Karen Johnson
Batch # 1442280
07/06/2026 08:15:34 AM
Fees: $17.00 Taxes: $0.00

Davidson County
AFFIDAVITH
3 pgs

20260706-0060165

This Instrument was prepared by:
Marshall & Associates, PLLC
10574 Lebanon Road
Mt. Juliet, TN 37122
(615) 885-4335

AFFIDAVIT OF HE[illegible] OF TITLE

Address New Owner:	Sent Tax Bills to:	Map-Parcel Numbers
Jayme Past 1498 Sycamore Drive Chapel Hill, TN 37034	Jayme Past 1498 Sycamore Drive Chapel Hill, TN 37034	135-12-0-B Parcel 58

On this the 30 day of June, 2026, personally appeared, RICHARD KELTON ("Affiant"), being first duly sworn according to law, and being of lawful age and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of her own free will and based upon his personal knowledge and familiarity:

1. My name is Richard Kelton. I reside at 8867 Horton Highway, College Grove, Tennessee, 37046.
2. Patricia Diane Ramsey ("decedent") died on May 12, 2026.
3. I was personally acquainted with Patricia Diane Ramsey for over thirty-eight years as her friend. I have personal knowledge of her family and property. I have no vested interest in any property owned by decedent or the Estate of Patricia Diane Ramsey.
4. The decedent died single without a surviving spouse. The decedent was married once during her lifetime, but that marriage was annulled.
5. The decedent died leaving one child and issue, Jayme Past. The decedent never gave birth to or adopted any other child or children. She has no deceased children.
6. At the time of her death, the decedent owned real property located at 2044 Nashboro Boulevard, Nashville, Davidson County, Tennessee, 37217, being more particularly described in Instrument No. 20020801-0092229, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.
7. This affidavit will confirm the vesting of title to the real property located at 2044 Nashboro

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Boulevard, Nashville, Davidson County, Tennessee, 37217 after the death of Patricia Diane Ramsey in fee simple to Jayme Past, a married woman.

8. That all persons above named are at least eighteen (18) years of age.
9. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiant acknowledges that his execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose.
10. That the Affiant acknowledges that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

FURTHER AFFIANT SAYETH NOT.

AFFIANT

SUBSCRIBED AND SWORN TO before me this 30 day of June, 2026.

(seal) JENITA DAUGHRITY STATE OF TENNESSEE NOTARY PUBLIC MARSHALL COUNTY

NOTARY PUBLIC

My Commission Expires: 7-7-27

******

STATE OF TENNESSEE
COUNTY OF Marshall

JENITA DAUGHRITY STATE OF TENNESSEE NOTARY PUBLIC MARSHALL COUNTY

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

Witness my hand and official seal at Marshall County, Tennessee this 30 day of June, 2026.

ST[redacted]SEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 029562

1. Decedent's Legal Name: PATRICIA DIANE RAMSEY	2. Sex: FEMALE	3. Date of Death: 05/12/2026

4. Time of Death (Approx.): 21:27	5a. Age: 75	6. Date of Birth: 11/02/1950	7. Birthplace: OLNEY, IL

8a. Place of Death: DECEDENT'S HOME		
8b. Facility Name: 2044 NASHBORO BLVD	8c. City or Town: NASHVILLE	8d. County of Death: DAVIDSON

9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: NURSE	11b. Kind of Business/Industry: HEALTHCARE
12. Social Security Number: [illegible] 7655	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE

13d. Street and Number: 2044 NASHBORO BLVD	13e. Inside City Limits?: YES	13f. Zip Code: 37217	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: EARL F MCCLURE	19. Mother's Name Prior to First Marriage: JUANITA MARIE PADDOCK

20a. Informant's Name: JAYME PAST	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 1498 SYCAMORE DR, CHAPEL HILL, TN 37034
21a. Method of Disposition: BURIAL	21b. Place of Disposition: DICKSON COUNTY MEMORIAL GARDENS	21c. Location: BURNS, TN

22a. Signature of Funeral Director: ▶ /e/ WILLIAM LAWTON HOOD	22b. License Number: 20075	22c. Signature of Embalmer: ▶ /e/ PHILIP ALAN TUMMINS	22d. License Number: 5211

23a. Name and Address of Funeral Home: TAYLOR FUNERAL HOME, INC., 214 NORTH MAIN ST, DICKSON, TN 37055	23b. License Number: 689
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25. Date Filed: 05/17/2026

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/ SARA FRANCES MARTIN	27b. License Number: 045925	27c. Date Signed: 05/14/2026

27d. Name and Address: SARA FRANCES MARTIN 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232

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.

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

	Cause	Approximate Interval: Onset to Death
a.	CORONARY ARTERY DISEASE	
b.	NON SMALL CELL LUNG CANCER STAGE IIIA	
c.	PERIPHERAL ARTERY DISEASE	
d.	HYPERTENSION	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: RIGHT SIDED CAROTID ARTERY STENOSIS	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?: YES	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.

Date Issued: May-18-2026

Edward G. Bishop III
State Registrar

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

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

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE