This instrument prepared by:
JAD A. DUNCAN
Attorney at Law
161 Belle Forest Circle
Nashville, Tennessee 37221
(615) 297-1062

Karen Johnson
Batch # 1382837
02/19/2026 12:18:10 PM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20260219-0013299

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP AS TO MARGARET ELAINE WALDEN LEGGE

COMES NOW, the affiants, SHARON LYNN WALDEN and STEPHEN WAYNE WALDEN, having first duly sworn according to law deposes and says:

1. I, SHARON LYNN WALDEN, am an adult citizen resident of Davidson County, Tennessee, residing at 9006 Sawyer Brown Road, Nashville, TN 37221. I, STEPHEN WAYNE WALDEN, am an adult citizen resident of Davidson County, Tennessee, residing at 9006 Sawyer Brown Road, Nashville, TN 37221.

2. We have known the family of MARGARET ELAINE WALDEN LEGGE for several years. We are familiar with, and have knowledge of her family history. Further, we do not stand to inherit any assets from her estate as we are not an heir-at-law or have any interest in her estate.

3. MARGARET ELAINE WALDEN LEGGE was born on April 22, 1945, unto her mother, DORRIS EVELYN BUTLER WALDEN (Deceased January 28, 2024) and father, ALBERT LAFAYETTE WALDEN, (Deceased March 18, 1994).

4. MARGARET ELAINE WALDEN LEGGE was married to EDWARD HOUSTON LEGGE. From this marriage, one child was born, JEFFERY ALAN LEGGE (born January 21, 1966).

5. EDWARD HOUSTON LEGGE died on August 5, 2023.

6. MARGARET ELAINE WALDEN LEGGE died intestate on July 7, 2025, leaving behind her sole heir-at-law, adult son, JEFFERY ALAN LEGGE, and no other children were born to her or adopted by her.

7. MARGARET ELAINE WALDEN LEGGE owned real property and personal property, comprising of her Estate.

8. MARGARET ELAINE WALDEN LEGGE specifically owned real property known as **107 Diane Court, Madison, TN 37115**, Map / Parcel No: 142-11 43, being more particularly described as follows, Land in Davidson County:

Being Lot No. 8 on the Map of Section I, Haven Acres, of record in Book 2331, Page 89, Register's Office for Davidson County, Tennessee.

Said Lot No. 8 fronts 97.3 feet as measured around a curve, on the easterly side of Diane Court and runs back between lines, 235.59 feet in the northerly line and 287.43 feet on the southerly line, to a dead line, which is a broken line, on which it measures 260.22 feet.

Being the same property conveyed to Edward A. Legge by deed from Ludie Mae Legge of record Instrument Number 20000817-0081575, Register's Office for Davidson County, Tennessee.

Further being the same property conveyed to Margaret W. Legge, from Edward H. Legge by Quitclaim Deed dated December 13th, 2013, for the express purpose of creating an estate by the entireties in the grantor and grantee, of record in Instrument No. 20131213-0126503, Register's Office for Davidson County, Tennessee.

The said "Edward H. Legge" and "Edward Houston Legge" are one in the same person for purposes of this transaction who died on August 5, 2023.

This Affidavit of Heirship is being made pursuant to the provisions of Tennessee Code Annotated § 30-2-712 et seq., to help establish and reflect the heirship with respect to any real or personal property in Tennessee or elsewhere and affiants acknowledge that their execution of same is subject to and governed by the penalties set forth in Section (f) of the same statute and this Affidavit is not made for any fraudulent purpose.

This Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

Further, affiants saith not.

Sharon Lynn Walden
SHARON LYNN WALDEN

Stephen Wayne Walden
STEPHEN WAYNE WALDEN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 13th day of February, 2026.

NOTARY PUBLIC
My commission expires: 1/22/2030.

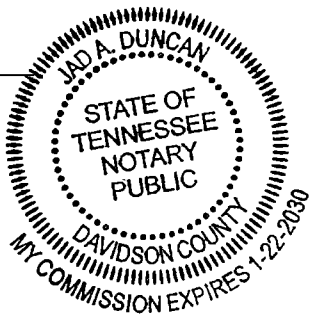
JAD A. DUNCAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-22-2030

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, the within named SHARON LYNN WALDEN and STEPHEN WAYNE WALDEN, 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 the 13th day of February 2026.

NOTARY PUBLIC
My commission expires: 1/22/2030



STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

COPY

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2025 043347

- **1. Decedent's Legal Name:** MARGARET W LEGGE
- **2. Sex:** FEMALE
- **3. Date of Death:** 07/07/2025
- **4. Time of Death (Approx.):** 07:08 AM
- **5a. Age:** 80
- **6. Date of Birth:** 04/22/1945
- **7. Birthplace:** NASHVILLE, TN
- **8a. Place of Death:** NURSING HOME/LONG TERM CARE
- **8b. Facility Name:** NHC THE TRACE - NASHVILLE
- **8c. City or Town:** NASHVILLE
- **8d. County of Death:** DAVIDSON
- **9. Marital Status:** WIDOWED
- **10. Surviving Spouse (name prior to first marriage):**
- **11a. Decedent's Usual Occupation:** FLOOR MANAGER
- **11b. Kind of Business/Industry:** RETAIL
- **12. Social Security Number:**
- **13a. Residence-State or Foreign Country:** TENNESSEE
- **13b. County:** DAVIDSON
- **13c. City or Town:** MADISON
- **13d. Street and Number:** 107 DIANE CT
- **13e. Inside City Limits?:** YES
- **13f. Zip Code:** 37115
- **14. Was Decedent ever in US Armed Forces?:** NO
- **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:** ALBERT LAFAYETTE WALDEN
- **19. Mother's Name Prior to First Marriage:** DORRIS EVELYN BUTLER
- **20a. Informant's Name:** STEPHEN WAYNE WALDEN
- **20b. Relationship to Decedent:** BROTHER
- **20c. Mailing Address:** 9006 SAWYER BROWN RD, NASHVILLE, TN 37221
- **21a. Method of Disposition:** BURIAL
- **21b. Place of Disposition:** GREENBRIER CEMETERY
- **21c. Location:** GREEN BRIER, TN
- **22a. Signature of Funeral Director:** ▶ /e/ LINDSEY STUFFLE
- **22b. License Number:** 16203
- **22c. Signature of Embalmer:** ▶ /e/ JASON KIRK SCHMITTOU
- **22d. License Number:** 6662
- **23a. Name and Address of Funeral Home:** COLE & GARRETT FUNERAL HOME AND CREMATION SERVICES - GOODLETTSVILLE 127 N. MAIN STREET, GOODLETTSVILLE,
- **23b. License Number:** 718
- **24. Registrar's Signature:** ▶ /e/ EDWARD G BISHOP III
- **25. Date Filed:** 07/11/2025
- **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 FORTI
- **27b. License Number:** 020029
- **27c. Date Signed:** 07/09/2025
- **27d. Name and Address:** ROBERT FORTI 235 NOAH DRIVE SUITE 300, FRANKLIN, TN 37064

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.

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.

	Cause	Approximate Interval: Onset to Death
a.	DEMENTIA	5 YEARS
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:** NATURAL
- **31. Did Tobacco Use Contribute to Death?:** NO
- **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.

Date Issued: Jul-11-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

0 1 7 2 3 5 2 0 6

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE