Karen Johnson
Batch # 1362001
12/29/2025 12:21:16 PM
Fees: $17.00 Taxes: $0.00

Davidson County
AFFIDAVITH
3 pgs

20251229-0102812

This Instrument Prepared By:
Mid-State Title & Escrow, Inc.
128 Holiday Ct., Ste. 125
Franklin, TN 37067
File _____

# AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF Davidson

On this 28th day of November, 20 25, before me personally appeared Bruce Kenny, "Affiant", who having been duly sworn, deposes and says:

That they are at least eighteen (18) years of age and is a resident citizen of Davidson County, Tennessee residing at 8382 Riley Adcock Road, Joelton, TN 37080;

That they were personally acquainted with Raymond Lee Hageman, "Decedent", during decedent's lifetime and are familiar with the Decedent's family history;

At the date of Decedent's death, Decedent was married to Beatrice A Hageman spouse.

That Decedent died on or about Feb 4, 2025, as a resident citizen of Davidson County, Tennessee, residing at 8377 Riley Adcock Road, Joelton, TN 37080, and died without any known Will.

That Decedent was survived by the following persons, and that are all at least eighteen (18) years of age:

| | Name and Address for each |
|---|---|
| 1. **Surviving Spouse** | Beatrice Anne Hageman |
| **Surviving Children** (adopted, natural born, legitimate or illegitimate) | Robert Hageman and Ryan Hageman |
| **Deceased Children** (adopted, natural born, legitimate or illegitimate) | N/A |
| **Children of Deceased Children** (adopted, natural born, legitimate or illegitimate) | N/A |

2. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiant acknowledges that his/her execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose.

3. That the Affiant acknowledges that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

4. Affiant knows that at the date of Decedent's death, Decedent owned real property located at 8377 Riley Adcock Road, Joelton TN 37080 in reliance on this affidavit and further described as follows:

INSERT FULL LEGAL DESCRIPTION.

3 bedroom 2 bathroom 1,326 sqft home located on 1.77 acres

Further, Affiant sayeth not.

Bruce Kenny
Affiant

STATE OF TENNESSEE

COUNTY OF Rutherford

Signed and sworn to before me the 28th of November 2025.

Melissa Warren
Notary Public

Affix stamp/seal:

MELISSA WARREN
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY
MY COMMISSION EXPIRES 10-5-2026

# STATE OF TENNESSEE
## CERTIFICATION OF VITAL RECORD

void void void

TENNESSEE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 007540

| | | | | | |
|---|---|---|---|---|---|
| 1. Decedent's Legal Name: RAYMOND LEE HAGEMAN | | | | 2. Sex: MALE | 3. Date of Death: 02/04/2025 |
| 4. Time of Death (Approx.): 00:17 | 5a. Age: 88 | 6. Date of Birth: 06/27/1936 | 7. Birthplace: O'FALLON, IL | | |
| 8a. Place of Death: HOSPICE FACILITY | | | | | |
| 8b. Facility Name: ALIVE HOSPICE | | 8c. City or Town: NASHVILLE | | 8d. County of Death: DAVIDSON | |
| 9. Marital Status: MARRIED | 10. Surviving Spouse (name prior to first marriage): BEATRICE KINNEY | | 11a. Decedent's Usual Occupation: QUALITY CONTROL | 11b. Kind of Business/Industry: CONCRETE | |
| 12. Social Security Number: -----3329 | 13a. Residence-State or Foreign Country: TENNESSEE | | 13b. County: DAVIDSON | 13c. City or Town: JOELTON | |
| 13d. Street and Number: 8377 RILEY ADCOCK RD | | 13e. Inside City Limits?: YES | 13f. Zip Code: 37080 | 14. Was Decedent ever in US Armed Forces?: YES | |
| 15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE | | 16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO | | 17. Decedent's Race: WHITE | |
| 18. Father's Name: WALTER BARTHOLOMEW HAGEMAN | | | 19. Mother's Name Prior to First Marriage: BEULAH ELIZABETH BAILEY | | |
| 20a. Informant's Name: BEATRICE A HAGEMAN | 20b. Relationship to Decedent: SPOUSE | 20c. Mailing Address: 8377 RILEY ADCOCK RD, JOELTON, TN 37080 | | | |
| 21a. Method of Disposition: CREMATION | 21b. Place of Disposition: NASHVILLE CREMATION SERVICE | | 21c. Location: NASHVILLE, TN | | |
| 22a. Signature of Funeral Director: ▶ /e/ KALEIGH B EASTWOOD BARKER | 22b. License Number: 20503 | 22c. Signature of Embalmer: ▶ | | 22d. License Number | |
| 23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407 | | | | 23b. License Number: 933 | |
| 24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III | | | 25. Date Filed: 02/06/2025 | | |

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/ MARY-ELLEN EDMISTON | 27b. License Number: 5916 | 27c. Date Signed: 02/05/2025 |
| 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). 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. SMALL CELL LUNG CANCER WITH METASTASES TO BRAIN AND LIVER | YEAR |
| | b. PULMONARY FIBROSIS | UNKNOWN |
| | 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: NATURAL | 31. Did Tobacco Use Contribute to Death?: YES | 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-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: Feb-06-2025

0 1 6 8 9 2 5 1 7

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE