This Instrument Prepared By/
Return After Recording To:

Ramon A. Cue
Attorney at Law
5115 Maryland Way, #120
Brentwood, TN 37027
(615) 727-2660

Karen Johnson
Batch # 1467061
09/02/2026 01:42:30 PM
Fees: $57.00 Taxes: $0.00
Davidson County
AFFIDAVITH
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AFFIDAVIT BY EXECUTRIX REGARDING BEVERLY ANNE TURNER

STATE OF GEORGIA)
)
COUNTY OF DeKalb)

On **this** 21 **day of** August, **2026**, personally appeared **SYBIL PEPPER-SPENCER** (the "Affiant") after being duly sworn who hereby certifies and swears to the following and based upon his own personal knowledge and belief:

1. The Affiant is the duly appointed Executrix of the Estate of **BEVERLY ANNE TURNER**, deceased (the "Decedent").

2. Decedent, **BEVERLY ANNE TURNER**, whose last known address was 1704 15th Avenue South, City of Nashville, County of Davidson, State of Tennessee, 37212 and, if known, whose age was 76 and whose social security number is xxx-xx-xxxx, died on July 13, 2025, and on the date of death the Decedent was domiciled and resided in Davidson County, Tennessee.

3. The Affiant is the Decedent's sister.

4. The Affiant filed a Petition for Testate Administration and Admit Will to Probate to commence the administration of the Decedent's probate estate and Letters were granted to her on January 12, 2026 (Davidson County Probate Court Case No. 26 P 0025).

5. At the time of her death, the Decedent was unmarried and had no children or grandchildren.

6. The Decedent died testate.

7. At the time of the Decedent's death she owned the following parcel of real property which is located in **Davidson County, Tennessee** (hereinafter referred to as the "Property"):

Address / Description	**Property Location**
1704 15th Avenue South Nashville, TN 37212 (Decedent held a 100.0% interest at death)	Davidson County, Tennessee

8. The legal description and other further identifying information for the Property is attached hereto as **SCHEDULE A**.

9. The Decedent's Last Will and Testament which was executed in Davidson County, Tennessee on April 30, 2025 according to law and is attested by **CASEY V. FRIERSON** and **KARMEN VANCE** and is self-proved, bequeaths the Property to:

SYBIL PEPPER-SPENCER

10. The Decedent's probate estate has been fully administered according to law.

11. A copy of the Decedent's said Last Will and Testament, the unrevoked Letters Testamentary in the said probate proceedings, and the Decedent's death certificate are attached hereto.

12. The Affiant acknowledges that this Affidavit may be relied upon by third parties, title abstracters and future purchasers of the Property in order to establish chain of title by descent and distribution.

FURTHER AFFIANT SAITH NOT.

Sybil Pepper-Spencer
//s// **SYBIL PEPPER-SPENCER**

ACKNOWLEDGEMENT BY WITNESSES (T.C.A. 66-22-101)

The foregoing **AFFIDAVIT BY EXECUTRIX REGARDING BEVERLY ANNE TURNER** was, on the day and year written above, signed, published and declared by **SYBIL PEPPER-SPENCER** in our presence. We, in her presence and at her request, and in the presence of each other, have attested the same and have signed our names as attesting witnesses.

Jalecia Fowler
Witness 1 Signature

Jalecia Fowler
Witness 1 Print Name

Witness 2 Signature

Witness 2 Print Name

4426 Hugh Howell Rd
Witness 1: Address

Tucker GA 30084
Witness 1: City, State, Zip

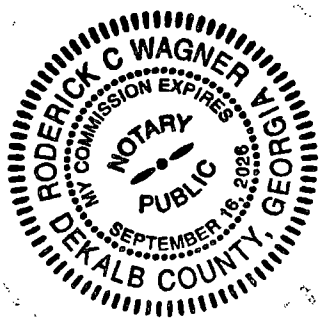
4426 Hugh Howell Rd
Witness 2: Address

Tucker GA 30084
Witness 2: City, State, Zip

JURAT / NOTARY (T.C.A. 66-24-101(g))

The above was sworn to and subscribed to before me **this** 21 **day of** August, **2026**, by **SYBIL PEPPER-SPENCER**, Affiant, 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 for the purposes therein contained, and acknowledged the execution of the same as her free act and deed; and who, after being duly sworn, acknowledged upon oath that the matters contained herein are true and correct to the best of Affiant's knowledge, information and belief.

[stamp]



NOTARY PUBLIC

My commission expires: 09/16/2026

SCHEDULE A

Property Legal Description

Land in Davidson County, Tennessee, being the North 55 feet of the South 275 feet of the Westerly half of Lot 62, O.B. Haynes Plan of Large Lots, called Rokeby, of record in Book 21, Page 87, Register's Office for Davidson County, Tennessee.

Said North 55 feet of the South 275 feet of the Westerly half of Lot No. 62 fronts 55 feet on the Easterly side of 15th Avenue South, formerly Washington Street, and runs back between parallel lines, 150 feet to an alley.

This being the same property conveyed to Beverly Anne Turner, a single woman, via Warranty Deed from Brenda Turner Humphrey and Sybil Pepper-Spencer, which is dated April 21, 2008, and is recorded as Instrument No. 20080501-0044244 Register's Office for Davidson County, Tennessee.

Property Address: 1705 15th Avenue South, Nashville, TN 37212

Tax Info: 105-05-0-187.00

State of Tennessee Rev. 134D9A8

LAST WILL AND TESTAMENT OF BEVERLY TURNER

I, BEVERLY TURNER, a resident of Nashville, TN, declare this to be my Last Will and Testament, and revoke all previous wills and codicils made by me, either jointly or severally.

DECLARATIONS

A. I am of sound mind and of legal age to make this Last Will.

B. This Last Will expresses my wishes without undue influence or duress.

C. At the time of executing this Last Will, I am not married.

D. At the time of executing this Last Will, I do not have any children.

ARTICLE I
APPOINTMENT OF EXECUTOR

A. I appoint Sybil Pepper-Spencer to be the executor of this Last Will (the "Executor"). If Sybil Pepper-Spencer predeceases me or is otherwise unable to serve as the Executor, then I appoint Karmen Vance as the successor Executor.

I further intend that the term the Executor in this Last Will is synonymous with the terms "personal representative," "executrix," and "fiduciary."

B. The Executor shall be entitled to receive reasonable compensation for the services performed under this Last Will.

C. I direct that any Executor serving hereunder shall not be required to furnish any bond or other security for the faithful performance of his or her duties as the Executor in any jurisdiction whatsoever, or if a bond is required, he or she shall not be required to furnish any sureties.

ARTICLE II
EXECUTOR'S POWERS

A. The Executor shall pay my enforceable unsecured debts, expenses of last illness, funeral expenses, costs of administration, and claims allowed in administration of my estate as the Executor deems appropriate, in the Executor's sole discretion, according to all applicable laws.

B. I grant to the Executor the fullest power to deal with any property held by my estate without the prior or subsequent approval of any court, including the period after termination of any trust until finally distributed. No person dealing with the Executor shall be required to inquire into the propriety of any of his

or her actions or make inquiry into the application of any funds or other property. The Executor shall, however, exercise all powers in a fiduciary capacity for the best interest of the beneficiaries of the estate. I grant to the Executor all specific powers as conferred by law.

ARTICLE III
EXPENSES

A. All expenses incurred by the Executor during the settlement of my estate in storing, packing, shipping, delivering, or insuring an article of tangible personal property passing under this Last Will shall be charged and treated as expenses of administering my estate.

B. If the value of my estate is insufficient to fulfill this Last Will, I give the Executor full authority to decrease my bequests by a proportionate amount.

ARTICLE IV
DISTRIBUTION OF PERSONAL & REAL PROPERTY

A. Unless otherwise specifically bequeathed, the remainder of my property, real (incl. personal residence at 1704 15th Ave S, Nashville, TN) and personal, and wheresoever situated, I give to the individuals listed in the apportioned percentages:

To Sybil Pepper-Spencer, I leave 100% of my remaining estate.

However, if Sybil Pepper-Spencer predeceases me, the remainder of my property, real (incl. personal residence at 1704 15th Ave S, Nashville, TN) and personal, and wheresoever situated, I give to the individuals listed in the apportioned percentages:

To Isaiah Spencer, I leave 25% of my remaining estate.

To Sean Spencer, I leave 25% of my remaining estate.

To Sydney Spencer, I leave 25% of my remaining estate.

To Isaac Spencer, I leave 25% of my remaining estate.

ARTICLE V
BENEFICIARIES

A. If I give my personal property and effects to two or more beneficiaries to be shared by them, and any one of them does not survive me, his or her share shall be given to the others in equal amounts, unless otherwise provided in this Last Will.

B. If one of my heirs or another individual is not left property or is otherwise omitted from this Last Will, such omission is intentional.

ARTICLE VI
TAXES

The Executor shall pay all estate, inheritance, transfer, legacy, succession, and other similar taxes imposed by any jurisdiction whatsoever by reason of my death, together with interest and penalties, whether such taxes are imposed upon or with respect to any property that passes under the provisions of this Last Will or passes or has passed otherwise, or imposed upon or with respect to any recipient.

ARTICLE VII
DUE DILIGENCE

The Executor shall be responsible only for due diligence in the administration and disbursement of my estate and shall not be responsible for any loss or subject to any liability except by reason of the Executor's own negligence or willful default proved by affirmative evidence. Any discretion granted to Executor, expressly or by implication under this Last Will or by law, shall fully protect Executor for every determination made in good faith. Executor's determinations shall be conclusive and binding upon all persons interested in this Last Will.

ARTICLE VIII
SPECIAL DIRECTIVES

I wish to be cremated and that there be no memorial or funeral service.

ARTICLE IX
CONSTRUCTION OF LANGUAGE

Throughout this Last Will, except where the context otherwise requires, the masculine gender shall be deemed to include the feminine and the neuter, and the singular number shall be deemed to include the plural, and vice versa.

ARTICLE X
SEVERABILITY

The remaining provisions of this Last Will continue to be in full force and effect if any provisions of this Last Will are deemed unenforceable.

ARTICLE XI
GOVERNING LAW

The dispositions made by this Last Will shall be construed in accordance with the laws of the State of Tennessee.

ARTICLE XII
LIFE INSURANCE PROVISION

Any life insurance payable at my death to my estate or personal representative shall pass under the provisions of this Will.

IN WITNESS WHEREOF, I, Beverly Turner, have signed my initials on each of the preceding 3 pages, and have signed my name below, all this 30 day of April, 2025.

Beverly Turner

Testator Signature - Beverly Turner

SIGNED AND DECLARED by Beverly Turner, in our joint presence to be Beverly Turner's Last Will, and remaining in their presence, and in the presence of each other, and at their request, we signed as attesting witnesses, this clause having first been read aloud.

Witness Signatures

Casey V. Friess 4-30-2025

First Witness Signature Date

Karmen Vance 4-30-2025

Second Witness Signature Date

SELF-PROVING AFFIDAVIT

State of Tennessee

County of Davidson

We, Casey V Friess (witness #1), Karmen Vance (witness #2), and Beverly Turner, the witnesses and Testator, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned officer that the Testator, in the presence of witnesses, signed the instrument as their Last Will and that they signed voluntarily and that each of the witnesses in the presence of the Testator and in the presence of each other signed the Will as a witness and that to the best of the knowledge of each witness, the Testator was, at the time, eighteen (18) or more years of age, of sound mind and under no constraint or undue influence.

Testator Signature - Beverly Turner

First Witness Signature

Second Witness Signature

NOTARY ACKNOWLEDGEMENT:

State of Tennessee)

(Seal)

County of Davidson)

SWORN TO and SUBSCRIBED before me on this 30th day of April, 2025, by Beverly Turner, the Testator and by Casey V Friers (witness #1) and Karmen Vance (witness #2), the Witnesses, who are personally known to me or produced a driver's license as identification and who did take an oath.

Signature - Beverly Turner

Notary Public

My Commission Expires: 07/06/2026

MICHELLE JOHNSON NOTARY PUBLIC STATE OF TENNESSEE COUNTY OF DAVIDSON

GEORGIA DEATH CERTIFICATE

State File Number **2025GA000064889**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) **BEVERLY ANNE TURNER**	1a. IF FEMALE, ENTER LAST NAME AT BIRTH **TURNER**	2. SEX **FEMALE**	2a. DATE OF DEATH (Mo., Day, Year) **ACTUAL DATE OF DEATH 07/13/2025**

3. SOCIAL SECURITY NUMBER [redacted]	4a. AGE (Years) **76**	4b. UNDER 1 YEAR Mos.	Days	4c. UNDER 1 DAY Hours	Mins.	5. DATE OF BIRTH (Mo., Day, Year) **12/26/1948**

6. BIRTHPLACE **TENNESSEE**	7a. RESIDENCE - STATE **TENNESSEE**	7b. COUNTY **DAVIDSON**	7c. CITY, TOWN **NASHVILLE**

7d. STREET AND NUMBER **1704 15TH AVENUE S**	7e. ZIP CODE **37212**	7f. INSIDE CITY LIMITS? **NO**	8. ARMED FORCES? **NO**

8a USUAL OCCUPATION **DATA TECHNICIAN**	8b. KIND OF INDUSTRY OR BUSINESS **TELECOMMUNICATIONS**

9. MARITAL STATUS **NEVER MARRIED**	10. SPOUSE NAME	11. FATHER'S FULL NAME (First, Middle, Last) **GEORGE EDWARD TURNER**

12. MOTHER'S MAIDEN NAME (First, Middle, Last) **ADDIE MARYLINDA**	13a. INFORMANT'S NAME (First, Middle, Last) **SYBIL PEPPER-SPENCER**	13b. RELATIONSHIP TO DECEDENT **SISTER**

13c. MAILING ADDRESS **1192 DENISON DRIVE CLARKSTON GEORGIA 30021**	14. DECEDENT'S EDUCATION **SOME COLLEGE CREDIT, BUT NO DEGREE**

15. ORIGIN OF DECEDENT *(Spanish/Hispanic/Latino)* **NO, NOT SPANISH/HISPANIC/LATINO**	16. DECEDENT'S RACE *(White, Black, American Indian, etc.) (Specify)* **BLACK OR AFRICAN-AMERICAN**

17a. IF DEATH OCCURRED IN HOSPITAL	17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) **OTHER'S RESIDENCE**

18. HOSPITAL OR OTHER INSTITUTION NAME *(If not in either give street and no.)* **2545 FLAT SHOALS ROAD SE**	19. CITY, TOWN or LOCATION OF DEATH **CONYERS**	20. COUNTY OF DEATH **ROCKDALE**

21. METHOD OF DISPOSITION (specify) **CREMATION**	22. PLACE OF DISPOSITION **CREMATION CARE OF GEORGIA INC 1114 BRETT DRIVE SW CONYERS GEORGIA 30094**	23. DISPOSITION DATE (Mo., Day, Year) **07/17/2025**

24a. EMBALMER'S NAME **NOT EMBALMED**	24b. EMBALMER LICENSE NO. ----------	25. FUNERAL HOME NAME **CREMATION CARE OF GEORGIA**

25a. FUNERAL HOME ADDRESS
1114 BRETT DRIVE CONYERS GEORGIA 30094

26a. SIGNATURE OF FUNERAL DIRECTOR **RONNIE INGRAM**	26b. FUN. DIR. LICENSE NO **5131**	AMENDMENTS

27. DATE PRONOUNCED DEAD (Mo., Day, Year) **07/13/2025**	28. HOUR PRONOUNCED DEAD **09:04 AM**

29a. PRONOUNCER'S NAME **MONICA JEAN PARKHURST**	29b. LICENSE NUMBER **RN145095**	29c. DATE SIGNED **07/13/2025**

30. TIME OF DEATH **09:04 AM**	31. WAS CASE REFERRED TO MEDICAL EXAMINER **NO**

32. 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. DO NOT ABBREVIATE.

		Approximate Interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. [redacted]	**UNKNOWN**
	Due to, or as a consequence of	
	B.	
	Due to, or as a consequence of	
	C.	
	Due to, or as a consequence of	
	D.	

Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. *If female, indicate if pregnant or birth occurred within 90 days of death.*	33. WAS AUTOPSY PERFORMED? **NO**	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

35. TOBACCO USE CONTRIBUTED TO DEATH **NO**	36. IF FEMALE (range 10-54) PREGNANT **NOT PREGNANT WITHIN THE PAST YEAR**	37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) **NATURAL**

38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)	41. INJURY AT WORK? (Yes or No)

42. LOCATION OF INJURY *(Street, Apartment Number, City or Town, State, Zip, County)*

43. DESCRIBE HOW INJURY OCCURRED	44. IF TRANSPORTATION INJURY

45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) **ZUHAIR KHAZISYED AHMED, MD, 070515**	46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)

45a. DATE SIGNED (Mo., Day, Year) **09/04/2025**	45b. HOUR OF DEATH **09:04 AM**	46a. DATE SIGNED (Mo., Day, Year)	46b. HOUR OF DEATH

47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
ZUHAIR KHAZISYED AHMED 2302 PARKLAKE DRIVE NE ATLANTA GEORGIA 30345

48.REGISTRAR (Signature) **/S/ DAPHANIE SCANDRICK**	49. DATE FILED - REGISTRAR *(Mo., Day, Year)* **09/15/2025**

Form 3903 (Rev. 04/2012), GEORGIA DEPARTMENT OF PUBLIC HEALTH

EFILED 01/12/26 10:54 AM CASE NO. 26P25 Joseph P. Day, Clerk

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS TESTAMENTARY

TO: **SYBIL PEPPER-SPENCER** DOCKET NO: **26P25**

*It appearing to the Court that **BEVERLY ANNE TURNER** has died leaving a written Will in which you are appointed **Executrix** and which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you;*

*THESE ARE, THEREFORE, to empower you, the said **SYBIL PEPPER-SPENCER**, to enter upon the execution of said Will, and take into your possession all of the property, and to make, within **sixty (60) days** from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.*

*WITNESS, Joseph P. Day, Clerk of the Probate Court, at office, this **January 12th, 2026**.*

JOSEPH P. DAY, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, JOSEPH P. DAY, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of the Letters Testamentary issued to **SYBIL PEPPER-SPENCER** as **Executrix** of the estate of **BEVERLY ANNE TURNER**, deceased, and I do further certify that **SYBIL PEPPER-SPENCER** is still acting **Executrix** of the estate of **BEVERLY ANNE TURNER** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the _____ day of _____, 20___.

JOSEPH P. DAY, Clerk

_____ D.C.