Karen Johnson
Batch # 1432866
06/12/2026 08:12:45 AM
Fees: $27.00 Taxes: $0.00
Davidson County
AFFIDAVITH
5 pgs
20260612-0053261

THIS INSTRUMENT WAS PREPARED BY:
EMILY C. GREEN, BPR #033317
JONES, GREEN, & TACKETT LAW, PLLC
110 West Sixth Avenue, Springfield, TN 37172
(615) 667-1073 *Office* | (615) 433-5103 *Fax*
(From Information Supplied: No Title Examination)

AFFIDAVIT OF HEIRSHIP

Pursuant to Tenn. Code Ann. § 30-2-712

Address of New Owners	**Send Tax Bills To:**	**Map / Group / Parcel**
James Harbison and Cynthia Harbison 113 Shepherd Hills Drive Madison, TN 37115	Same	034 03 0 038.00

Comes now **ELISA JANE JENKINS**, after first being duly sworn, states that she is an adult citizen and residing at 302 Bonnahurst Drive, Hermitage, TN 37076, being 59 years of age. **ELISA JANE JENKINS** has known the Decedent, Pauline E. Harbison, for approximately 35 years.

Comes now **WAYNE MARTIN JENKINS**, after first being duly sworn, states that he is an adult citizen and residing at 302 Bonnahurst Drive, Hermitage, TN 37076, being 71 years of age. **WAYNE MARTIN JENKINS** has known the Decedent, Pauline E. Harbison, for approximately 35 years.

Affiants have personal knowledge of the matters stated in this Affidavit.

On May 26, 2025, **PAULINE E. HARBISON** (hereinafter "Mrs. Harbison"), died at the age of eighty-five (85) years, a citizen and resident of Davidson County, Tennessee. Decedent was a widow at the time of her death, her husband, **JOHN T. HARBISON** having died on February 23, 1997, at the age of fifty-seven (57) years, a citizen and resident of Davidson County, Tennessee.

Mrs. Harbison had two (2) children, all living—James Harbison and Cynthia Marie

Affiants are not a beneficiary, legatee, or heir of the Decedents.

Mrs. Harbison passed intestate. Her estate was administered in the Circuit Court for Davidson County, Tennessee.

At the time of Mrs. Harbison's death, she owned an interest in certain property located in Davidson County, Tennessee, and being more particularly described in Instrument Number 00003249-0000611, Register's Office for Davidson County, Tennessee, to wit:

> Land in Davidson County, Tennessee, being Lot No. 25 on the Plan of Shepherd Hills, Section 1, as of record in Book 2331, Page 46, Register's Office for said County.
>
> Said Lot no. 25 fronts 115 feet on the northeasterly side of Shepherd Hills Drive and runs back between lines, 350.0 feet on the north westerly line and 352.2 feet on the southeasterly line, to a dead line in the rear on which it measures 131.2 feet.
>
> Being the same property conveyed to C. P. Chilton, Jr., and Wife, Edith S. Chilton, by deed from Lary Phillips Thompson and Gladys Phillips, of record in Book 2745, Page 115, Register's Office for said County.
>
> Being the same property conveyed to John T. Harbison and wife Pauline E. Harbison of record in Book 3249, Page 611, Register's Office for Davidson County, Tennessee. John T. Harbison having died on February 23, 1997.

Affiant would state that at the time of Mrs. Harbison's death all of her interest passed in equal shares to her heirs-at-law, JAMES HARBISON and CYNTHIA MARIE HARBISON, pursuant to Tenn. Code Ann. § 31-2-104 *et seq.*

Tenn. Code Ann. § 30-2-712 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him to be false or about which he does not have sufficient knowledge to justify his making such a sworn statement, on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Further, Affiants saith not.

This the 2nd day of June, 2026.

Elisa J. Jenkins
ELISA JANE JENKINS

STATE OF TENNESSEE)
COUNTY OF Wilson)

Personally appeared before me, a Notary Public in for and for said county and state, the within named **ELISA JANE JENKINS** with whom I am personally acquainted, or who proved identity to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purpose therein contained. WITNESS my hand this 2nd day of June, 2026.

Michael R. Jennings
NOTARY PUBLIC

10-25-27
My Commission Expires

MICHAEL R. JENNINGS
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

This the 2nd day of June, 2026.

Wayne Martin Jenkins

WAYNE MARTIN JENKINS

STATE OF TENNESSEE)
COUNTY OF Wilson)

Personally appeared before me, a Notary Public in for and for said county and state, the within named **WAYNE MARTIN JENKINS**, with whom I am personally acquainted, or who proved identity to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purpose therein contained. WITNESS my hand this 2nd day of June, 2026.

Michael R. Jennings

NOTARY PUBLIC

MICHAEL R. JENNINGS STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

10-25-27

My Commission Expires

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 036409

1. Decedent's Legal Name: PAULINE E HARBISON AKA POLLY E HARBISON			2. Sex: FEMALE	3. Date of Death: 05/26/2025
4. Time of Death (Approx.): 11:37 AM	5a. Age: 85	6. Date of Birth: 07/22/1939	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 113 SHEPHERD HILLS DR		8c. City or Town: MADISON		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: MEDICAL TECHNICAN		11b. Kind of Business/Industry: MEDICAL FIELD
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: MADISON
13d. Street and Number: 113 SHEPHERD HILLS DR		13e. Inside City Limits?: YES	13f. Zip Code: 37115	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: WALTER EDMONDS			19. Mother's Name Prior to First Marriage: ELIZABETH HESSE	
20a. Informant's Name: JAMES HARBISON	20b. Relationship to Decedent: SON	20c. Mailing Address: 113 SHEPHERD HILLS DR, MADISON, TN 37115		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: SPRING HILL CEMETERY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ SHEENA A SAYAD	22b. License Number: 20859	22c. Signature of Embalmer: ▶ /e/ SHEENA A SAYAD		22d. License Number: 20606
23a. Name and Address of Funeral Home: SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216				23b. License Number: 1046
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 06/09/2025	

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: ▶ /e/ STEPHEN MAY	27b. License Number: 27211	27c. Date Signed: 06/09/2025
27d. Name and Address: STEPHEN MAY 300 20TH AVE NORTH 9TH FLOOR, 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. PULMONARY MALIGNANCY	WEEKS
	b. PLEURAL EFFUSION	WEEKS
	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: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: 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.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jun-10-2025

0 1 7 2 8 7 4 9 0

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE