This instrument was prepared by
AND WHEN RECORDED RETURN TO:

Nina Whitehurst, Esq.
Cumberland Legacy Law
330 Ridgeline Drive
Crossville, TN 38571

Karen Johnson Davidson County
Batch# 702269 AFFIDAVITH
08/23/2021 08:32:50 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210823-0113249

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF ARKANSAS

COUNTY OF WASHINGTON

The undersigned, being duly sworn, deposes and says:

1. My full name is John Franklin Teas. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 4848 W Crossvine Drive, Fayetteville, AR 72704.

3. I have personal knowledge of the matters stated in this Affidavit.

4. On December 12, 2020, Charles Franklin Teas died at Conway Regional Medical Center in Conway, Arkansas. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 210 Edgemead Drive, Madison, TN 37115 in Davidson County, Tennessee, more fully described as:

   Land in Davidson County, Tennessee, being Lot 28, Plan of Edgemead Farms, as shown on plat of record in Plat Book 3600, Page 69, in the Register's Office, Davidson County, Tennessee, to which plat reference is hereby made for a more particular description of said property.

   MAP-PARCEL: 034-13-0-229

   For prior title, see Warranty Deed recorded on January 11, 2016 as Instrument No. 20160111-0002416, in the Register's Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 404 Woody Street, Mountainview, AR 72560.

7. The estate of the Decedent
   ☐ Was not administered in a proceeding supervised by a court.

☒ Was administered in a proceeding supervised by the Faulkner County Circuit Court Probate Division, Case No. 23PR-20-692 in Faulkner County, Arkansas.

8. Facts concerning my relationship to the Decedent are: I am a child of the Decedent.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: The Decedent was unmarried at the time of his death. The Decedent was survived by four children: (1) Michael Wayne Teas, born October 10, 1964, currently residing at 210 Edgemead Drive, Madison, TN 37115; (2) John Franklin Teas, born November 24, 1965, currently residing at 4848 W. Crossvine Dr., Fayetteville, AR 72704, (3) Jeffrey Charles Teas, born August 17, 1967, currently residing at 404 Woody St., Mountainview, AR 75260; and (4) William Edward Teas, born August 12, 1971, currently residing at 237 Easterwood Point Rd., Mayflower, AR 72106.

John Franklin Teas, Affiant

STATE OF ARKANSAS)
) ss.
COUNTY OF WASHINGTON)

Sworn to and subscribed before me this 28th day of July, 2021 by John Franklin Teas.

MIRINDA D. HOPKINS
Notary Public-Arkansas
Washington County
My Commission Expires 02-28-2022
Commission # 12386682

Notary Public
My Commission expires: 02-28-2022

Grantor(s) Name, Address:	**Grantee(s) Name, Address:**
Charles Franklin Teas (deceased) 404 Woody St. Mountainview, AR 72560	Michael Wayne Teas 210 Edgemead Drive Madison, TN 37115 John Franklin Teas 4848 W. Crossvine Dr. Fayetteville, AR 72704 Jeffrey Charles Teas P.O. Box 1124 Mountainview, AR 72560 William Edward Teas P.O. Box 535 Mayflower, AR 72106
SEND TAX STATEMENTS TO: Michael Wayne Teas 210 Edgemead Drive Madison, TN 37115	

STATE OF ARKANSAS

3398774 00

ARKANSAS DEPARTMENT OF HEALTH
Vital Records
CERTIFICATE OF DEATH

FILE NUMBER 2020034673

To Be Completed / Verified by FUNERAL DIRECTOR

1. DECEDENTIS LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)					2. SEX	3a. DATE OF DEATH	3b. TIME OF DEATH
CHARLES FRANKLIN TEAS					MALE	DEC. 12, 2020	1512
4. SOCIAL SECURITY NO.	5a. AGE I Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	75					AUGUST 28, 1945	MAYFLOWER, AR

8a. RESIDENCE STATE or FOREIGN COUNTRY	8b. COUNTY	8c. CITY OR TOWN	
ARKANSAS	FAULKNER	MAYFLOWER	
8d. NUMBER AND STREET	8e. APT. NO.	8f. ZIP CODE	8g. INSIDE CITY LIMITS?
10 RIDGE LN		72106-8801	NO

9. EVER IN US ARMED FORCES?	10. MARITAL STATUS AT TIME OF DEATH	11. SURVIVING SPOUSEIS NAME (If wife, give name prior to first marriage.)
YES	DIVORCED (NOT REMARRIED)	

12a. IF DEATH OCCURRED IN A HOSPITAL	12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL	12c. COUNTY OF DEATH
INPATIENT		FAULKNER
12d. FACILITY NAME (If not institution, give number & street)	12e. CITY OR TOWN	12f. ZIP CODE
CONWAY REGIONAL MEDICAL CENTER	CONWAY	72034-6297
13. FATHERIS NAME (First, Middle, Last)	14. MOTHERIS NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
CHARLES ELVIN TEAS	LAVERN CHEW	

15a. INFORMANTIS NAME	15b. RELATIONSHIP TO DECEDENT	15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code)
JOHN FRANKLIN TEAS	SON	4848 W CROSSVINE DR, FAYETTEVILLE, AR, 72704-3409

16a. METHOD OF DISPOSITION: BURIAL			
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	16c. LOCATION I CITY, TOWN, AND STATE		
MAYFLOWER CEMETERY	MAYFLOWER, ARKANSAS		
17a. EMBALMERIS NAME	17b. EMBALMERIS LICENSE #	17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT)	
NOT EMBALMED		/e/ EDWARD L FERGUSON	
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			17e. LICENSE #
ROLLER-MCNUTT FUNERAL HOME - CONWAY 650 CENTRAL LANDING BLVD, CONWAY, AR, 72032			024

To Be Completed / Verified by MEDICAL CERTIFIER

18a. DATE PRONOUNCED DEAD	18b. TIME PRONOUNCED DEAD	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE)	19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?
DEC. 12, 2020	1512	GREGORY ALLEN KENDRICK, MD	YES

CAUSE OF DEATH

20. PART I. Enter the chain of eventsI diseases, injuries, or complicationsI 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. Enter only one cause on a line.

		APPROXIMATE INTERVAL: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ..... →	a. ACUTE CARDIOPULMONARY ARREST	2 HOURS
	Due to (or as a consequence of)	
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. ACUTE RESPIRATORY FAILURE	1 DAY
	Due to (or as a consequence of)	
	c. ACUTE RENAL FAILURE	2 DAYS
	Due to (or as a consequence of)	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	21a. WAS AN AUTOPSY PERFORMED? NO
	21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

22. MANNER OF DEATH	NATURAL		
23. DID TOBACCO USE CONTRIBUTE TO DEATH?	24. IF FEMALE:		
NO			
25a. DATE OF INJURY (Mo/Day/Yr)	25b. TIME OF INJURY	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	25d. INJURY AT WORK?

25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)

25f. DESCRIBE HOW INJURY OCCURRED:	25g. IF TRANSPORTATION INJURY, SPECIFY

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

SIGNATURE: /e/ GREGORY ALLEN KENDRICK TITLE MD DATE: DECEMBER 16, 2020

26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print)	26c. LICENSE #
GREGORY ALLEN KENDRICK, MD 525 WESTERN SUITE #202B, CONWAY, AR, 72034	E-2187
27a. SIGNATURE OF REGISTRAR Shirley Louie	27b. FOR REGISTRAR ONLY - DATE FILED DEC. 16, 2020

+ DENOTES AMENDED ITEMS:

ARKANSAS DEPARTMENT OF HEALTH SEAL LITTLE ROCK, ARK.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

DEC 31 2020

Shirley Louie
Shirley Louie
State Registrar

7138469

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.