This instrument prepared by:
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Karen Johnson
Batch # 1409108
04/21/2026 12:55:32 PM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20260421-0032796

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE }
} ss.
COUNTY OF PUTNAM }

Comes now the affiant, David Lee Netherton, who, first being duly sworn, makes oath and does depose as follows:

1. I am an adult resident of Putnam County, Tennessee, and I am competent to make this affidavit, which I make on my personal knowledge.
2. I was nominated as the Substitute Executor in the Last Will and Testament of Patricia Louise Netherton, decedent, who died on June 18, 2025.
3. The first named Executor was Sara Louise Netherton, who predeceased the decedent, Patricia Louise Netherton, on March 1, 2000. A copy of Sara Louise Netherton's Death Certificate is attached as Exhibit 1 to this Affidavit.
4. In Patricia Louise Netherton's Last Will and Testament, which was admitted to Probate in the Davidson County Probate Court by Order entered on July 11, 2025, I was appointed as the Executor for the Estate of Patricia Louise Netherton.
5. A certified copy of the Last Will and Testament of Patricia Louise Netherton is of record in the Register's Office of Davidson County, Tennessee, Instrument number 20260121-0005044.
6. In the Last Will and Testament of Patricia Louise Netherton, the first named beneficiary of her entire estate was her mother, Sara Louise Netherton, who predeceased Patricia Louise Netherton on March 1, 2000.

7. David Lee Netherton was named the secondary beneficiary of Patricia Louise Netherton's entire estate if Sara Louise Netherton either did not survive her by six months or if she predeceased Patricia Louise Netherton.

8. Sara Louise Netherton predeceased the decedent on March 1, 2000.

9. Patricia Louise Netherton died seized and possessed of the real estate commonly known as 5055 McClendon Drive, Antioch, TN 37013, Parcel No.: 16207009700, more particularly described as follows:

   Land in Davidson County, Tennessee being Lot No. 17, on the Plan of Colewood Hills, Section 1, as of record in Plat Book 4300, page 130, Register's Office, Davidson County, Tennessee, to which Plan reference is here made for a more complete legal description.

   Being the same property conveyed to Patricia Netherton by Quitclaim Deed from Charles T. Gilpatrick, III, of record in Book 9861, page 975, said Register's Office.

10. Therefore, I, David Lee Netherton, as the rightful beneficiary of this Estate, am the sole owner of said property known as 5055 McClendon Drive, Antioch, TN 37013.

Further Affiant saith naught.

David Lee Netherton

Sworn to and subscribed before me on this the 14th day of April 2026.

Notary Public

JOSIE HAMILTON
STATE OF TENNESSEE NOTARY PUBLIC
PUTNAM COUNTY

My commission expires: July 2, 2028

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

2000 008985

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Sara Louise NETHERTON
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Mar 1, 2000
4. SOCIAL SECURITY NUMBER: [redacted]
5. AGE-Last Birthday: 69
6. DATE OF BIRTH (Month, Day, Year): Mar 18, 1930
7. BIRTHPLACE (City and State or Foreign Country): Overton County, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 334 N. Maple
9c. CITY, TOWN, OR LOCATION OF DEATH: Cookeville 070
9d. COUNTY OF DEATH: Putnam 41
10. MARITAL STATUS (Never Married, Married, Widowed, Divorced): Widowed
11. SURVIVING SPOUSE (If wife, give birth name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cookeville City Employee
12b. KIND OF BUSINESS/INDUSTRY: City Government
13a. RESIDENCE-STATE: Tn.
13b. COUNTY: Putnam
13c. CITY, TOWN OR LOCATION: Cookeville
13d. STREET AND NUMBER OR RURAL LOCATION: 334 N. Maple
13e. INSIDE CITY LIMITS? [X] Yes
13f. ZIP CODE: 38501
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (1-12): Unk 99 College (1-4 or 5+):
16. FATHER'S NAME (First, Middle, Last): James Robert Ledbetter
17. MOTHER'S NAME (First, Middle, Maiden Surname): Malissia Neal
18a. INFORMANT'S NAME (Type or Print): Patricia Netherton
18b. RELATIONSHIP TO DECEASED: Daughter
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5055 McLendon Dr., Antioch, Tn. 37013
19a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Double Springs Cemetery
19c. LOCATION-City or Town, State: Cookeville, Tn.
20a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Hoyt Maberry
20b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3462
20c. SIGNATURE OF EMBALMER: ▶ Randy Loftis
20d. LICENSE NUMBER OF EMBALMER: 4000
20e. NAME AND ADDRESS OF FUNERAL HOME: Dyer Funeral Home, 798 S. Willow Ave., Cookeville, Tn 38501
20f. LICENSE NUMBER OF FUNERAL HOME: 801
21. REGISTRAR'S SIGNATURE: ▶ [signature] D.R. March 9, 2000
22. I CERTIFY - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
22a. 1 SIGNATURE AND TITLE OF PHYSICIAN: [signature]
22b. LICENSE NUMBER: 11294
22c. DATE SIGNED (Month, Day, Year): 3/6/00
22a. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
22b. LICENSE NUMBER
22c. DATE SIGNED (Month, Day, Year)
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (If other than above)
24. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval: Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ____ DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST:
b. ____ DUE TO (OR AS A CONSEQUENCE OF):
c. ____ DUE TO (OR AS A CONSEQUENCE OF):
d. ____
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I
25a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
26. MANNER OF DEATH: 1 Natural 5 Pending Investigation; 2 Accident; 3 Suicide 6 Could not be Determined; 4 Homicide
27a. DATE OF INJURY (Month, Day, Year)
27b. TIME OF INJURY
27c. INJURY AT WORK? 1 Yes 2 No
27d. DESCRIBE HOW INJURY OCCURRED
27e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BETH HD

TDH 1000

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: Jun-27-2025

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EXHIBIT A - DEATH CERTIFICATE - SARA LOUISE NETHERTON