Karen Johnson Davidson County
Batch# 1149609 AFFIDAVITH
06/21/2024 08:46:30 AM 8 pgs
Fees: $42.00 Taxes: $0.00
20240621-0046607

AFFIDAVIT OF HEIRSHIP

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, duly commissioned and qualified, the within named Affiants, David Francis, Mark Francis, and Lisa Chandler (herein "Affiants"), who being first duly sworn, did depose and say:

1. That David Francis declares that he is a resident of the County of Rutherford, State of Tennessee.
2. That Mark Francis declares that he is a resident of the County of Davidson, State of Tennessee.
3. That Lisa Chandler declares that she is a resident of the County of Davidson, State of Tennessee.
4. The Affiants declare that we have personal knowledge of the heirs-at-law of **Martha L. Francis (herein "Decedent").**
5. That **Decedent** died without a known original Will on **January 6, 2024**, a resident of **Davidson County**, Tennessee.
6. That **Decedent** was predeceased by her husband, **Wendell Yarbrough Francis,** who died on **November 18, 2017**, and that Decedent was not married at the time of her death.
7. The only children born to or adopted by **Decedent** during her lifetime were the following:
   a. **David Francis**
   b. **Mark Francis**
8. That both children survived the Decedent.
9. That at the time of **Decedent's** death, she owned an interest in certain real property, to wit:

Land in Davidson County, Tennessee, being Lot No. 830 on the Plan of Hermitage Hills, Section Seven, as of record in Book 3300, Pages 62 and 63, Register's Office for said County.

Said Lot No. 830 fronts 80.00 feet on the westerly side of Bonnamere Drive and extends back between parallel lines 140.0 feet to a dead line.

Being the same property conveyed to Martha L. Francis and husband, Wendell Y. Francis, from Scott Knight and wife, Michelle Knight, by Warranty Deed recorded on September 23, 2003, in Instrument No. 20030923-0140921, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Richard A. Northcutt, Trustee, from Martha L. Francis and husband Wendell Y. Francis and then conveyed from Richard A. Northcutt, Trustee, to Martha L. Francis and husband Wendell Y. Francis and Mark Kelly Francis, unmarried, by Quitclaim Deed recorded on October 16, 2003, in Instrument No. 20031016-0153452, Register's Office for Davidson County, Tennessee.

Mark Kelly Francis conveyed all of his interest in this property to Wendell Y. Francis and wife Martha L. Francis by Quit Claim Deed recorded on March 11, 2013, in Instrument No. 20130311-0023557, Register's Office for Davidson County, Tennessee.

The said Wendell Y. Francis died on November 18, 2017, leaving Martha L. Francis as the sole surviving tenant by the entirety.

The said Martha L. Francis died on January 6, 2024, leaving the property to her sole heirs-at-law, David Francis and Mark Francis.

This improved property has a common address of 7011 Bonnamere Drive, Hermitage, TN 37076.

Map and Parcel 07408000900

10. That Affiants David Francis and Mark Francis affirm that the redacted copies of the death certificates of Martha Lena Francis and Wendell Yarbrough Francis are true and correct copies, as redacted, and which are attached hereto and made a part hereof.

11. That Affiants David Francis and Mark Francis affirm that Martha Lena Francis and Wendell Yarbrough Francis were not recipients of TennCare and that TennCare releases for Martha Lena Francis and Wendell Yarbrough Francis are attached hereto and made a part hereof.

12. That Martha L. Francis was one and the same person as Martha Lena Francis and Martha Lena Martin Francis.

13. That Wendell Y. Francis was one and the same person as Wendell Yarbrough Francis.

14. That David Francis is one and the same person as David Craig Francis.

15. That Mark Francis is one and the same person as Mark Kelly Francis.

Further, Affiants sayeth not.

IN TESTIMONY WHEREOF, we hereunto subscribe our names this 20th day of June 2024.

David Francis, Affiant

Mark Francis, Affiant

Lisa Chandler, Affiant

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named David Francis, Mark Francis, and Lisa Chandler, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained as their free act and deed.

Witness my hand and official seal at office, this 20th day of June 2024.

Notary Public
My Commission Expires: _____

KIMBERLY J. THOMPSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MARCH 3, 2026

Prepared by:
Cindy S. Smith, P.C., Attorneys at Law
P.O. Box 292004
Nashville, TN 37229
This document was prepared without the benefit of a title search.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 001701

1. Decedent's Legal Name: MARTHA LENA FRANCIS			2. Sex: MALE	3. Date of Death: 01/06/2024 - FOUND
4. Time of Death (Approx.): UNKNOWN	5a. Age: 93	6. Date of Birth: 04/24/1930	7. Birthplace: HORSE CAVE, KY	
8a. Place of Death: ER/OUTPATIENT				
8b. Facility Name: SAINT THOMAS RUTHERFORD HOSPITAL - MURFREESBORO		8c. City or Town: MURFREESBORO		8d. County of Death: RUTHERFORD
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: RETAIL		11b. Kind of Business/Industry: SALES
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2915 TWIN LAWN DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37214	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18. Father's Name: OTIS MARTIN		19. Mother's Name Prior to First Marriage: ANNIE ELIZABETH GERALDS		
20a. Informant's Name: DAVID FRANCES	20b. Relationship to Decedent: SON	20c. Mailing Address: 3413 VALLET BEND ROAD, MURFREESBORO, TN 37129		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MT OLIVET CEMETERY	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: /e/ BRAD RAINES	22b. License Number: 4992	22c. Signature of Embalmer: /e/ CAYLEY FREEMAN	22d. License Number: 20172	
23a. Name and Address of Funeral Home: HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3556			23b. License Number: 942	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 01/16/2024		

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/ CINDI E JONES-WOODS	27b. License Number: 037772	27c. Date Signed: 01/15/2024
27d. Name and Address: CINDI E JONES-WOODS 325 OLD PLEASANT GROVE ROAD 1ST FLOOR, MOUNT JULIET, TN 37122		

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. MYOCARDIAL INFARCTION	MINUTES
	b. PERIPHERAL ARTERIAL DISEASE	YEARS
	c. HYPERLIPIDEMIA	YEARS
	d. HYPERTENSION	YEARS

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

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: 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 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.

15708487

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jan 29 2024

CERTIFICATION OF VITAL RECORD

202406210046607

Hibbett & Hailey Funeral Home

AFFIDAVIT OF CHANGE

TO:	TENNESSEE STATE HEALTH DEPARTMENT VITAL RECORDS-AMMENDMENTS CENTRAL SERVICES BUILDING, FIRST FLOOR NASHVILLE, TENNESSEE 37247-0450

Date: 02/06/2024

Please correct the death certificate for the following:

Name of Decedent: MARTHA LENA FRANCIS

Date of Death: 01/06/2024-FOUND

Social Security number: [redacted]

Reason for Change:

Line 12 reads: [redacted]

Line 12 should read: [redacted]

Line 20a reads: DAVID FRANCES

Line 20a should read: DAVID FRANCIS

Line _____ reads:

Line _____ should read:

Director Printed Name: Ashley Ann Luer License #: 16204

Director Signature: Ashley Ann Luer Date: 02/06/2024

Manager Printed Name: Ronald D. Graeff License #: 20659

Manager Signature: Ronald D. Graeff Date: 02/06/2024

DATE: SWORN AND SUBSCRIBED TO ME BEFORE THIS 6th DAY OF February, 2024 IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE.

NOTARY PUBLIC: Bradley Eugene Guthrie

MY COMMISSION EXPIRES: 11-03-2025

BRADLEY EUGENE GUTHRIE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-3-2025

Dignity MEMORIAL

429 Donelson Pike • Nashville, TN 37214 • 615.883.2361 • www.DignityMemorial.com

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

May 28, 2024

Sarah Cunningham
2739 Larmon Dr.
Nashville, TN 37204

RE: Francis, Martha Lena Date of Death: 1/6/2024 SSN: xxx-xx-[redacted]
Our File Number: 128935

Sarah Cunningham:

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 annuities, 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 or annuity, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust or annuity when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit

Under 2024

STATE OF TENNESSEE
Office of Vital Records

COPY

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 111766

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: WENDELL YARBROUGH FRANCIS
2. SEX: MALE
3. DATE OF DEATH: 11/18/2017
4. TIME OF DEATH (24 hour): 08:02 AM
5a. AGE: 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 08/08/1926
7. BIRTHPLACE: GLASGOW, KENTUCKY
8a. PLACE OF DEATH: ER/OUTPATIENT
8b. FACILITY NAME: TRISTAR SUMMIT MEDICAL CENTER
8c. CITY OR TOWN: HERMITAGE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): MARTHA MARTIN
11c. DECEDENT'S USUAL OCCUPATION: REVEREND
11b. KIND OF BUSINESS/INDUSTRY: CLERGY
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 2915 TWIN LAWN DRIVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: PRICE FRANCIS
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ADDIE HOUCHENS

DISPOSITION

20a. INFORMANT'S NAME: MARTHA FRANCIS
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 2915 TWIN LAWN DRIVE, NASHVILLE, TENNESSEE 37214
21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: MOUNT OLIVET CEMETERY
21c. LOCATION: NASHVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ COURTNEY RISE REED
22b. LICENSE NUMBER: 6897
22c. SIGNATURE OF EMBALMER: /s/ James R Padgett
22d. LICENSE NUMBER: 6535
23a. NAME AND ADDRESS OF FUNERAL HOME: HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TENNESSEE 37214-3559
23b. LICENSE NUMBER: 942

LOCAL REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ LORI FERRANTI
25. DATE FILED: 11/22/2017

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: /s/ JASON BOOTON
27b. LICENSE NUMBER: 49735
27c. DATE SIGNED: 11/21/2017
27d. NAME AND ADDRESS: JASON BOOTON, 1111 DICKINSON LANE, FRANKLIN, TENNESSEE 37069

MEDICAL CERTIFICATION

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. ACUTE MYOCARDIAL INFARCTION	
	DUE TO (OR A CONSEQUENCE OF): b. FATAL DYSRHYTHMIA	
	DUE TO (OR A CONSEQUENCE OF): c. HISTORY OF CORONARY ARTERY DISEASE	
	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

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?: UNKNOWN
32. IF FEMALE: 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

VR-1059 (Rev. 8/2017)
RDA 10112

09615911

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.

NOV 29 2017

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

0-9615911

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

202406210046607

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

#

May 24, 2024

Sarah Cunningham
2739 Larmon Dr.
Nashville, TN 37204

RE: Francis, Wendell Yarbrough Date of Death: 11/18/2017 SSN: xxx-xx-[redacted]
Our File Number: 128936

Sarah Cunningham:

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 annuities, 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 or annuity, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust or annuity when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit

Under 2024

AFFIDAVIT FOR RECORDING

I, Cindy S. Smith, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on **June 20, 2024** (date of document).

Cindy S. Smith, Affiant

06/20/2024
Date

State of Tennessee

County of Davidson

Sworn to and subscribed before me on this 20th day of June, 2024.

Notary

MY COMMISSION EXPIRES:

SARAH CUNNINGHAM
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires MARCH 21, 2026