Affidavit of Heirship for Tennessee

Karen Johnson
Batch # 1470546
09/09/2026 12:56:37 PM
Fees: $42.00 Taxes: $0.00
Davidson County
AFFIDAVITH
8 pgs
20260909-0083605

STATE OF: Tennessee
COUNTY OF: DAVIDSON

1. My name is FREDDIE HANNER and I reside at 3415 Dayton Boulevard, CHATTANOOGA, Tennessee 37415. I am personally familiar with the family and marital history of SHIRLEY JEAN HANNER (**"Decedent"**) and I have personal knowledge of the facts stated in this affidavit. I hereby swear that the answers to the following questions are true and correct. Furthermore, **I AM NOT AN HEIR NAMED IN THIS DOCUMENT.**

2. I knew Decedent from August 20, 1971 until December 28, 2024. I was Decedent's BROTHER IN LAW and was personally well acquainted with the named Decedent during his or her lifetime.

3. Decedent died on December 28, 2024 at the following place of death: city of NASHVILLE in DAVIDSON County, Tennessee. At the time of Decedent's death, Decedent's residence address was 2624 OLD MATTHEW ROAD, NASHVILLE, Tennessee 37207.

4. I was well acquainted with the family and near relatives of said Decedent and with all those who would, under the laws of the State of Tennessee, be his or her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1 - Did Decedent leave a will?

YES ( ) / NO (**X**)

QUESTION 2 - Has an administrator been appointed for the estate of Decedent?

YES ( ) / NO (**X**)

QUESTION 3 - Did Decedent have a surviving widow or widower at the time of death?

YES ( ) / NO (**X**)

QUESTION 4 - Did Decedent have any former spouses at the time of death?

YES ( ) / NO (**X**)

QUESTION 5 - Did Decedent have ever any children? Include all living children, deceased children, and children born after Decedent's death.

YES (**X**) / NO ( )

NAME: ARMOND HANNER
ADDRESS: 3474 Dickerson Pike Apt 604
NASHVILLE, Tennessee 37207
CURRENT STATUS: Living
DATE OF BIRTH: March 25, 1973

QUESTION 6 - Did Decedent ever adopt any children or have stepchildren? Include all living and deceased adopted children and stepchildren.

YES ( ) / NO (**X**)

QUESTION 7 - Was Decedent survived by any other heirs?

YES ( ) / NO (**X**)

QUESTION 8 - List any real estate that is the subject of this affidavit. Only include real estate that is all in the same county, and use a separate affidavit for real estate located in a different county.

ADDRESS: 2624 OLD MATTHEW ROAD
NASHVILLE, Tennessee 37207
COUNTY: United States
LEGAL DESCRIPTION: LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 56 ON THE PLAN OF TRINITY HILL VILLAGE, SECTION ONE SECOND ADDITION, AS OF RECORD IN BOOK 4175, PAGE 79, REGISTER'S OFFICE OF SAID COUNTY. SAID LOT NO. 56 FRONTS 62.0 FEET ON THE WESTERLEY LINE AND 127.4 FEET ON EASTERLEY LINE TO A DEED LINE IN THE REAR MEASURING 58.4 FEET THEREON

QUESTION 9 - To the best of Affiant's knowledge, did Decedent have any unpaid debts at the time of death?

YES ( ) / NO (**X**)

QUESTION 10 - To the best of Affiant's knowledge, did Decedent owe any federal estate or state inheritance taxes on the estate at the time of death?

YES ( ) / NO (**X**)

QUESTION 11 - Was Decedent a surety on any bond or guarantor of any other person's indebtedness at the time of death?

YES ( ) / NO (**X**)

QUESTION 12 - Were there any suits pending or judgments rendered against Decedent at the time of death?

YES ( ) / NO (**X**)

AFFIANT'S SIGNATURE

x/ Freddie Hanner Date: 07/09/2026

Printed Name: FREDDIE HANNER

Freddie Hanner 7/13/2026

NOTARY ACKNOWLEDGMENT

STATE OF TENNESSEECOUNTY OF DAVIDSON

On 7/13/26, before me, Alyssa Colón, Notary Public personally appeared **FREDDIE HANNER("Affiant") (AFFIANT MAY NOT BE AN HEIR NAMED IN THIS DOCUMENT)**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the attached AFFIDAVIT OF HEIRSHIP and acknowledged to me that he or she executed the same in an authorized capacity, and executed the instrument by signing his or her signature. This notarial act involved the use of communication technology.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Print: Alyssa Colón My Commission Expires: January 9, 2028

Sign: Alyssa Colón [Affix seal]

NOTARY PUBLIC

ALYSSA COLON
STATE OF TENNESSEE NOTARY PUBLIC
HAMILTON COUNTY

NOTARY ACKNOWLEDGMENT

STATE OF TENNESSEECOUNTY OF ~~DAVIDSON~~ Hamilton

On July 13, 2026 before me, Brent Bollenbach, personally appeared **FREDDIE HANNER("Affiant") (AFFIANT MAY NOT BE AN HEIR NAMED IN THIS DOCUMENT)**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the attached AFFIDAVIT OF HEIRSHIP and acknowledged to me that he or she executed the same in an authorized capacity, and executed the instrument by signing his or her signature. This notarial act involved the use of communication technology.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Print: Brent Bollenbach My Commission Expires: 01/09/2028

Sign: Brent Bollenbach [Affix seal]

NOTARY PUBLIC

BRENT BOLLENBACH
STATE OF TENNESSEE NOTARY PUBLIC
HAMILTON COUNTY

NOTARY ACKNOWLEDGMENT

STATE OF TENNESSEE
COUNTY OF Clay

On 07/09/2026, before me, Tony Stankard, Notary Public, personally appeared **FREDDIE HANNER ("Affiant") (AFFIANT MAY NOT BE AN HEIR NAMED IN THIS DOCUMENT)**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the attached AFFIDAVIT OF HEIRSHIP and acknowledged to me that he or she executed the same in an authorized capacity, and executed the instrument by signing his or her signature. This notarial act involved the use of communication technology.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Print: Tony Stankard, Notary Public My Commission Expires: 05/07/2030

Sign: Tony Stankard [Affix seal]

NOTARY PUBLIC

TONY STANKARD
Online Notary Public, State of Tennessee
Clay County
My Commission Expires May. 07, 2030

Notarized Online with NotaryLive.com

Notarized by: Tony stankard
Time: 2026-07-09 19:21:37 UTC
URL: https://notarylive.com/tu/cdp/TDEZWC
Access ID: TDEZWC
Pin: FFGD7W

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): ARCHIE OTTO HANNER, JR.
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): FEBRUARY 28, 2013
4. TIME OF DEATH (Approx.): 12:40 A.M.
5a. AGE-Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): FEBRUARY 16, 1948
7. BIRTHPLACE (City and State or Foreign Country): CENTRE, ALABAMA

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): HEALTH CENTER AT STANDIFER PLACE
8c. CITY OR TOWN: CHATTANOOGA
8d. COUNTY OF DEATH: HAMILTON

9. MARITAL STATUS: ☐ Married ☒ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): SHIRLEY WELCH
11a. DECEDENT'S USUAL OCCUPATION: CONSTRUCTION WORKER
11b. KIND OF BUSINESS/INDUSTRY: CONSTRUCTION

12. SOCIAL SECURITY NUMBER: -9261
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: HAMILTON
13c. CITY OR TOWN: HIXSON
13d. STREET AND NUMBER: 918 OLD LOWER MILL ROAD
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 37343
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☒ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☒ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): ARCHIE OTTO HANNER, SR.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): MILVYN E. KIRK

20a. INFORMANT'S NAME: MILVYN HANNER
20b. RELATIONSHIP TO DECEDENT: MOTHER
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 918 OLD LOWER MILL RD. HIXSON, TN. 37343

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): CHATTANOOGA NATIONAL CEMETERY
21c. LOCATION - City or Town and State: CHATTANOOGA, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William J. Willis Jr.
22b. LICENSE NUMBER: 2737
22c. SIGNATURE OF EMBALMER: ▶ William J. Willis Jr.
22d. LICENSE NUMBER: 2383
23a. NAME AND ADDRESS OF FUNERAL HOME: WILLIS FUNERAL HOME, INC. 2011 M.L.K.JR.BLVD. DALTON, GA. 30721
23b. LICENSE NUMBER OF FUNERAL HOME: 382

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Edines Melendez QR
25. DATE FILED (Month, Day, Year): March 12, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN: To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Kathleen Lecker M.D.
27b. LICENSE NUMBER: TN 49864
27c. DATE SIGNED (Month, Day, Year): 3/6/13
27d. NAME AND ADDRESS: Kathleen Lecker, M.D. 4990 Hixson Pk Chattanooga, TN 37415

MEDICAL CERTIFICATION

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)
a. COPD — Gas
Due to (or as a consequence of)
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Recent Aspiration Pneumonia

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY (at home, farm, street, factory, office building, etc.) (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1599

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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

Teresa S. Hendricks
STATE REGISTRAR

Wanda Jackson
Wanda Jackson
Local Registrar
Hamilton County

Date Issued: MAR 14 2013

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

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 2024 081570

1. Decedent's Legal Name: SHIRLEY JEAN HANNER			2. Sex: FEMALE	3. Date of Death: 12/28/2024
4. Time of Death (Actual): 11:25 PM	5a. Age: 76	6. Date of Birth: 09/05/1948	7. Birthplace: LINEVILLE, AL	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: TEACHER		11b. Kind of Business/Industry: CHATTANOOGA PUBLIC SCHOOL
12. Social Security Number: 1690	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 1710 PATTERSON ST		13e. Inside City Limits?: YES	13f. Zip Code: 37203	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: WALTER WELCH		19. Mother's Name Prior to First Marriage: FRANCIS SEARS		
20a. Informant's Name: ARMOND HANNER	20b. Relationship to Decedent: SON	20c. Mailing Address: 2646 OLD MATTHEW WAY, NASHVILLE, TN 37203		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: CHATTANOOGA NATIONAL CEMETERY		21c. Location: CHATTANOOGA, TN	
22a. Signature of Funeral Director: /e/ WILLIAM J WILLIS,JR	22b. License Number: 2737	22c. Signature of Embalmer: /e/ WILLIAM J. WILLIS		22d. License Number: GA 002363
23a. Name and Address of Funeral Home: WILLIS FUNERAL HOME, INC., 2011 MARTIN L. KING JR. BLVD., DALTON, GA 30721				23b. License Number: 000382
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 01/07/2025		

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.

☐ MEDICAL EXAMINER – ON 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.

26a. Certifier	26b. License Number	26c. Date Signed
/e/ MARY-ELLEN EDMISTON	5916	01/02/2025

27. 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)	a. SEPSIS SECONDARY TO URINARY TRACT INFECTION AND SACRAL WOUND INFECTION	DAYS
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	b.	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	UNKNOWN	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 101/12

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: Jan-13-2025

016837207

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

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3377
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3377

CERTIFICATE OF LIVE BIRTH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

14173-012276

CHILD—NAME (first, middle, last) 1. Armand Latrease Hanner		DATE OF BIRTH (month, day, year) 2a. March 25, 1973	HOUR 2b. 10:54 PM
SEX 3. Male	THIS BIRTH—single, twin, triplet, etc. (specify) 4a. Single	IF NOT SINGLE BIRTH—born first, second, etc. (specify) 4b.	
COUNTY OF BIRTH 5a. Hamilton	CITY, TOWN, OR LOCATION OF BIRTH 5b. Chattanooga	INSIDE CITY LIMITS (specify yes or no) 5c. Yes	HOSPITAL—NAME (if not in hospital, give street and number) 5d. Baroness Erlanger
MOTHER—MAIDEN NAME (first, middle, last) 6a. Shirley Jean Welch		AGE (at time of this birth) 6b. 24	STATE OF BIRTH (if not in U.S.A., name country) 6c. Tennessee
RESIDENCE—STATE 7a. Tennessee	COUNTY 7b. Hamilton	CITY, TOWN, OR LOCATION 7c. Chattanooga	INSIDE CITY LIMITS (specify yes or no) 7d. Yes — STREET AND NUMBER 7e. 2709 Citico Ave. A-5
FATHER—NAME (first, middle, last) 8a. Archie Hanner, Jr.		AGE (at time of this birth) 8b. 25	STATE OF BIRTH (if not in U.S.A., name country) 8c. Alabama

PREPARE SEPARATE FORM FOR IF MULTIPLE

012276 1973

CHILD — MOTHER — FATHER — CERTIFIER

I certify that the above named child was born alive at the place and time and on the date stated above.

9a. SIGNATURE [signature] — ATTENDANT—M.D., D.O., MIDWIFE, OTHER (specify) 9b. M.D. — DATE SIGNED (month, day, year) 9c. 4/2/73

NAME (type or print) 9d. Martin Griefinger, M.D. — MAILING ADDRESS (street or R.F.D. no., city or town, state, zip) 9e. Whitehall Medical Center, Chatt. Tn.

ATTENDANT MUST SIGN IN PERMANENT BLUE OR BLACK INK.

REGISTRAR—SIGNATURE 10a. Judie O. Day — DATE RECEIVED BY LOCAL REGISTRAR (month, day, year) 10b. 4-3-73

MOTHER'S NAME AND MAILING ADDRESS
A. NAME Mrs. Archie Hanner Jr.
B. STREET ADDRESS 2709 Citico Ave. A-5
C. CITY, STATE, ZIP Chatt. Tenn. 37406
11.

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: Mar-17-2026

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

0 1 8 0 0 0 3 2 3

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE