This instrument prepared by:
Vanderkooi Law, PLC
718 Thompson Lane
Suite 108-235
Nashville, TN 37204
(615) 953-3728
Kristen@vanderkooilaw.com

Send Tax Notices to:
Leigh Dismukes
941 Peninsula Lane
Millbrook, AL 36054

Parcel Id:

119140A12400CO

Karen Johnson Davidson County
Batch# 609967 AFFIDAVITH
04/08/2021 09:35:53 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210408-0046665

AFFIANT:
Mark Hendrix

AFFIDAVIT OF HEIRSHIP

STATE OF Georgia
COUNTY OF Rockdale

Pursuant to *Tennessee Code Annotated § 30-2-712*, the Undersigned, being duly sworn, deposes and says:

1. My name is Mark Hendrix. I am over the age of 21 years and competent to testify to the statements contained herein.
2. I reside at 475 Cambridge Way, Covington, GA 30016.
3. I have personal knowledge of the matters stated in this Affidavit being the Grandson by marriage of the Patricia H. Bailey.
4. On August 2, 2020, Patricia H. Bailey, departed this life, Intestate. (See Exhibit 1, Death Certificate of Patricia H. Bailey).
5. The real property to which this Affidavit applies is located at 2929 Selena Drive, Unit J-124, Nashville, TN 37211, more fully described as:

> Land in Davidson County, Tennessee, being Unit No. 124 Building J on the plan of condominium site of Kingswood Condominium, of record in Book 5200, Page 520, Register's Office for said County, to which Plan and Record thereof are incorporated herein and made a part hereof by reference.
>
> Being the same property conveyed to Faye Wade Allen, as to a life estate, with a remainder to Bradley Farras Allen and Thomas Earl Allen as tenants in common by the Estate of Rose Cagle probated in the Seventh Circuit of Nashville-Davidson County (Probate Division) Docket No. 14P575 of

record in Instrument No. 20150202-0009664, Davidson County Tennessee Register of Deeds.

Further, being the same property conveyed to Patricia H. Bailey, unmarried, by Faye Wade Allen, as to a life estate, with a remainder to Bradley Farras Allen and Thomas Earl Allen of record in Instrument No. 20150309-0019777, Davidson County Tennessee Register of Deeds.

6. At the time of her death, Patricia H. Bailey was the sole owner of and resided at 2929 Selena Drive, Unit J-124, Nashville, TN 37211.
7. The estate of Patricia H. Bailey was not administered in a proceeding supervised by a court.
8. Patricia H. Bailey died Intestate without a Last Will and Testament.
9. Under the Tennessee laws of Intestate Succession, the subject real property passes to her heirs-at-law, adult daughters, Leigh Dismukes and Stephanie Floyd.
10. Stephanie Floyd predeceased her mother Patricia H. Bailey on December 10, 2019 leaving no issue. (See Exhibit 2, Death Certificate of Stephanie Floyd).
11. Leigh Dismukes is the sole remaining heir-at-law of Patricia H. Bailey and Pursuant to Tennessee Code Annotated § 30-2-712 the rightful owner of the subject real property due to the death of Patricia H. Bailey.

MARK HENDRIX, AFFIANT

STATE OF GEORGIA)
)
COUNTY OF ROCKDALE)

Personally appeared before me, the undersigned, a Notary Public of said county, MARK HENDRIX with whom I am personally acquainted or known to me by producing proper identification, and who acknowledged that she executed the within instrument for the purposes therein contained.

Subscribed and Sworn to me this 19 day of February, 2021.

Notary Public
My commission expires: 01/06/2024

M. WEDDERBURN BROWN NOTARY PUBLIC Exp. Jan. 6, 2024 ROCKDALE COUNTY, GA

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 046089

1. Decedent's Legal Name: PATRICIA BAILEY				2. Sex: FEMALE	3. Date of Death: 08/02/2020
4. Time of Death (Approx.): 17:04	5a. Age: 79	6. Date of Birth: 08/07/1941	7. Birthplace: ANNISTON, AL		
8a. Place of Death: INPATIENT					
8b. Facility Name: VANDERBILT UNIVERSITY MEDICAL CENTER		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: OFFICE MANAGER		11b. Kind of Business/Industry: GENERAL	
12. Social Security Number: 9259	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 2929 SALENA DRIVE J124		13e. Inside City Limits? YES	13f. Zip Code: 37211	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE		
18. Father's Name: CURTIS C HALL		19. Mother's Name Prior to First Marriage: ANNE WATSON			
20a. Informant's Name: MONICA HENDRIX	20b. Relationship to Decedent: GRANDDAUGHTER	20c. Mailing Address: 475 CAMBRIDGE WAY, COVINGTON, GA 30016			
21a. Method of Disposition: CREMATION	21b. Place of Disposition: ELLIS FUNERAL HOME CREMATORY		21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ ROBERT H WHITLEY	22b. License Number: 3618	22c. Signature of Embalmer: ▶		22d. License Number	
23a. Name and Address of Funeral Home: ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216				23b. License Number: 775	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 08/05/2020			

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: 08/03/2020

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.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (final disease or condition resulting in death)	a. ACUTE HYPOXIC RESPIRATORY FAILURE	
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. COVID-19	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I
BEHCETS DISEASE, RHEUMATOID ARTHRITIS, DIABETES MELLITUS TYPE 2

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? NO	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

TH-1559 (Rev 9/2017) RDA 10112

12052992

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

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

120529912
Date Issued: Aug-05-2020

CERTIFICATION OF VITAL RECORD

Exhibit 1

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 070479

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
STEPHANIE MARIE FLOYD				FEMALE	12/10/2019

4. TIME OF DEATH (Used)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
13:31	48					06/07/1971	MONTGOMERY AL

8a. PLACE OF DEATH: DECEDENT'S HOME

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
2929 SELENA DRIVE J-124	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to last marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
DIVORCED		RECEPTIONIST	AMERIPRISE

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
9963	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN U.S. ARMED FORCES?
2929 SELENA DRIVE J-124	YES	37211	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
MARCUS EUGENE BAILEY	PATRICIA ANN HALL

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
PATRICIA BAILEY	MOTHER	2929 SELENA DR J124 NASHVILLE, TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	ELLIS FUNERAL HOME CREMATORY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
/s/ ROBERT H WHITLEY	3618		

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216	775

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
/s/ EDWARD G BISHOP III	12/17/2019

CERTIFIER

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

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
/s/ DAVID L ZIMMERMAN, MD	046030	12/17/2019

27d. NAME AND ADDRESS: DAVID L ZIMMERMAN MD 850 R S GASS BLVD, NASHVILLE, TN 37216

MEDICAL CERTIFICATION

28. PART I. ENTER THE CHAIN OF EVENTS (DISEASE, 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. PENDING	
DUE TO (OR A CONSEQUENCE OF)	b.	
DUE TO (OR A CONSEQUENCE OF)	c.	
DUE TO (OR A CONSEQUENCE OF)	d.	

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

28e. WAS AN AUTOPSY PERFORMED?

28f. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
PENDING INVESTIGATION		

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 1059 (Rev. 8-2017) RDA 10112

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

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1116728700

Date Issued: Dec-19-2019

CERTIFICATION OF VITAL RECORD

Exhibit 2