This Instrument Prepared by:

Karen Johnson Davidson County
Batch # 1348476 AFFIDAVITH
11/20/2025 12:49:45 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20251120-0092790

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street
Nashville, TN 37208

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Mail Tax Statement to:
Quince D'Wayne Cannon
3208 Hummingbird Dr.
Nashville, TN 37218

COMES NOW, **Lambert Cannon,** son and **Quince D. Cannon** the only heirs in this cause, Having been duly sworn, who would state to the oath as follows:

1. My name is **LAMBERT CANNON** and I am the son of **Sarah Lee Cannon** and **Fred Cannon.** I currently reside at 4343 Ashland City Highway, Nashville, Tennessee 37218.

2. **SARAH LEE CANNON** and **FRED CANNON** were married in Tennessee and born to that union were two children, **Lambert Cannon** and **Quince W. Cannon.**

3. **QUINCE W. CANNON** died on the 29th day of September 1982, at the age of 18 years old and had a spouse Teresa Johnson and one child. A copy of his death certificate is attached as an Exhibit 1.

4. **QUINCE D. CANNON** currently resides at 3208 Hummingbird Drive, Nashville, Tennessee 37218 and is the only son of **QUINCE W. CANNON** and Teresa Cannon.

5. **FRED CANNON** died on the 12th day of April 1995, at the age of 58 years old. A copy of his death certificate is attached as an Exhibit 2.

6. **SARAH LEE CANNON** died on the 4th day of August 2023, at the age of 84 years old. A copy of her death certificate is attached as an Exhibit 3.

7. We are the only heirs to the Estate of **SARA LEE CANNON**, and as such we are the rightful owner of the property described below:

LAND in Davidson County, Tennessee, 13th Civil District, being Lot No. 125 on the Map Of Treppard Heights Subdivision, Section VII, as of record in Book 2900, page 13, Register's Office for said County.

SAID Lot No. 125 fronts 80 feet on the northerly side of Hummingbird Drive and runs Back 200 feet on the east line and 226.9 feet on the west line to a line in the rear And measures 120 feet thereon.

BEING the same property conveyed to JOHN O. CAMPBELL and wife, KATHERINE R. CAMPBELL by deed from WILLIAM C. GREER, JR. and HENRY EARL HAWKINS d/b/a G & H COMPANY, as of record in Book 3071, page 119, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed to FRED CANNON and wife, SARAH L. CANNON by deed from JOHN O. CAMPBELL and wife, KATHERINE R. CAMPBELL, as of record in Book 4387, page 894, Register's Office for Davidson County, Tennessee.

This is improved property known as 3208 Hummingbird Drive, Nashville, Tennessee.

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 12th day of November 2025.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On this the 12th day of November 2025, before me personally appeared QUINCE D. CANNON, 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.

Quince D Cannon
QUINCE D. CANNON

Sworn to and subscribed before me on this 12th day of November 2025.

Jewell S. Grimes
NOTARY PUBLIC

My Commission Expires: 1-4-2027

STATE OF Tennessee
COUNTY OF Davidson)

On this the _____ day of November 2025, before me personally appeared LAMBERT CANNON, 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.

LAMBERT CANNON

Sworn to and subscribed before me on this 15th day of November 2025.

Jewell S. Grimes
STATE OF TENNESSEE NOTARY PUBLIC
Davidson COUNTY

NOTARY PUBLIC

My Commission Expires: 1-4-2027

THIS INSTRUMENT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES. NO TITLE EXAMINATION HAS BEEN PERFORMED OR REQUESTED AND THE LAW OFFICES OF LUVELL L. GLANTON, PLLC. SHALL NOT BE RESPONSIBLE FOR ANY MATTER THAT COULD HAVE BEEN RESOLVED BY A TITLE EXAMINATION.

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

STATE FILE NO. 82 028644

BIRTH NO.

1. DECEASED—NAME: FIRST: Quince; MIDDLE: W.; LAST: Cannon
2. DATE OF DEATH (MONTH, DAY, YEAR): 9-29-82
3a. AGE—LAST BIRTHDAY (YEARS): 18
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 10-29-63
5a. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): Black
5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY):
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Donelson
7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): D.O.A.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Teresa Johnson
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 4797
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Domestic
13b. KIND OF BUSINESS OR INDUSTRY: Morrison's
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 3308 Hummingbird DR.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Fred Cannon
16. MOTHER—MAIDEN NAME: Sarah Branch
17. INFORMANT—NAME: Fred Cannon (Same)
MAILING ADDRESS:
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 10-4-83
18c. CEMETERY OR CREMATORY—NAME: Hills of Calvary
18d. LOCATION—CITY OR TOWN, STATE: Nashville Tennessee
18e. FUNERAL DIRECTOR (SIGNATURE): Richard Smith
19b. LICENSE NO.: 1298
19c. EMBALMER (SIGNATURE): Jim Brewer
19d. LICENSE NO.: 2969
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): R. Smith Nashville Tenn.
21a. REGISTRAR—SIGNATURE: Esther D. Grote
21b. DATE RECEIVED BY LOCAL REGISTRAR: 10-7-82
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE / DEGREE:
22b. DATE SIGNED (MONTH, DAY, YEAR):
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: William E. Gupton TITLE: M.D 3
23b. DATE SIGNED (MONTH, DAY, YEAR): 10-4-82
24a. CERTIFIER—NAME (TYPE OR PRINT): William E. Gupton, Jr., M.D.
24b. MAILING ADDRESS—STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP: 1808 Hayes Street, Nashville, TN 37203

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Ruptured Aorta Auto Accident — 1 Minute
DUE TO, OR AS A CONSEQUENCE OF (b): — 8120
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c):

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): Accident
27b. DATE OF INJURY (MONTH, DAY, YEAR): 9/29/82
27c. HOUR: 7 P.M.
27d. DESCRIBE HOW INJURY OCCURRED: In USA
27e. INJURY AT WORK (SPECIFY YES OR NO): No
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY): Street
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE: Lea. Rd. — Nashville Tn

EXHIBIT 1

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.

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

Paula Taylor
Paula Taylor
State Registrar

Date Issued: 10 4 83

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

APR 21 1995

Linda Elvington RD 1502038

LOCAL REGISTRAR TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): FRED CANNON
2. SEX:
3. DATE OF DEATH (Month, Day, Year): 4-12-1995
4. SOCIAL SECURITY NUMBER (of Deceased): -8255
5. AGE—LAST BIRTHDAY (Years): 58
5a. UNDER 1 YEAR: MOS. DAYS
5b. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 3-21-1937
7. BIRTHPLACE (City and State or Foreign Country): NASH TN
8. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): METRO GENERAL HOSPITAL
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): SARAH BRANCH
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): SALESMAN
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE—STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3208 HUMMINGBIRD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15. RACE—American Indian, Black, White, etc. (Specify): BL
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): MURPHY CANNON
18. MOTHER'S NAME (First, Middle, Maiden Surname): OLIVIA SEARCY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): SARAH CANNON
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3208 HUMMINGBIRD DR. NASHVILLE, TN

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): HILLS OF CALVARY CEMETERY
20c. LOCATION—City or Town, State: NASH TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ HENRY L. SMITH
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: ▶ DELMAS BOGUS
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH FUNERAL DIRECTORS, INC. 706 MONROE ST., NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Quindrea L Claire
24. DATE FILED (Month, Day, Year): April 21, 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 SIGNATURE AND TITLE OF PHYSICIAN: ▶ Donald B. J. Boatright MD
25b. LICENSE NUMBER: MD 16503
25c. DATE SIGNED (Month, Day, Year): 4/19/95
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): Donald Boatright, M.D. Metro NAshville General Hospital, 72 Hermitage Ave., Nashville

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. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Prostate Cancer Stage D	
DUE TO (OR AS A CONSEQUENCE OF): b.	Bone Pain	
DUE TO (OR AS A CONSEQUENCE OF): c.	Anemia	
DUE TO (OR AS A CONSEQUENCE OF): d.	Malnutrition	

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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
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.

EXHIBIT 2

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STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 047725

1. Decedent's Legal Name			2. Sex	3. Date of Death
SARAH LEE CANNON			FEMALE	08/04/2023
4. Time of Death (Actual.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
10:14	84	07/12/1938	NASHVILLE, TN	

8a. Place of Death			
DECEDENT'S HOME			
8b. Facility Name	**8c. City or Town**		**8d. County of Death**
3208 HUMMINGBIRD DRIVE	NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**
WIDOWED		HOUSE WIFE	HOUSE WIFE
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
3208 HUMMINGBIRD DRIVE	YES	37218	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**	
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN	
18. Father's Name		**19. Mother's Name Prior to First Marriage**	
FENNER BRANCH		DIOSHA BROWN	
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**	
LAMBERT CANNON	SON	3208 HUMMINGBIRD DRIVE, NASHVILLE, TN 37218	
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**	
BURIAL	HILLS OF CALVARY	NASHVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**
▶ /e/ MARQUIS JACKSON	20561	▶ /e/ PATRICK LAMONT TUCKER	5072
23a. Name and Address of Funeral Home			**23b. License Number**
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406			1258
24. Registrar's Signature		**25. Date Filed**	
▶ /e/ EDWARD G BISHOP III		08/09/2023	

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/ JOEL SHACKSON	66385	08/08/2023

27d. Name and Address

JOEL SHACKSON 1718 PATTERSON ST, NASHVILLE, TN 37203

EXHIBIT 3 tabbies

PH-1659E

RDA 10112

15786449

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

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Feb-27-2024

CERTIFICATION OF VITAL RECORD