Karen Johnson Davidson County
Batch# 1016014 AFFIDAVITH
06/16/2023 10 59 13 AM 7 pgs
Fees $37 00 Taxes $0 00
20230616-0046105

THIS INSTRUMENT PREPARED BY:
Danny R. Dickerson, Attorney
P.O. Box 120913
Nashville, Tennessee 37212-0913

This instrument has been prepared from information solely furnished by the parties and no independent title search has been performed.

Address New Owner(s)	Send Tax Bills To:	Map-Parcel Number(s)
Sondra Traylor Lee P.O. Box 97 Salinas, CA 93902	Same	073-00-0-006.00, 073-00-0-007.00

AFFIDAVIT OF INHERITANCE OF REAL PROPERTY (T.C.A. § 30-2-712)

STATE OF TENNESSEE)(
COUNTY OF DAVIDSON)(

COMES THE AFFIANT, PATRICIA E. HEROD, the undersigned, being first duly sworn, and being of lawful age and a resident of the County of Davidson, State of Tennessee, and pursuant to § 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of her own free will based upon her personal knowledge of Decedent and Decedent's family, and says:

1. FRANCES CHRISTINE TRAYLOR, widowed, a resident of Davidson County, State of Tennessee, died on October 17, 2021, as evidenced by a copy of the death certificate attached as Exhibit A;

2. The Decedent died without a surviving spouse. The Decedent was married to ELWOOD DEAN TRAYLOR, until his death on February 5, 1996, as evidenced by a copy of the death certificate attached as Exhibit B, and Decedent did not remarry;

3. The Decedent died leaving one child without issue, the undersigned SONDRA TRAYLOR LEE, a married person, who is declaring under penalty of perjury that she is the sole heir at law of FRANCES CHRISTINE TRAYLOR. The Decedent never gave birth to or adopted any other child or children;

4. At the time of her death, Decedent held a fee simple absolute interest as an unmarried individual in the following described improved real estate located in Davidson County, Tennessee, having a street address of 2812 McGavock Pike, Nashville, Tennessee 37214:

Tract 2
Land in the 3rd Civil District of Davidson County, Tennessee, and described as follows: A part of the R.F. Lipscomb Tract and lying on the West side of the old McGavock Pike and described according to a survey made by Cantrell, Connell and Morrison, Engineers, dated June 23, 1954.

Beginning at a point of the old McGavock Pike, said point being a common corner of the R.F. Lipscomb and E.W. Cooper lands, thence with the boundary of said lands, South 86 deg. 13' West, passing through an iron pipe on the West margin of the old McGavock Pike, 201.6 feet to an iron pin, thence North 21 deg. 12' West 101.2 feet to an iron pin,; thence North 71 deg. 03' East, passing through an iron pin on the West side of said Pike, 193.4 feet to a point in the center of the old McGavock Pike; thence with the center of said Pike, South 20 deg. 27' East 150 feet to the point of beginning.

Being the same property conveyed to Two Rivers Baptist Church by Warranty Deed from Annette D. Landry, Barry J. Landry, Raymond L. Landry and Jeffery C. Landry, recorded on June 15, 1997 in Book 10320, Page 269, Register's Office of Davidson County, Tennessee; and, further being the same property conveyed to by Warranty Deed from Two Rivers Baptist Church to FRANCES CHRISTINE ELAIS-TRAYLOR *(sic)*, an unmarried individual, recorded March 11, 2013 as Instrument Number 20130311-0023877, Register's Office of Davidson County, Tennessee.

This conveyance is subject to any and all bylaws, covenants, zoning regulations, building restrictions and setback lines, if any, and easement and rights for public utilities, applicable to this property; and taxes for the current year which have been prorated and paid by the Grantor(s) herein.

THE FOREGOING DESCRIPTION IS THE SAME AS THAT CONTAINED IN THE PREVIOUS DEED OF RECORD EXCEPT FOR ADDING THE IMMEDIATELY PRIOR CONVEYANCE TO DECEDENT.

Said property is subject to a first mortgage Deed of Trust from FRANCES CHRISTINE TRAYLOR, an unmarried person, in favor of Lender REGIONS BANK D/B/A REGIONS MORTGAGE of record as Instrument Number 20130311-0023878, Register's Office for Davidson County, Tennessee.

5. THE UNDERSIGNED, PATRICIA E. HEROD affirms her personal knowledge that SANDRA TRAYLOR LEE, a married person, and reasonably believes SANDRA TRAYLOR LEE has been vested with a One Hundred Percent (100%) interest

in the real estate described above by virtue of the laws of descent and distribution of the State of Tennessee, the said FRANCES CHRISTINE TRAYLOR, also known as FRANCES CHRISTINE ELAIS-TRAYLOR *(sic)* as shown on said Warranty Deed cited above, and as FRANCES ELISA TRAYLOR as cited on the death certificate of ELWOOD DEAN TRAYLOR attached hereto, and FRANCES CHRISTINE TRAYLOR having since died intestate;

6. NO INHERITANCE TAX CLOSING LETTER from Tennessee Department of Revenue has been applied for or received, as the Tennessee Inheritance Tax is not currently in effect and was not in effect at the time of the death of FRANCES CHRISTINE TRAYLOR;

7. THE RELEASE FROM BUREAU OF TENNCARE dated November 29, 2021, has been received, and the original was recorded in Davidson County Probate Court case number 21P-2224 on November 29, 2021, a copy of which is attached as Exhibit C;

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the Affidavit being used to evidence transfer of title to the property to the surviving child of FRANCES CHRISTINE TRAYLOR, the undersigned SONDRA TRAYLOR LEE.

Patricia E. Herod
PATRICIA E. HEROD

STATE OF TENNESSEE)(
COUNTY OF DAVIDSON)(

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared PATRICIA E. HEROD, the within named Affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 16th day of June, 2023.

Lee A. Cohen
Notary Public

My Commission Expires: 3/3/2026

LEE A. COHEN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

OATH OF ONLY CHILD OF FRANCES CHRISTINE TRAYLOR

I, SONDRA TRAYLOR LEE, solemnly swear and declare under the penalty of perjury that I am the only child born of my mother FRANCES CHRISTINE TRAYLOR, also known as FRANCES ELISA TRAYLOR as shown on the death certificate of ELWOOD DEAN TRAYLOR attached as Exhibit B hereto, and as FRANCES CHRSTINE ELAIS-TRAYLOR *(sic)* as shown on the Warranty Deed conveying the property herein to said Decedent FRANCES CHRISTINE TRAYLOR, and that my father ELWOOD DEAN TRAYLOR predeceased my mother on February 5, 1996.

I further solemnly swear and assert under the penalty of perjury that I reasonably believe the only known debt and encumbrance on the property is a first mortgage Deed of Trust securing said property, said indebtedness currently payable to REGIONS BANK, and that any interest I receive in the herein described real property is subject to said Deed of Trust. I am aware of no other debts or encumbrances remaining that are or might become a lien on the interest in the described real estate, other than medical expenses expected to be satisfied, released or adjudicated during the intestate administration of the estate of FRANCES CHRISTINE TRAYLOR.

Sondra Traylor Lee

SONDRA TRAYLOR LEE

STATE OF TN)(
COUNTY OF DAVIDSON)(

Sworn to and subscribed before me this 16th day of June, 2023.

Lee A. Cohen

Notary Public

My Commission Expires:

3/3/2026

LEE A. COHEN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 078321

1 Decedent's Legal Name: FRANCES CHRISTINE TRAYLOR			2. Sex: FEMALE	3. Date of Death: 10/17/2021
4 Time of Death (Approx): 18 10	5a Age: 82	6 Date of Birth: 01/03/1939	7 Birthplace: PULASKI, TN	
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: ADMINISTRATIVE ASSISTANT		11b Kind of Business/Industry: RADIOLOGY
12 Social Security Number: 9227	13a Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON		13c City or Town: NASHVILLE
13d Street and Number: 2812 MCGAVOCK PIKE		13e Inside City Limits?: YES	13f Zip Code: 37214	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: AKEMORE ELIAS		19 Mother's Name Prior to First Marriage: DORIS BARLAR		
20a Informant's Name: SONDRA TRAYLOR LEE	20b Relationship to Decedent: DAUGHTER	20c. Mailing Address: 16475 TARPEY ROAD, ROYAL OAKS CA 95076		
21a. Method of Disposition: CREMATION	21b Place of Disposition: BENNETT-MAY AND PIERCE FUNERAL	21c Location: PULASKI TN		
22a Signature of Funeral Director: ▶ /e/ JENNIFER MITCHELL	22b License Number: 8316	22c Signature of Embalmer: ▶	22d License Number	
23a Name and Address of Funeral Home: BENNETT-MAY & PIERCE FUNERAL HOME AND CREMATORY, 1910 ELKTON PIKE PULASKI TN 38478-9082			23b License Number: 1133	
24 Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25 Date Filed: 10/20/2021			

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 10/19/2021

27d Name and Address: LAURA THARPE 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. STROKE	
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 ATHEROSCLEROTIC CEREBROVASCULAR DISEASE	
	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: 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

PH 1b59E RDA 10112

13590112

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 63-3-101 et seq., Vital Records Act of 1977

Edward G Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 5 9 0 1 1 2

Date Issued: Oct 20 2021

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAUTION & ANTI-FRAUD PROTECTION

STATE OF TENNESSEE
Office of Vital Records

9600675

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

96 003514
STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
ELWOOD DEAN TRAYLOR	MALE	FEBRUARY 5, 1996

4. SOCIAL SECURITY NUMBER	5a. AGE – LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: MOS / DAYS	5c. UNDER 1 DAY: HOURS / MIN	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
2-1962	62			7-4-33	MADISON, TENNESSEE

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
VA MEDICAL CENTER 1Y0	NASHVILLE	DAVIDSON

10. MARITAL STATUS – Married, never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	FRANCES ELISA	TEACHER	

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TENNESSEE	WILSON 95	LEBANON 000-	310 CEDAR ST. P.O. BOX 1238

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE – American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)
1 [ ] Yes 2 [X] No	37087	[ ] Yes [X] No. Specify if yes:	WHITE	Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4 + 6 10

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
ELWOOD W. TRAYLOR	NANCY DAVIS

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
DVA FILE	NONE	1310 24TH AVENUE SOUTH, NASHVILLE, TN 37212

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c. LOCATION – City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	LENWOOD CEMETERY	LYNNVILLE, TENNESSEE

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ BILL BENNETT	138	▶ BILL BENNETT	1664

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
BENNETT-MAY FUNERAL HOME 216 W. COLLEGE, PULASKI, TN 38478	21

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ [signature]	February 14, 1996

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated.

1 [ ] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ [signature]	19061	2-13-96

26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, place, and due to the cause(s) and manner as stated

2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
▶		

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): JOHN CHRISTMAN, M.D. 1310 24TH AVENUE SOUTH, NASHVILLE, TN 37212

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

29. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. INTRAVENTRICULAR HEMORRHAGE	
	DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. 431-	

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

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 6 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)	31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

PH 1659
REV 2 93

RDA 1390

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.

14689029

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

Edward G Bishop III
State Registrar

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 6 8 9 0 2 9
Date Issued Nov-18-2022

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

COPY

EFILED 11/29/21 10:28 AM CASE NO. 21P2224 Richard R. Rooker, Clerk

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR TENNCARE@TN GOV

November 29, 2021

Danny Dickerson
622 Split Rail Drive
Brentwood, TN 37027

RE: Traylor, Frances Christine Date of Death: 10/17/2021 SSN: [redacted]
Our File Number: 50030

Danny Dickerson:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941 or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit