AFFIDAVIT OF HEIRSHIP

GRANTEE:
Deborah Story Locke
352 Willow Bough Lane
Old Hickory, Tennessee 37138

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
054 14 0 105.00

Karen Johnson Davidson County
Batch # 1390410 AFFIDAVITH
03/09/2026 11:51:36 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20260309-0018574

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

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

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

1. My name is Deborah Story Locke. 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. I reside at 352 Willow Bough Lane, Old Hickory, Davidson County, Tennessee. The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

4. Michael M. Locke died on July 11, 2025. I will refer to him as the Decedent. A copy of his death certificate, with redactions, is attached hereto as Exhibit B. At the time of his death, the Decedent resided with me at the Property.

5. At the time the Decedent and I took title to the Property, we owned the Property as tenants by the entirety.

6. At the time of Decedent's death, Decedent and I were legally married.

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

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

Deborah Story Locke

Deborah Story Locke

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Deborah Story Locke**, 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 5th day of March, 2026.

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

EXHIBIT A

Being Lot No. 279 on the Plan of Brandywine Farms, Section 19, as of record in Plat Book 5050, Page 12, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Michael M. Locke and wife, Deborah S. Locke by Quitclaim Deed from Deborah Anne Story Locke, of record in Book 6284, Page 312, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 044971

1. Decedent's Legal Name: MICHAEL MCKINLEY LOCKE		2. Sex: MALE	3. Date of Death: 07/11/2025
4. Time of Death (Approx.): 12:17	5a. Age: 75	6. Date of Birth: 08/01/1949	7. Birthplace: MADISON, TN
8a. Place of Death: INPATIENT			
8b. Facility Name: TRISTAR CENTENNIAL MEDICAL CENTER	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to last marriage): DEBORAH STORY	11a. Decedent's Usual Occupation: VICE PRESIDENT	11b. Kind of Business/Industry: BANKING
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: OLD HICKORY
13d. Street and Number: 352 WILLOW BOUGH LN	13e. Inside City Limits?: YES	13f. Zip Code: 37138	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: CHARLES THOMAS LOCKE SR	19. Mother's Name Prior to First Marriage: MARY GLADYS ADKINS		
20a. Informant's Name: DEBORAH S LOCKE	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 352 WILLOW BOUGH LN, OLD HICKORY, TN 37138	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /s/ ASHLEY ANN LUER	22b. License Number: 16204	22c. Signature of Embalmer: ▶	22d. License Number
23a. Name and Address of Funeral Home: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138			23b. License Number: 540
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 07/18/2025	

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: ▶ /s/ ANN ELIZABETH GAGE	27b. License Number: 61108	27c. Date Signed: 07/17/2025

27d. Name and Address: ANN ELIZABETH GAGE 2400 PATTERSON STREET, STE 502, 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. CARDIOGENIC SHOCK
- b. MYOCARDIAL INFARCTION
- c. CORONARY ARTERY DISEASE
- 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?: 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-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

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

Date Issued: Jul-22-2025

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE