AFFIDAVIT OF HEIRSHIP

GRANTEE:
James D. Lawrence
765 Bresslyn Road
Nashville, Tennessee 37205

SEND TAX BILLS TO:
New Owner

MAP-PARCEL NOS.
115-3 68PW

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
4235 Hillsboro Pike, Suite 300
Nashville, Tennessee 37215

Karen Johnson
Batch # 1361113
12/23/2025 10:44:22 AM
Fees: $52.00 Taxes: $0.00
Davidson County
AFFIDAVITH
10 pgs
20251223-0101951

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Jeanine Thompson. I am the Attorney-In-Fact for James D. Lawrence, pursuant to the Durable Power of Attorney executed by him on February 26, 2020. A copy of the Durable Power of Attorney is attached hereto as Exhibit A. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. James D. Lawrence's legal residence is at 765 Bresslyn Road, Nashville, Davidson County, Tennessee, 37205 (the "Property"). The description of the Property to which this Affidavit applies is further described on the attached Exhibit B.

4. Mary Petrone Lawrence died on November 23, 2025. I will refer to her as the Decedent. A copy of her death certificate, with redactions, is attached hereto as Exhibit C. At the time of her death, the Decedent's legal residence, with James D. Lawrence, was at the Property.

5. At the time the Decedent and James D. Lawrence took title to the Property, they owned the Property as tenants by the entirety.

6. At the time of Decedent's death, Decedent and James D. Lawrence were legally married.

7. There was no divorce or separation between the Decedent and James D. Lawrence prior to Decedent's death.

8. Decedent did not have any surviving children, living or predeceased.

The Affiant makes oath that, to the best of her information and belief, the information contained herein is true, accurate, and complete.

Jeanine Thompson OBO James D Lawrence

Jeanine Thompson, as Attorney-In-Fact for
James D. Lawrence

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Jeanine Thompson**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 18th day of December, 2025.

Stacey Schlitz
Notary Public

My commission expires: March 8, 2028

STACEY SCHLITZ
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-8-2028

JAMES D. LAWRENCE
DURABLE POWER OF ATTORNEY

EXHIBIT A

I, **JAMES D. LAWRENCE** (the "Principal"), of Davidson County, Tennessee, have made, constituted and appointed, and by these presents do make, constitute and appoint my spouse **MARY PETRONE LAWRENCE** to serve as my true and lawful attorney (hereinafter referred to as "Attorney"). If **MARY PETRONE LAWRENCE** is unable to serve or continue to serve, I appoint my sister-in-law **JEANINE PETRONE THOMPSON** to serve as my Attorney. This power of attorney ("Power of Attorney") shall become effective only upon my disability or incapacity and shall remain effective for so long as I am disabled or incapacitated. Disability or incapacity shall be proven for purposes of this power by an affidavit executed by my usual attending physician. Such affidavit shall state that my physician has examined me and found me to be either incapacitated or disabled so that I am unable to administer my own affairs on a regular basis. The powers conferred herein shall be made ineffective upon my filing a written notice that my disability or incapacity has concluded, which notice shall be supported by an affidavit of my physician which shall state that I am no longer under an incapacity or a disability. The writing hereinabove referred to shall be filed with the Davidson County Register. Attorney is authorized, in Attorney's absolute discretion from time to time and at any time with respect to any property, real or personal, at any time owned or held by me, and without authorization of any court, and in addition to any other rights, powers, or authority granted by any other provision of this Power of Attorney or by statute or general rules of law (and regardless of whether I am mentally incompetent, physically or mentally disabled, or incapable of managing my property and income), with full power of substitution, as follows:

1. To do and perform all and every act, deed, matter, and thing whatsoever in and about my estate, property, and affairs as fully and effectually to all intents and purposes as I might or could do in my own proper person, if personally present, the specifically enumerated powers described

below being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof.

2. To demand, sue for, and receive all debts, moneys, securities for money, goods, chattels, legacies, or other personal property to which I am now or may hereafter become entitled, or which are now or may become due, owing, or payable to me from any person or persons whomsoever, and in my name to give effectual receipts and discharges for the same.

3. To borrow from time to time such sums of money and upon such terms as Attorney may think expedient for or in relation to any of the purposes or objects aforesaid, or for any other purpose, upon the security of any of my property, whether real or personal, and for such purposes to give and execute open or unsecured notes and acknowledge mortgages or trust deeds with such powers and provisions as Attorney may think proper, as well as such notes or bonds as it is necessary or proper to use therewith.

4. In my name, and as my act and deed, to sign, seal, acknowledge, and deliver all such leases and agreements, including any documents relating to employee benefit plans, qualified retirement plans, and individual retirement arrangements, as shall be requisite, or as Attorney shall deem necessary or proper in the care and management of my estate; and to receive and collect all the rents that may be payable to me, and in my name to sign effectual receipts for same.

5. To manage and superintend all of my real property wheresoever situated and found and to erect, pull down and repair houses or other buildings, or machinery, or otherwise improve any of the premises, and to insure the buildings against damage by fire and windstorm.

6. To subdivide, develop, or dedicate real property to public use or to make or obtain the vacation of plats and adjust boundaries, to adjust differences in valuation on exchange or partition by giving or receiving consideration, and to dedicate easements to public use without consideration.

7. To make, draw, sign, or endorse in my name any checks, drafts, bills of exchange, or promissory notes in which I shall be interested or concerned, or which shall be requisite in or about my business.

8. To sell and dispose of such shares of stock as I now hold or may hereafter hold in any business corporation, or any bonds or securities of the United States or any state or municipal corporation or private company, and to receive the consideration money for the sale thereof, and for me and in my name to transfer such shares, bonds, or securities to the purchaser or purchasers thereof.

9. To vote in person or by proxy upon any item of security or property owned by me; to agree to the reorganization, merger, or consolidation of any corporation whose stock is owned by me, and to unite, in Attorney's discretion, with other owners of similar property in carrying out any plan, making any change, giving any assent, entering into any shareholders' or other similar agreement, and paying any sums of money affecting such securities or property, and, generally, to exercise in respect thereof the same rights and powers as are or may be lawfully exercised by

persons owning similar property in their own right, and incident thereto, to accept in exchange for such stock or securities or other property, other stock, securities, or property, whether legal investments or not, in such reorganized or new corporations.

10. To invest and reinvest all or any part of my property in any property and undivided interests in property, wherever located, including bonds, debentures, notes, secured or unsecured, stocks of corporations regardless of class, interest in limited partnerships, real estate or any interest in real estate whether or not productive at the time of investment, interests in trusts, investment trusts, whether of the open and/or closed fund types, and the participation in common, collective, or pooled trust funds, employee benefit plans, qualified retirement plans, individual retirement arrangements, or annuity contracts without being limited by any statute or rule of law concerning investments by fiduciaries.

11. To purchase for my benefit and on my behalf United States Government bonds redeemable at par in payment of United States estate taxes imposed at my death upon my estate.

12. To contract with any bank or trust company for the maintenance of a lock box in my name; to obtain entry to and enter any lock box in any bank or trust company wherein I may have leased or rented same, and to place therein any papers, instruments, bonds, securities, or other property belonging to me, or to remove any such papers, instruments, bonds, securities, or other property therefrom.

13. To bargain, sell, grant, and convey to such person or persons, and for such sum or sums of money or other consideration or considerations (including as a charitable contribution) as Attorney shall deem most for my advantage and profit, all of my property, real, personal, or mixed, wheresoever situated and found; to make all necessary deeds and conveyances thereof, with such covenants, warranties, and assurances as Attorney shall deem expedient; to sign, seal, acknowledge, and deliver the same; to accept and receive the sum or sums of money or other consideration or considerations which shall be coming to me on account of such sale or sales.

14. To commence, prosecute, or enforce, or to defend, answer, or oppose, all actions or other legal proceedings touching any of the matters aforesaid, or any other matters in which I am or may hereafter be interested or concerned; and also, if it shall seem best, to compromise, refer to arbitration (or such other dispute resolution method, to be decided by Attorney in Attorney's reasonable discretion), or submit to judgment in any such action or proceeding.

15. To adjust, settle, compromise, or submit to arbitration (or such other dispute resolution method, to be decided by Attorney in Attorney's reasonable discretion) any accounts, debts, claims and demands, disputes and matters, touching any of the matters aforesaid, or any other matters which are now subsisting or may hereafter arise between me and any other person or persons or between Attorney or any other person or persons.

16. To appoint and employ counsel, agents, servants, or other persons, at such salary or for such compensation as Attorney may think proper, and to dismiss or discharge them and appoint or employ others in their place and stead.

17. To sign and execute in my name and as my act and deed all state and federal tax returns, including any elections or disclaimers pertaining thereto, both preliminary and final, and to appear for me and represent me before the United States Treasury Department in connection with any matter involving federal taxes for any year whatsoever, in which I am a party, giving Attorney full power to do everything whatsoever requisite and necessary to be done in the premises and to receive refund checks, to execute waivers of the statute of limitations, and to execute closing agreements, as fully as I might do if done in my own capacity with full power of substitution and revocation, at any time subsequent to the date hereof and prior to the revocation hereof.

18. To make gifts of property, both real and personal, to my spouse, children, grandchildren and their spouses, or any trusts created for their benefit, and in addition thereto to make gifts to the aforementioned persons and trusts as provided in Section 34-6-110, Tennessee Code Annotated which I hereby incorporate by reference in its entirety as completely as if copied herein verbatim; provided, however, that no single gift during any calendar year shall exceed the Federal Gift Tax Annual Exclusion then in effect for such year. For purposes of this limitation, a gift in trust shall be deemed a gift to each of the beneficiaries.

19. To employ and compensate medical personnel including physicians, surgeons, dentists, medical specialists, nurses, and paramedical assistants deemed by Attorney needful for the proper care, custody, and control of my person and to do so without liability for any neglect, omission, misconduct, or the fault of any such physician or other medical personnel, provided such physician or other medical personnel were selected and retained with reasonable care and approved by me, or in the event that I am incapacitated, by the person or persons designated as my attorney in my durable power of attorney for health care.

20. To authorize the payment for any and all kinds of medical procedures and treatments that have been approved by me, or in the event that I am incapacitated, by the person or persons designated as my attorney in my durable power of attorney for health care, including, but not limited to, medication, therapy, surgical procedures, and dental care.

21. To purchase, cancel, surrender, settle, receive, or to do any or all acts on my behalf with respect to any type of insurance or pertaining thereto that I could do in my own person.

22. To manage, memorialize, delete, remove, close, or otherwise exercise any and all powers that an absolute owner would have and any other powers appropriate to achieve the proper investment and distribution of the following electronic data secured by a username, password, account number, or other secure means that is created, accumulated, or built by me or in which I have a monetary or other interest at the time of my incapacity, including but not limited to: any computing device of mine, any data storage device or medium of mine, any electronically stored information of mine, email accounts, social networking accounts, professional networking accounts, domain services, photo sharing accounts, video sharing accounts, online backup accounts, financial services accounts, online merchant accounts, blogs, Twitter accounts, and online entertainment accounts (my "Digital Accounts"). Attorney may obtain copies of any electronically stored information of mine from any individual or entity that possesses, custodies, or controls my Digital Accounts or any information pertaining thereto. This authorization is deemed to be my lawful consent under the Revised Uniform Fiduciary Access to Digital Assets

Act; the Electronic Communications Privacy Act of 1986, as amended; the Computer Fraud and Abuse Act of 1986, as amended; and any other applicable federal or state data privacy law or criminal law. Attorney may employ any consultants or agents to advise or assist my Attorney in decrypting any encrypted electronically stored information of mine or in bypassing, resetting, or recovering any username, password, or other kind of authentication or authorization, and I hereby authorize Attorney to take any of these actions to access my Digital Accounts.

Attorney is fully authorized and empowered to perform any other acts or things necessary, appropriate, or incidental thereto, with the same validity and effect as if I were personally present, competent, and personally exercised the powers myself. All acts lawfully done by Attorney hereunder during any period of my disability or incapacity shall have the same effect and inure to the benefit of and bind me and my heirs, devisees, legatees, and personal representatives as if I were mentally competent and not disabled or incapacitated. The powers herein conferred may be exercised by Attorney alone, and the signature or act of Attorney on my behalf may be accepted by third persons as fully authorized by me and with the same force and effect as if done under my hand and seal and as if I were present in person, acting on my own behalf, and competent. No person who may act in reliance upon the representations of Attorney for the scope of authority granted to Attorney shall incur any liability to me or to my estate as a result of permitting Attorney to exercise any power, nor shall any person dealing with Attorney be responsible to determine or insure the proper application of funds or property.

If it is determined that a conservatorship over my property is needed pursuant to Tennessee Code Annotated § 34-1-101 et seq., I hereby nominate the person or persons designated herein as my Attorney(s), in accordance with my right under Tennessee Code Annotated §34-3-103(1) and Tennessee Code Annotated § 34-6-104(b). In addition, I grant to the conservator all of the powers recited herein, pursuant to my right under Tennessee Code Annotated §34-6-108(b).

As previously stated, this Power of Attorney shall become effective only upon my disability or incapacity. This Power of Attorney shall remain in full force and effect notwithstanding my

disability or incapacity, and my disability or incapacity shall not cause this Power of Attorney to be revoked.

This Power of Attorney shall extend to and be obligatory upon the respective executors, administrators, legal representatives and successors, of the parties hereto.

IN TESTIMONY WHEREOF, I have hereunto affixed my signature this the 26th day of February, 2020.

JAMES D. LAWRENCE, Principal

STATE OF TENNESSEE)
) ss.
COUNTY OF DAVIDSON)

On this 26th day of February, 2020, before me personally appeared **JAMES D. LAWRENCE**, Principal of the foregoing Durable Power of Attorney, known to me to be the person described in and who executed the Durable Power of Attorney, as Principal, and acknowledged to me that the Durable Power of Attorney was executed by said person for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

ALLISON LAND
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires March 07, 2023

Notary Public

My Commission Expires: March 7, 2023

EXHIBIT B

Land in the Eighth Civil District of Davidson County, Tennessee, Being Lot No. 140 on the Plan of Brooke Meade, Section V, of record in Book 2133, page 102, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete and accurate description of said lot.

Said lot No. 140 fronts 121 feet on the southerly margin of Bresslyn Road and extends back southwardly 332.9 feet on the easterly side and 333.3 feet on the westerly side to a dead line in the rear measuring 121.2 feet.

Being all of the same property conveyed to James D. Lawrence & wife, Mary Petrone Lawrence, from James D. Lawrence, by quitclaim deed of record in Instrument No. 20200302-0023144, Register's Office for Davidson County, Tennessee.

This is improved property known as: 765 Bresslyn Road, Nashville, Tennessee 37205.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 074002

1. Decedent's Legal Name			2. Sex	3. Date of Death
MARY HELEN LAWERENCE			FEMALE	11/23/2025
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
04:55 PM	75	03/02/1950	NASHVILLE, TN	
8a. Place of Death				
NURSING HOME/LONG TERM CARE				
8b. Facility Name		8c. City or Town		8d. County of Death
NHC THE TRACE - NASHVILLE		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
MARRIED	JAMES LAWRENCE	VETERANS ASSOCIATION		GOVERNMENT
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?
8353 HIGHWAY 100		YES	37221	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	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
EUGENE MICHAEL PETRONE		MARTHA BIRD MCDONALD		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
JEANINE THOMPSON	SISTER	127 W TYNE DR, NASHVILLE, TN 37205		
21a. Method of Disposition	21b. Place of Disposition		21c. Location	
BURIAL	MIDDLE TENNESSEE STATE VETERANS CEMETERY		NASHVILLE, TN	
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ JEFF PLUNK	4927	▶ /e/ REBECCA SMITH		6672
23a. Name and Address of Funeral Home				23b. License Number
MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604				40
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		12/01/2025		

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/ DANA BANNERMAN	034669	11/25/2025

27d. Name and Address: DANA BANNERMAN 2000 CHURCH STREET BOX 102 NASHVILLE, TN 37236

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. SENILE DEMENTIA	
	b. SENILE DEGENERATION OF BRAIN	
	c.	
	d.	

Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: TYPE 2 DIABETES MELLITUS; ATHEROSCLEROTIC CORONARY ARTERY DISEASE; EPILEPSY;

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	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

EXHIBIT C

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

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

Date Issued: Dec-02-2025

0 1 7 6 2 8 1 7 7

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE