THIS DOCUMENT PREPARED BY:
R. Jennifer Powell
Hagan Jenkins Law Group, PLLC
625 S. Church Street, Suite A
Murfreesboro, TN 37130

Karen Johnson Davidson County
Batch # 1472203 AFFIDAVITH
09/14/2026 10:00:06 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20260914-0084982

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF Franklin)

The undersigned Ralph Bonner, being duly sworn, deposes and says:

1. I am an adult resident of the State of Tennessee and make all statements in this Affidavit based on my personal knowledge.

2. I was personally acquainted with **Roger Dale Buchanan** ("Decedent") during his lifetime and am familiar with the Decedent's family history, having known Decedent for over sixty years.

3. Decedent died on March 19, 2025, a resident of Davidson County, Tennessee, residing at the house and property he owned located at 810 Apple Drive, Nashville, Davidson County, Tennessee.

4. At the time of his death, Decedent was unmarried. Decedent has one (1) biological child with Jo Ann Judd and no adopted children. Decedent's biological child, having survived the Decedent, is Bo Daniel Buchanan. Decedent's surviving child is at least eighteen (18) years of age.

5. Order to Probate and For Issuance of Letters Testamentary was entered by the Davidson County Probate Court. The Court appointed Joseph Michael Buchanan as Executor of the Estate.

6. At the time of his death, Decedent left a Last Will and Testament which was admitted to probate in the Probate Court of Davidson County by Order to Probate signed June 18, 2025. The will is entered and on record at the Probate Clerk for Davidson County, Tennessee.

7. Article II of the Last Will and Testament of Roger Dale Buchanan devised his real property to his child, Bo Daniel Buchanan.

Further Affiant sayeth not.

Ralph Bonner
RALPH BONNER

STATE OF TENNESSEE)
)
COUNTY OF Lincoln)

SWORN TO AND SUBSCRIBED before me this the 4th day of September, 2026.

Alanna Taylor
Notary Public

My commission expires: 11/3/27

ALANNA TAYLOR
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF LINCOLN

STATE OF TENNESSEE)
Lincoln)
COUNTY OF ~~RUTHERFORD~~)

Personally appeared before me, the undersigned, a Notary Public in and for said State and County, the within named **Ralph Bonner**, with whom I am personally acquainted (or upon the basis of satisfactory evidence presented to me), and who, after being duly sworn, made oath that the facts contained in the Affidavit are true and correct to the best of his knowledge.

Witness my hand and official seal at Lincoln County, Tennessee this the 4th day of September, 2026.

Alanna Taylor
Notary Public

My commission expires: 11/3/27

ALANNA TAYLOR
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF LINCOLN

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2025 023113

1. Decedent's Legal Name			2. Sex	3. Date of Death
ROGER DALE BUCHANAN			MALE	03/19/2025 -FOUND
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
18:39	71	08/13/1953	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		8c. City or Town		8d. County of Death
810 APPLE DR		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
DIVORCED		SAFETY TRAINER		ST OF TENNESSEE WILDLIFE
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
-2369	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
810 APPLE DR		YES	37211	YES
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
BOBBY JOE BUCHANAN		JO ANN WHITE		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
BO D BUCHANAN	SON	1806 SHERRILL BLVD, MURFREESBORO, TN 37130		
21a. Method of Disposition	21b. Place of Disposition		21c. Location	
CREMATION	MUSIC CITY CREMATORY SERVICE		NASHVILLE, TN	
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ WENDELL L. BYRD	2556	▶		
23a. Name and Address of Funeral Home				23b. License Number
WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211				760
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		04/10/2025		

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/ MELINDA S HENDERSON	39361	04/02/2025

27d. Name and Address: MELINDA S HENDERSON 1208 CHOCTAW TRAIL, BRENTWOOD, TN 37027

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. RESPIRATORY FAILURE	MINUTES
	b. CHRONIC OBSTRUCTIVE LUNG DISEASE	YEARS
	c.	
	d.	

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

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	PROBABLY	N/A

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: Apr-10-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

0 1 7 0 7 5 9 4 3

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE