Karen Johnson
Batch # 1452088
07/28/2026 10:41:05 AM
Fees: $22.00 Taxes: $0.00

Davidson County
AFFIDAVITH
4 pgs

20260728-0068485

prepared based on information
provided by the parties and not independent verification by:
Larry B. Hoover
Attorney at Law
2705 Gallatin Pike
Nashville, Tennessee 37216
Telephone: (615) 690-3125

Map & Parcel: **075 13 0 153.00 (Davidson County)**
Address Owner: Vickie H. Noe
Send Tax Bill: 317 Jacksonian Drive,
Hermitage TN 37076

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Harris Harper, his wife Helen Harper and Vickie H. Noe, owned as tenants by entirety with a right of survivorship, real property known as 317 Jacksonian Drive, Hermitage, Davidson County Tennessee 37076. Harris Harper died 5/13/2009on and Helen Harper died on 12/16/2025:

3. That the Decedents' Certificates of Death are attached hereto in Attachment A.

4. That at the time of their deaths, Harris Harper, Helen Harper and Vickie H. Noes were the owners, with a right of survivorship, of the property particularly described as follows:

   Being lot no. 27on the plan of hermitage Hills Subdivision, of record in Book 2900, Page 48 and 49, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.

   Said Lot No. 27 fronts 80 feet on the northeasterly side of Jacksonian Drive and runs back 153 feet on the northwesterly line and 153.3 feet on the southeasterly line, to a deed line in the rear measuring 80 feet thereon.

   Being the same property conveyed to Clifford O. Howard, Sr., REVOCABLE LIVING TRUST, its heirs, successors and assigns by Quitclaim Deed from Clifford O. Howard, Sr., of record in Book 10363, Page 665, Register's Office for said County.

   Being the same property conveyed to Harris Harper and wife Helen Harper and Vickie H. Noe, as joint tenants with a right of survivorship by warranty

deed from Clifford O. Howard, Sr., REVOCABLE LIVING TRUST of record in Book 10773, Page 360, Register's Office for said County.

This conveyance is subject to restrictive covenants of record in Book 2992, page 53 and book 2998, page 231, register office for said county.

This property is known as 317 Jacksonian Drive, Hermitage, Davidson County Tennessee 37076

That the Decedent was not enrolled in the Tennessee TennCare program at the time of his death.

That *Tenn. Code Ann.* § 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being used to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 20 day of April, 2026.

LB Hoover

Larry B. Hoover

OATH

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **Larry B. Hoover,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 20 day of April, 2026.

KATHERINE S. LOAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Katherine S. Loan

NOTARY PUBLIC

My Commission Expires: 9-5-2028

STATE OF TENNESSEE
Office of Vital Records

0903003

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Harris Willard Harper
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 13,2009
4. SOCIAL SECURITY NUMBER (of Deceased): -3347
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan 10,1935
7. BIRTHPLACE (City and State or Foreign Country): Westmoreland, Tennessee
ARMED FORCES? 1 [X] Yes 2 [ ] No
ENT EVER IN U.S.
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2012 Hickory Hills Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Helen Green
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Yellow Freight
12b. KIND OF BUSINESS/INDUSTRY: Truck Driver
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 2012 Hickory Hills Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

NAME OF DECEDENT (To be completed by mortician)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Bruce D. Harper
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Pearl McDoe

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Helen Harper
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2012 Hickory Hills Drive Hermitage, Tennessee 37076

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: Brandy Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pike Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): May 29,2009

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner(s) stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 15799
25c. DATE SIGNED (Month, Day, Year): 5/14/09
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr David Edwards 2400 Patterson St. Suite 500 Nashville TN 37203

CAUSE OF DEATH

28. 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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Hepatocellular carcinoma / metastatic — Approximate Interval Between Onset and Death:
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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.
ascites malignant
anorexia

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? [ ] Yes [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1390

3330127

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

MAY 29 2009
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1866

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 078246

1. Decedent's Legal Name				2. Sex	3. Date of Death
HELEN GREER HARPER				FEMALE	12/16/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**		
07:36	89	10/19/1936	DONELSON, TN		
8a. Place of Death					
HOSPICE FACILITY					
8b. Facility Name		**8c. City or Town**		**8d. County of Death**	
ALIVE HOSPICE		NASHVILLE		DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**	
WIDOWED		BUSINESS OWNER		HARPER'S DONUTS	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**	
4604	TENNESSEE	DAVIDSON		HERMITAGE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
2012 HICKORY HILL LN		YES	37076	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**			**17. Decedent's Race**	
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO			WHITE	
18. Father's Name				**19. Mother's Name Prior to First Marriage**	
ANDREW JOHNSON GREER				EDNA HELENA STEPPS	
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**			
VICKIE H NOE	DAUGHTER	2012 HICKORY HILL LN, HERMITAGE, TN 37076			
21a. Method of Disposition	**21b. Place of Disposition**			**21c. Location**	
BURIAL	MT. OLIVET CEMETERY			NASHVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**	
▶ /e/ KENNETH HODGES	3691	▶ /e/ STEPHANIE BROOK WORKING		6116	
23a. Name and Address of Funeral Home				**23b. License Number**	
HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3556				942	
24. Registrar's Signature			**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III			12/18/2025		

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	**27b. License Number**	**27c. Date Signed**
▶ /e/ MARY-ELLEN EDMISTON	5916	12/18/2025

27d. Name and Address

MARY-ELLEN EDMISTON 1718 PATTERSON STREET, 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. UNSPECIFIED ADVANCED DEMENTIA WITH DYSPHAGIA	UNKNOWN
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

COMMUNITY-ACQUIRED PNEUMONIA

29a. Was an Autopsy Performed? NO

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

30. Manner of Death	**31. Did Tobacco Use Contribute to Death?**	**32. If Female:**
NATURAL	NO	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: Dec-18-2025

Edward G. Bishop III
State Registrar

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

0 1 7 8 1 3 6 4 4

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE