AFFIDAVIT
OF DEATH AND HEIRSHIP

O. Jenelle Martin (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 1650 Pinetree Pass Ln SW, Lilburn, Georgia 30047 located in the County of Gwinnett. The Affiant is the daughter to Mr. Jasper D. Martin (the "Decedent").

The Decedent died on 06/19/2020 in the County of Gwinnett in the State of Georgia. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:	A 2030 square feet ranch home with 3 bedrooms and 2 bathrooms.
Address:	1704 Villa Pl Nashville, Tennessee 37212
County:	Davidson

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

In the event that the Decedent was married, listed below will be the name of the spouse and current status of said marriage.

Name of Spouse	Status
Johnella H. Martin	Deceased

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status
O. Jenelle Martin	11/02/1962	Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $840,000.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

O Jenelle Martin
(AFFIANT SIGNATURE)

7/14/2023
(DATE SIGNED)

O. Jenelle Martin
(AFFIANT NAME)

Karen Johnson Davidson County
Batch# 1029117 **AFFIDAVITH**
07/21/2023 10:38:56 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20230721-0056317

Prepared by: O Jenelle Martin
1650 Pinetree Pass Ln. SW
Lilburn, GA 30047

State of Georgia

ss.

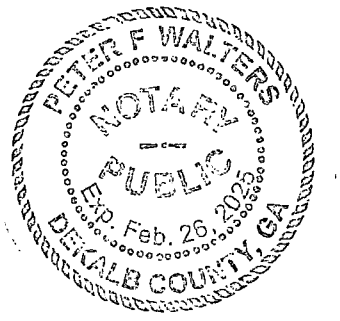
County of Gwinnett

This instrument was subscribed and sworn to before me on 07/06/2023 by O. Jenelle Martin.

Peter F Walters
(NOTARY PUBLIC SIGNATURE)

Peter F Walters
(NOTARY PRINTED NAME)

My Commission Expires: Feb 26, 2025



GEORGIA DEATH CERTIFICATE

State File Number **2020GA000041822**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) **JASPER DENTON MARTIN**	1a. IF FEMALE, ENTER LAST NAME AT BIRTH			2. SEX **MALE**	2a. DATE OF DEATH (Mo., Day, Year) **ACTUAL DATE OF DEATH 06/19/2020**		
3. SOCIAL SECURITY NUMBER **-0254**	4a. AGE *(Years)* **95**	4b. UNDER 1 YEAR Mos.	Days	4c. UNDER 1 DAY Hours	Mins.	5. DATE OF BIRTH (Mo., Day, Year) **06/18/1925**	
6. BIRTHPLACE **TENNESSEE**	7a. RESIDENCE - STATE **GEORGIA**	7b. COUNTY **GWINNETT**		7c. CITY, TOWN **LILBURN**			
7d. STREET AND NUMBER **1650 PINETREE PASS LANE**	7e. ZIP CODE **30047**	7f. INSIDE CITY LIMITS? **NO**		8. ARMED FORCES? **YES**			
8a USUAL OCCUPATION **FUNERAL DIRECTOR**	8b. KIND OF INDUSTRY OR BUSINESS **FUNERAL HOME**						
9. MARITIAL STATUS **WIDOWED**	10. SPOUSE NAME **JOHNELLA HUTCHINGS**	11. FATHER'S FULL NAME (First, Middle, Last) **ROLAND MARTIN**					
12. MOTHER'S MAIDEN NAME (First, Middle, Last) **VIOLET JENNIE WORTHINGTON**	13a. INFORMANT'S NAME (First, Middle, Last) **DR. JENELLE MARTIN**	13b. RELATIONSHIP TO DECEDENT **DAUGHTER**					
13c. MAILING ADDRESS **1650 PINETREE PASS LANE LILBURN GEORGIA 30047**	14. DECEDENT'S EDUCATION **BACHELOR'S DEGREE**						
15. ORIGIN OF DECEDENT *(Italian, Mex.,French, English, etc.)* **NO, NOT SPANISH/HISPANIC/LATINO**	16. DECEDENT'S RACE *(White, Black, American Indian, etc.) (Specify)* **BLACK OR AFRICAN-AMERICAN**						
17a. IF DEATH OCCURRED IN HOSPITAL	17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) **DECEDENT'S HOME**						
18. HOSPITAL OR OTHER INSTITUTION NAME *(If not in either give street and no.)* **1650 PINETREE PASS LANE**	19. CITY, TOWN or LOCATION OF DEATH **LILBURN**	20. COUNTY OF DEATH **GWINNETT**					
21. METHOD OF DISPOSITION (specify) **BURIAL**	22. PLACE OF DISPOSITION **GREENWOOD CEMETERY 1428 ELM STREET TENNESSEE 37210**	23. DISPOSITION DATE (Mo., Day, Year) **06/27/2020**					
24a. EMBALMER'S NAME **TREMAIN JORDAN**	24b. EMBALMER LICENSE NO. **4864**	25. FUNERAL HOME NAME **BROWN AND YOUNG HOME OF FUNERALS**					
25a. FUNERAL HOME ADDRESS **7075 SWIFT STREET BOX 1260 LITHONIA GEORGIA 30058**							
26a. SIGNATURE OF FUNERAL DIRECTOR **KONSWELLO MONROE**	26b. FUN. DIR. LICENSE NO **4345**	AMENDMENTS					
27. DATE PRONOUNCED DEAD (Mo., Day, Year) **06/19/2020**	28. HOUR PRONOUNCED DEAD **11:33 PM**						
29a. PRONOUNCER'S NAME **SALENA A MOORER**	29b. LICENSE NUMBER **170720**	29c. DATE SIGNED **06/19/2020**					
30. TIME OF DEATH **11:33 AM**	31. WAS CASE REFERRED TO MEDICAL EXAMINER **NO**						

32. 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. DO NOT ABBREVIATE.

		Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. **CHRONIC DIASTOLIC HEART FAILURE**	**UNKNOWN**
	Due to, or as a consequence of	
	B.	
	Due to, or as a consequence of	
	C.	
	Due to, or as a consequence of	
	D.	

Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. *If female, indicate if pregnant or birth occurred within 90 days of death.*	33. WAS AUTOPSY PERFORMED? **NO**	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

35. TOBACCO USE CONTRIBUTED TO DEATH **NO**	36. IF FEMALE (range 10-54) PREGNANT **NOT APPLICABLE**	37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) **NATURAL**		
38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)	41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY *(Street, Apartment Number, City or Town, State, Zip, County)*				
43. DESCRIBE HOW INJURY OCCURRED		44. IF TRANSPORTATION INJURY		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) **AMIT DUA , MD, 050695**		46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) **06/23/2020**	45b. HOUR OF DEATH **11:33 AM**	46a. DATE SIGNED (Mo., Day, Year)	46b. HOUR OF DEATH	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH **AMIT DUA 303 PIRKLE FERRY ROAD CUMMING GEORGIA 30040**				
48.REGISTRAR (Signature) **/S/ CHRISTOPHER JP HARRISON**		49. DATE FILED - REGISTRAR *(Mo., Day, Year)* **06/24/2020**		

Form 3903 (Rev. 04/2012), GEORGIA DEPARTMENT OF PUBLIC HEALTH

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

Christopher J. Harrison

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN: _____

ISSUED BY: _____

DATE ISSUED: JUN 25 2020

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