on this 28th day of July, 2025.

NOTARY SIGNATURE

My Commission Expires: 2-26-29

(NOTARY'S SEAL)

TODD A. TRESSLER, II
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY