THIS INSTRUMENT PREPARED BY (& Return to):

MARTIN HELLER POTEMPA & SHEPPARD, PLLC
2122 21st Avenue South
Nashville, Tennessee 37212
(615) 800-7096

Karen Johnson Davidson County
Batch# 1401700 AFFIDAVITH
04/06/2026 10:44:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20260406-0027169

Address New Owner:
Gary Danielson, et. al.
119 River Road Drive W
Mayflower, AR 72106

Tax Information: 086 04 OB 014.00CO

An independent title search was not conducted in the preparation of this Affidavit. All information, including the legal description, was provided by the Affiant and interested parties or obtained from prior recorded instruments and has not been independently verified by the preparer.

AFFIDAVIT OF HEIRSHIP

1. My name is **William Keith Wolfe** ("Affiant"). I currently reside in Faulkner County in the state of Arkansas. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. **Russell Lee Danielson** (hereinafter "Decedent") was my family friend, and I knew him for approximately 30 years.

3. Decedent died on December 11, 2025, as a resident of Davidson County, Tennessee. His Death Certificate is attached hereto as **EXHIBIT 1**. To my knowledge, Decedent died without a Last Will and Testament, and his intestate estate has been opened for probate administration under docket number 26P98 in the Seventh Circuit Court for Davidson County, Tennessee at Nashville.

4. At the time of his passing, Decedent owned real property in Davidson County, Tennessee, located at **5032 SUNSET WAY, HERMITAGE, TENNESSEE 37076** (the "Property"). The Property is more fully and particularly described as follows:

> Land in Davidson County, State of Tennessee, being Lot No. 15, on the Plan of Section One, Sunset Oaks, of record in Book 7900, page 600, Register's Office for said County, to which plan reference is hereby made for a more complete description.
>
> Being the same property conveyed to Russell L. Danielson and wife, Karina Aguirre Gonzalez, by Warranty Deed from Mark Schmidt and wife, Nicole

Schmidt, dated September 15, 2017, recorded October 26, 2017, of record in Instrument No. 20171026-0109905, in the Register's Office for Davidson County, Tennessee.

The said Russell L. Danielson and Karina Aguirre Gonzalez having since divorced and Karina Aguirre Gonzalez conveyed all rights, title and interest in said property to Russell Lee Danielson by Quitclaim Deed dated February 11, 2025, of record in Instrument No. 0260206-0008727, in the Register's Office for Davidson County, Tennessee.

5. The Decedent was unmarried at the time of his death and Decedent had no children, born-to or adopted by him, during his lifetime.

6. Decedent was survived by his parents, Gary Danielson and Leah Hickerson.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Gary Danielson and Leah Hickerson, his sole heirs-at-law, immediately upon his death, pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the names of **GARY DANIELSON AND LEAH HICKERSON.**

FURTHER AFFIANT SAYETH NOT.

SWORN this 19 day of February 2026.

William Keith Wolfe

William Keith Wolfe, Affiant

STATE OF Arkansas)
COUNTY OF Faulkner)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, William Keith Wolfe the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 19th day of February 2026.

Gracie Blair

NOTARY PUBLIC
My commission expires: June 5, 2034

STATE OF ARKANSAS NOTARY PUBLIC
GRACIE BLAIR
MY COMMISSION # 00002101
EXPIRES: June 5, 2034
Faulkner County

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT 1

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 078076

1. Decedent's Legal Name: RUSSELL L DANIELSON				2. Sex: MALE	3. Date of Death: 12/11/2025
4. Time of Death (Approx.): 1443	5a. Age: 42	6. Date of Birth: 10/18/1983	7. Birthplace: ABILENE, TX		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 5032 SUNSET WAY		8c. City or Town: HERMITAGE		8d. County of Death: DAVIDSON	
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SENIOR ADMISSIONS SPECIALIST		11b. Kind of Business/Industry: HEALTHCARE	
12. Social Security Number: [redacted]	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON		12c. City or Town: HERMITAGE	
12d. Street and Number: 5032 SUNSET WAY		12e. Inside City Limits? YES	12f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE			
18. Father's Name: GARY DANIELSON		19. Mother's Name Prior to First Marriage: LEAH RUSSELL			
20a. Informant's Name: GARY DANIELSON	20b. Relationship to Decedent: FATHER	20c. Mailing Address: 116 RIVER ROAD DR W, MAYFLOWER, AR 72106			
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY SERVICES			21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ ANGIE GARCIA	22b. License Number: 20813	22c. Signature of Embalmer: ▶		22d. License Number	
23a. Name and Address of Funeral Home: COMPASSION FUNERAL & CREMATION SERVICES; 6949 CHARLOTTE PIKE, STE 104, NASHVILLE, TN 37209				23b. License Number: 1436	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 12/17/2025		

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/ CHRISTOPHER GEFFRE	27b. License Number: 84177	27c. Date Signed: 12/17/2025

27d. Name and Address: CHRISTOPHER GEFFRE 850 R.S. GASS BLVD, NASHVILLE, TN 37216

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)	a. [redacted]	
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	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?

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: [redacted]	31. Did Tobacco Use Contribute to Death?	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

RDA 10112

PH-1655E

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: Dec-17-2025

Edward G. Bishop III
State Registrar

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

01781354 6

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Certificate of Authenticity

I, Adam Barber, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 19 Feb 2026.

Date

Affiant Signature

2 April 26

Date

State of Tennessee

County of Davidson

Sworn to and subscribed before me this 2 day of April, 20 26.

Notary's Signature

My Commission Expires: 10-4-2027

Date

Notary's Seal (if on paper)

