Prepared by: Jeredan Lyles
7019 Panama Dr.
Hermitage, TN 37076

Karen Johnson
Batch # 1393187
03/16/2026 11:07:55 AM
Fees: $12.00 Taxes: $0.00
Davidson County
AFFIDAVIT
2 pgs
20260316-0020618

AFFIDAVIT OF DEATH OF LIFE TENANT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned Notary Public, personally appeared Jeredan Delayne Lyles ("Affiant"), who, being duly sworn, states as follows:

1. That Donna Gale Lyles was the Life Tenant of the following described real property located in Davidson County, Tennessee:

Property Address: 7019 Panama Drive, Hermitage, TN 37076

Legal Description: Lot 66, Dodson Heights Subdivision, Davidson County, Tennessee

2. That the Life Estate was created by deed recorded in the Register's Office of Davidson County, Tennessee, in ~~Book 2900, Page 113~~. Instrument No. 20240813-0061550

3. That the Life Tenant, Donna Gale Lyles, died on the 3rd day of January, 2025.

4. A certified copy of the Death Certificate of the said Life Tenant is attached hereto.

5. Upon the death of the Life Tenant, the Life Estate terminated and full title to the property vested in the Remainder Owner(s), pursuant to the terms of the recorded deed.

Further Affiant sayeth not.

Affiant Signature

Jeredan Lyles
Printed Name

7019 Panama Drive, Hermitage, TN 37076
Address

Sworn to and subscribed before me this 16 day of March, 2026.

Notary Public

My Commission Expires: 5/8/2028

TIA SETTLES
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

void void void

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 000771

1. Decedent's Legal Name			2. Sex	3. Date of Death
DONNA G. LYLES			FEMALE	01/03/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
08:16 AM	61	01/08/1963	HERMITAGE, TN	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
MCKENDREE VILLAGE - ADORATION HOSPICE		MADISON	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
WIDOWED		LANDSCAPER	SELFL EMPLOYED	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
6393	TENNESSEE	DAVIDSON	HERMITAGE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
4347 LEBANON PIKE	YES	37076	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
HAROLD LOTTER		JOANN LOTTER		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
JEREDAN LYLES	SON	7019 PANAMA DR, HERMITAGE, TN 37076		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	EGYPT	CHAPEL HILL, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ SIDNEY MAYBERRY	3326	▶ /e/ BRIANNA HAZEN	20027	
23a. Name and Address of Funeral Home			**23b. License Number**	
J. B. MAYBERRY AND SONS FUNERAL HOME, PO BOX 2156 929 PARK AVE, LEWISBURG, TN 37091-1156			574	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/09/2025		

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/ KYLE KAKAC	41240	01/08/2025

27d. Name and Address: KYLE KAKAC 313 NORTH MAIN STREET, ASHLAND CITY, TN 37015

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. AMYOTROPHIC LATERAL SCLEROSIS	2 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	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

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: Jan-14-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

016497671

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

VERIFIABLE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE