Prepared by:
Antonio Fanning
204 Blayton Dr
Madison TN
37115

Karen Johnson
Batch # 1422877
05/20/2026 01:13:04 PM
Fees: $32.00 Taxes: $0.00
Davidson County
AFFIDAVITH
6 pgs
20260520-0045588

AFFIDAVIT OF SURVIVORSHIP

(Tennessee Real Property)

STATE OF TENNESSEE
COUNTY OF Sumner/Davidson

Personally appeared before me, the undersigned Notary Public, Alice Diane Fanning ("Affiant"), who, being duly sworn, deposes and states as follows:

1. Identity of Affiant
My name is Alice Diane Fanning. I am over eighteen (18) years of age, competent to testify, and have personal knowledge of the facts stated herein.

2. Marital Relationship
I was lawfully married to Bobby Dean Fanning ("Decedent").

3. Death of Decedent
The Decedent died on Jan 18th, 2026, in Nashville TN 3 (City/State). A certified copy of the Death Certificate is attached hereto or will be recorded with this Affidavit.

4. Ownership of Property
At the time of death, the Decedent and I owned the following real property located in Davidson County, Tennessee:

2420 Scovel Street, Nashville, TN 37208

24 Rolling Meadows Drive, Goodlettsville, TN 37072

3281 Hinkle Drive, Nashville, TN 37218

Legal Descriptions: See attached Exhibit A, Exhibit B, and Exhibit C incorporated herein by reference.

5. Form of Ownership
■ Tenants by the Entirety
■ Joint Tenants with Right of Survivorship

6. Survivorship
By virtue of the survivorship provision in the deed, full title to the above-described property vested solely in me, the Affiant, upon the death of the Decedent.

7. Purpose of Affidavit
This Affidavit is made for the purpose of evidencing the death of the Decedent and confirming that title to the property is now vested solely in the Affiant.

FURTHER AFFIANT SAYETH NOT.

Alice Diane Fanning
Alice Diane Fanning
Affiant Signature

Mailing Address:
103 Nan Dive
Hendersonville, TN 37075

STATE OF TENNESSEE
COUNTY OF Sumner

Subscribed and sworn to before me on this 1 day of May, 2026.

Neylan Chavez
Notary Public

My Commission Expires: Oct. 26, 2027

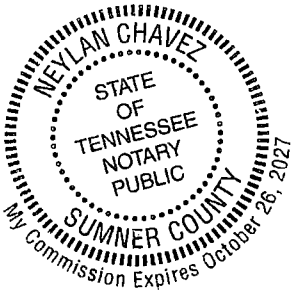


EXHIBIT A

2420 Scovel Street, Nashville, TN 37208

Being Lot No. 26 on the Map of E. T. Holman's Subdivision of Lots Nos. 41, 42 and 43 in Boyd McNairy's Subdivision, as of record in Book 161, Page 2, Register's Office, Davidson County, Tennessee.

Said Lot No. 26 fronts 50 feet on the northerly side of Scovill Street and runs back between parallel lines 150 feet to an alley.

EXHIBIT B

24 Rolling Meadows Drive, Goodlettsville, TN 37072

Land in Davidson County, Tennessee, being Unit No. 24 as shown on the plat of Rolling Meadows, Phase I, Section IIA, of record in Plat Book 6250, Page 964, Register's Office for Davidson County, Tennessee.

EXHIBIT C

3281 Hinkle Drive, Nashville, TN 37218

Land in Davidson County, Tennessee, being Lot No. 160 on the plan of Bordeaux Hills, Section 4, of record in Book 3600, Page 49, Register's Office for said County.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 011304

1. Decedent's Legal Name: BOBBY DEAN FANNING			2. Sex: MALE	3. Date of Death: 02/18/2026
4. Time of Death (Approx.): 19:19	5a. Age: 70	6. Date of Birth: 03/14/1955	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: TRISTAR SKYLINE MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): ALICE D BROOKS	11a. Decedent's Usual Occupation: DRIVER		11b. Kind of Business/Industry: SHIPPING
12. Social Security Number: 7615	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: SUMNER		13c. City or Town: HENDERSONVILLE
13d. Street and Number: 103 NAN DR		13e. Inside City Limits?: YES	13f. Zip Code: 37075	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: THOMAS FANNING		19. Mother's Name Prior to First Marriage: CHRISTINE BARKER		
20a. Informant's Name: ALICE D FANNING	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 103 NAN DR, HENDERSONVILLE, TN 37075		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: SOUTHERN HERITAGE MORTUARY AND CREMATION SERVICE		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ SHELIA ELNORA TAYLOR	22b. License Number: 5083	22c. Signature of Embalmer: ▶		22d. License Number
23a. Name and Address of Funeral Home: HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406				23b. License Number: 1258
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 02/25/2026	

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/ ZACHARY AHMAD	27b. License Number: 71123	27c. Date Signed: 02/24/2026
27d. Name and Address: ZACHARY AHMAD 3441 DICKERSON PIKE, NASHVILLE, TN 37207		

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. ACUTE HYPOXIC RESPIRATORY FAILURE	
	b. PNEUMONIA	
	c. SEPSIS	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CORONARY ARTERY DISEASE; CONGESTIVE HEART FAILURE; DIABETES MELLITUS; ATRIAL FIBRILLATION

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-SL
Commissioner

Date Issued: Feb-25-2026

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE