Karen Johnson Davidson County
Batch# 1354623 AFFIDAVITH
12/05/2025 01:42:30 PM 11 pgs
Fees: $57.00 Taxes: $0.00
20251205-0096901

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

TERESA MORGAN, ESQ.
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, Roderick Staples, being duly sworn, hereby state as follows:

1. My name is Roderick Staples. I am currently a resident of Knox County, Tennessee. 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 Andy Clyde Herrell, Jr. and Ronald Lee Ward.
3. Ronald Lee Ward died intestate on April 13, 2021. Ronald Lee Ward's death certificate is attached hereto as **Exhibit A**.
4. Andy Clyde Herrell, Jr. died testate on July 29, 2025. His death certificate is attached hereto as **Exhibit B**.
5. Ronald Lee Ward and Andy Clyde Herrell, Jr. owned real property known as 445 Owendale Drive, Antioch , TN 37013 (Map/Parcel No. 150-05-0-100.00) in Davidson County, Tennessee ("the Property") as tenants in common with rights of survivorship. Therefore, after Ronald Lee Ward's death, the Property was vested entirely in Andy Clyde Herrell, Jr.
6. Andy Clyde Herrell, Jr.'s Last Will and Testament was admitted to probate in Davidson County Circuit Court, Docket No. 25P2299 on December 2, 2025. A file-stamped copy of said Will is attached hereto as **Exhibit C**.
7. Item III of Andy Clyde Herrell, Jr's Last Will and Testament devises the Property to me, Roderick Staples.
8. The legal description of the Property is as follows:

   Being Lot No. 329 on the Plan of Cherry Hills, Section III, as of record in Book 4175, Page 59, Register's Office for Davidson County,

Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same property conveyed to Ronald L. Ward and Andy Clyde Herrell, Jr. as joint tenants in common with a right of survivorship by Quitclaim Deed from Ronald L. Ward, of record in Instrument No. 20190308-0021399, said Register's Office.

Ronald L. Ward died on April 13, 2021.

9. I understand that this Affidavit will be recorded in the Register's Office for Davidson County, Tennessee and relied upon to show the proper vesting of the Property.

Signed on this 4th day of December, 2025.

RODERICK STAPLES

STATE OF TENNESSEE)
COUNTY OF Knox)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Roderick Staples, 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 4th day of Dec., 2025.

EARTHA GARNER
STATE OF TENNESSEE NOTARY PUBLIC
Comm. Exp. 5-3-2028
KNOX COUNTY

Eartha Garner

NOTARY PUBLIC

My commission expires on 5-3-2028

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 027169

1. Decedent's Legal Name: RONALD LEE WARD			2. Sex: MALE	3. Date of Death: 04/13/2021
4. Time of Death (Approx.): UNKNOWN	5a. Age: 70	6. Date of Birth: 02/06/1951	7. Birthplace: BLOUNT COUNTY, TN	
8a. Place of Death: DECEDENTS HOME				
8b. Facility Name: 445 OWENDALE DRIVE		8c. City or Town: ANTIOCH		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: CONTACT REPRESENTATIVE		11b. Kind of Business/Industry: IRS
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: ANTIOCH
13d. Street and Number: 445 OWENDALE DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37013	14. Was Decedent ever in US Armed Forces?: YES
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: JAMES A. REED SR.		19. Mother's Name Prior to First Marriage: TRULA MAE BARTON		
20a. Informant's Name: ANDY C. HERRELL JR.	20b. Relationship to Decedent: POA	20c. Mailing Address: 445 OWENDALE DRIVE, ANTIOCH, TN 37013		
21a. Method of Disposition: BURIAL		21b. Place of Disposition: SHERWOOD MEMORIAL GARDENS	21c. Location: ALCOA, TN	
22a. Signature of Funeral Director: ▶ /e/ NATASHA GLOVER		22b. License Number: 4999	22c. Signature of Embalmer: ▶ /e/ John Roy Taylor Jr.	22d. License Number: 4202
23a. Name and Address of Funeral Home: NEW GENERATION FUNERAL HOME, 2030 MURFREESBORO PIKE, ANTIOCH, TN 37013-2226				23b. License Number: 1217
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 04/21/2021	

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/ WILLIAM G. MCKEAN	27b. License Number: 42887	27c. Date Signed: 04/19/2021
27d. Name and Address: WILLIAM G. MCKEAN, HERITAGE MEDICAL ASSOCIATES 5653 FRIST BLVD. STE. 630, HERMITAGE, TN 37076		

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. [redacted]	
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. [redacted]	[redacted]
	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: [redacted]	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: 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-1658E

RDA 10112

12701424

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

1 2 7 0 1 4 2 4

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Apr 23 2021

CERTIFICATION OF VITAL RECORD

202512050096901

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 048338

1. Decedent's Legal Name			2. Sex	3. Date of Death
ANDY C. HERRELL JR			MALE	07/29/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
05:08	67	04/05/1958	MORRISTOWN, TN	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
ALIVE HOSPICE		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
NEVER MARRIED		AGENT REALTOR	CRYE-LEIKE	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
[redacted]	TENNESSEE	DAVIDSON	ANTIOCH	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
445 OWENDALE DR	YES	37013	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	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
ANDY C. HERRELL SR		CLEOLA M. THOMPSON		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
KYMBERLY COLEMAN	SISTER	2826 DIANE GAYLE DR, KNOXVILLE, TN 37924		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	SHERWOOD MERMORIAL GARDENS	ALCOA, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ JEFFREY RUTLEDGE	16216	▶ /e/ HERMAN BRYANT TAYLOR	20087	
23a. Name and Address of Funeral Home			**23b. License Number**	
NEW GENERATION FUNERAL HOME, 2930 MURFREESBORO PIKE, ANTIOCH, TN 37013-2226			1217	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		08/04/2025		

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	27b. License Number	27c. Date Signed
▶ /e/ MARY-ELLEN EDMISTON	5916	08/01/2025

27d. Name and Address
MARY-ELLEN EDMISTON 1718 PATTERSON STREET, NASHVILLE, TN 37203

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. [redacted]	[redacted]
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.	
	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:
[redacted]	[redacted]	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.

Date Issued: Aug-04-2025

Edward G. Bishop III
State Registrar

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

0 1 7 4 5 0 4 0 3

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202512050096901



Exhibit D

LAST WILL AND TESTAMENT of ANDY CLYDE HERRELL, JR.

I, **ANDY CLYDE HERRELL, JR.**, a resident of Davidson County, Tennessee, do make, publish, and declare this to be my Last Will and Testament, hereby revoking all former wills and codicils.

ITEM I.
DESCRIPTION OF FAMILY

A. Marital Status

I am unmarried.

B. Descendants

I have no children.

ITEM II.
TANGIBLE PERSONAL PROPERTY

I bequeath all of my clothing, jewelry, personal effects, automobiles (together with any policies of insurance thereon) and all of my other tangible personal property, except for any personal property specifically bequeathed to another in any document described below in this Item, to Ronald L. Ward, if he shall survive me.

If Ronald L. Ward does not survive me, I bequeath all of my clothing, jewelry, personal effects, automobiles (together with any policies of insurance thereon) and all of my other tangible personal property, except for any items specifically bequeathed to another in Item III, or in any document described below in this Item, to my brother, Roderick Staples.

I authorize and direct my Executor to sell, donate, or otherwise dispose of, any tangible personal property not distributed according to the above paragraphs in this Item, exercising an

Initial: ALHJ

absolute and unlimited discretion. Any proceeds resulting from the sale of any tangible personal property shall be added to my residuary estate.

I may leave a letter or other written document either in my own handwriting or signed by me or both addressing the distribution of certain items of my tangible personal property. It is my desire that the wishes expressed in such document be carried out.

ITEM III.
SPECIFIC BEQUESTS

1. If Ronald L. Ward does not survive me, I devise and bequeath all right, title and interest I own in real property commonly known as 445 Owendale Drive, Antioch, Davidson County, Tennessee to my brother, Roderick Staples.

2. If Ronald L. Ward does not survive me, I devise and bequeath all right, title and interest I own in real property commonly known as 3419 Rockford Boyd Drive, Rockford, Blount County, Tennessee, to Ronald L. Ward's sisters, Veronica Sudderth and Theresa Ivey.

ITEM IV.
RESIDUARY ESTATE

All of the rest and residue of my property, real, personal, and mixed, I devise and bequeath to Ronald L. Ward, if he shall survive me. If he shall not survive me, then I devise and bequeath my residuary estate to my brother Roderick Staples.

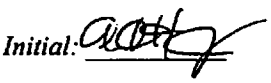
ITEM V.
FIDUCIARIES

A. Executor

I appoint the following to serve as Executor of this my Last Will and Testament, in succession:

1. Ronald L. Ward.

2. Roderick Staples.

Initial: 

I direct that no bond or accountings or inventories be required of my Executor for the faithful performance of the Executor's duties.

ITEM VI.
ADMINISTRATIVE PROVISIONS

A. Debts, Administrative Expenses, and Taxes

All of my lawful debts (except debts secured by a mortgage or other security instrument) which may be paid or retained in the discretion of the Executor, and if paid shall be without right of contribution from my descendants, my funeral expenses, and the expenses of administration of my estate shall be paid by the Executor as soon as practicable after my death. The Executor shall pay all estate, inheritance and other death taxes which shall become payable by reason of my death, whether in respect of property passing under this Will or otherwise, as an expense of administration, without apportionment. The Executor may utilize any proceeds of life insurance payable to the Executor or to my estate for the payment of debts, taxes and expenses. My Executor, in his discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

B. Survivorship

If any beneficiary dies within five (5) days of my death, such person shall be deemed to have predeceased me. The phrase "survives me" and similar expressions used in this Will refer to this five (5) day survival requirement.

C. References to Executor

For convenience, every Executor named in this Will (including every alternate) is referred to in the singular person and masculine gender, regardless of the number or gender of those actually named herein.

Initial: AGHJ

D. Powers of Executor

I grant to my Executor any and all of the powers that an Executor may exercise under the applicable laws of the State of Tennessee, including but not limited to the powers enumerated in T.C.A. § 35-50-110 that can be incorporated by reference, even if my estate is administered in a state other than Tennessee or any Executor hereunder is a citizen or resident of a state other than Tennessee, to the extent that such state laws are not inconsistent with any express powers granted the Executor hereunder. Without in any way limiting the foregoing, the Executor shall at all times during the administration of my estate be vested with all the powers, duties and authority, and shall be authorized to make payments in the same manner and to the same extent, as if the Executor were acting as Testamentary Trustee.

Any real property I own at my death is to be administered as a part of my probate estate subject to the control of the Executor, as authorized by Tennessee Code Annotated § 31-2-103. So long as the Executor serves, the Executor shall have the same power over the title to real property as an absolute owner would have, including but not limited to the power to sell, mortgage, lease or otherwise convey any interest in any real estate without the signature, consent or approval of any heir, legatee, beneficiary, court or other person, provided that in exercising such power the Executor shall be acting in a fiduciary, not an individual, capacity.

E. Choice of Law

The laws of the State of Tennessee shall govern this Will.

Initial

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this, my Last Will and Testament, consisting of this and four (4) preceding typewritten pages, and, for purposes of identification, I have initialed each page, all in the presence of the persons witnessing it at my request on this 28th day of February, 2019, at The Higgins Firm, 525 Fourth Avenue South, Nashville, Tennessee 37210.

ANDY CLYDE HERRELL, JR.

The foregoing instrument, consisting of this and four (4) preceding typewritten pages, was signed, published, and declared by ANDY CLYDE HERRELL, JR. the Testator, to be his Last Will and Testament, in our presence, and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses this 28th day of February, 2019.

Signature

Christina B. Bolton

Print Name

residing at 525 4th Ave South
Nashville, TN 37210

Signature

Kennedy Davis

Print Name

residing at 525 4th Ave S
Nashville, TN 37210

Initial: AGH

AFFIDAVIT

We, the undersigned attesting witnesses to the Last Will and Testament of **ANDY CLYDE HERRELL, JR.**, Testator, at the request of said Testator, and being first duly sworn, do make oath that on this date the said Testator declared to us that the within and attached instrument is his Last Will and Testament and that he executed the same as such and requested each of us to sign it as witnesses. The within and foregoing instrument was thereupon signed, sealed, and executed in our presence by the said Testator, and we, at his request and in his presence and in the sight and presence of each other, thereupon signed our names as witnesses. We further make oath that we are acquainted with the said Testator, that he and we are over eighteen years of age, is of sound mind and memory and that, to the best of our knowledge, information and belief, the foregoing instrument was executed by him freely and voluntarily, without outside influence or duress.

Christine B. Bolton
WITNESS

WITNESS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me this 28th day of February, 2019, personally appeared Christine B. Bolton (Witness 1) and Kenelee Davis (Witness 2) and ANDY CLYDE HERRELL, JR., who being first duly sworn, made oath that they freely and willingly executed the foregoing Affidavit for the purposes therein stated.

Donald K. Byrd
NOTARY PUBLIC
My Commissions Expires: May 6, 2019

DONALD K. BYRD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 6, 2019

Prepared By:
Donald K. Byrd, Esq.
The Higgins Firm, PLLC
525 Fourth Ave. S.
Nashville, TN 37210
Telephone: (615) 353-0930

Initial: AHH

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 December 5th, 2025.

Teresa Morgan 12/5/2025

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 December 5th, 2025.

Crystal Marcrum-Potter

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