Prepared by and Return to:
Amy Cross Nance, Esq.
Attorney at Law
103 Forrest Crossing Blvd Suite 205
Franklin, TN 37064
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Karen Johnson Davidson County
Batch# 1152320 AFFIDAVITH
06/28/2024 10:03:30 AM 8 pgs
Fees: $42.00 Taxes: $0.00
20240628-0048606

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PURSUANT TO T.C.A. §30-2-712

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Affiant, Jan Robinson, after first being duly sworn, states that she is an adult citizen and resident of Antioch, Tennessee, being at least eighteen (18) years of age. She further states that she is one of two children born of the marriage of her father, George Robinson, and her mother, Frances U. Durham.

Affiant, James Alton Robinson, after first being duly sworn, states that he is an adult citizen and resident of Nashville, Tennessee, being at least eighteen (18) years of age. He further states that he is one of two children born of the marriage of his father, George Robinson, and his mother, Frances U. Durham.

Affiant, Germain Bush, after first being duly sworn and being at least eighteen (18) years of age states that he is a family friend of the Durham-Robinson family for 65 years and states he is very familiar with the family history.

The Affiants state as follows:

1. George Robinson and Frances U. Durham were married in 1951.

2. George Robinson and Frances U. Durham had two children, Jan Robinson and James Alton Robinson.

3. George Robinson died on May 8, 1967. Subsequent to his death, Frances U. Durham did not have any other children.

4. Frances U. Durham was not married at the time of her death.

5. Frances U. Durham died intestate on January 23, 2024, in Davidson County, Tennessee, leaving daughter Jan Robinson and son James Alton Robinson. A copy of the Certificate of Death is attached as Exhibit "A".

6. This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by in Davidson County, Tennessee, or elsewhere. The Affiants acknowledge that their execution of the same is subject to and governed by the penalties

set forth in Section (f) of the same statute and that this Affidavit is not made for any fraudulent purposes.

7. The Last Will and Testament of was not probated in Tennessee since there were no assets that required the will to be probated in Tennessee, as all her property passed the same in the will as under Tennessee laws of intestacy; therefore, upon the death of Frances U. Durham, title in said real property having vested in Jan Robinson and James Alton Robinson, her surviving heirs at law pursuant to Tenn. Code Ann. §31-2-103. A copy of the will is attached as Exhibit "B".

8. The release for Tenncare is attached as Exhibit "C".

9. That the Affiants acknowledge that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

Further affiant saith not.

Jan Robinson

Jan Robinson

James Alton Robinson

James Alton Robinson

Germain Bush

Germain Bush

SUBSCRIBED AND SWORN TO before me this 21st day of May 2024.

Notary Public
My Commission expires 10/4/2027

LYNNETTE LAWHON NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Jan Robinson, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, TN, this 21st day of May, 2024.

My Commission expires 10/4/2027

Notary Public

LYNNETTE LAWHON NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named James Alton Robinson, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, TN, this 21st day of May, 2024.

My Commission expires 10/4/2027

Notary Public

LYNNETTE LAWHON NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named GermainBush, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, TN, this 21st day of May, 2024.

My Commission expires 10/4/2027

Notary Public

LYNNETTE LAWHON NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT
A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 004816

1. Decedent's Legal Name: FRANCES U DURHAM			2. Sex: FEMALE	3. Date of Death: 01/23/2024
4. Time of Death (Approx.): UNKNOWN	5a. Age: 93	6. Date of Birth: 07/25/1930	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 99 MCCALL STREET		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: ACCOUNTANT		11b. Kind of Business/Industry: ACCOUNTING
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 99 MCCALL STREET		13e. Inside City Limits?: YES	13f. Zip Code: 37211	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: HERBERT A UNDERWOOD			19. Mother's Name Prior to First Marriage: ERLENE UNDERWOOD	
20a. Informant's Name: JAN ROBINSON	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 99 MCCALL STREET, NASHVILLE, TN 37211		
21a. Method of Disposition: BURIAL		21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: /e/ SHELBY BURKES		22b. License Number: 20458	22c. Signature of Embalmer: /e/ KELSEY LEANN POWERS	22d. License Number: 6665
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407				23b. License Number: 933
24. Registrar's Signature: /e/ EDWARD G BISHOP III			25. Date Filed: 01/29/2024	

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/ RICHARD GARMAN	27b. License Number: 013402	27c. Date Signed: 01/29/2024
27d. Name and Address: RICHARD GARMAN 741 COOL SPRINGS BLVD SUITE 102, FRANKLIN, TN 37067		

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. CEREBROVASCULAR ACCIDENT	
	b. INANITION	
	c. DYSPHAGIA	
	d. HYPERTENSION WITH CHRONIC KIDNEY DISEASE	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ANEMIA; OSTEOPOROSIS; METABOLIC ENCEPHALOPATHY; PERIPHERAL VASCULAR DISEASE

			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: 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-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.

15709349

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

Edward G Bishop III
Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jan-30-2024

CERTIFICATION OF VITAL RECORD

EXHIBIT
B

LAST WILL AND TESTAMENT

I, FRANCES LOUISE UNDERWOOD ROBINSON DURHAM, PRESENTLY RESIDING AT 99 McCALL STREET, NASHVILLE, DAVIDSON COUNTY, TN BEING OF SOUND MIND AND NOT UNDER CONSTRAINT, HEREBY MAKE AND DECLARE THIS TO BE MY LAST WILL AND TESTAMENT, AND AT THE SAME TIME REVOKE ANY AND ALL WILLS AND CODICILS WHICH HAVE BEEN HERETOFORE MADE BY ME.

I. I DESIRE THAT ANY COST OF ADMINISTRATION OF MY ESTATE, TAXES, JUST INDEBTEDNESS, BALANCE OF FUNERAL EXPENSES, ETC... BE PAID FROM THE CHECKING ACCOUNT AT SUN TRUST BANK.

II. PROPERTY AT 99 McCALL, DEEDED TO GEORGE T. AND FRANCES U. ROBINSON AND HEIRS, SHOULD BECOME THE PROPERTY OF THE SURVIVING HEIRS, JAMES ALTON ROBINSON AND JANNET KAY ROBINSON, MY SON AND DAUGHTER.

III. SHOULD EITHR OF MY CHILDREN PRECEDE ME, THEIR SHARE SHALL GO TO THE SURVIVOR.

IV. JOINT ACCOUNTS SHALL BECOME THE PROPERTY OF THE SURVIVOR.

V. PERSONAL PROPERTY AND VEHICLE, IF I STILL OWNED ONE, SHALL BE DIVIDED OR DISPOSED OF AS JIM AND JAN SEE FIT WITH THE HELP OF MY SISTER, CAROLYN MANNING.

VI. I HEREBY APPOINT MY DAUGHTER, JAN ROBINSON, AS EXECUTRIX OF MY LAST WILL, AND DIRECT THAT NO BOND BE REQUIRED FOR THE FAITHFUL PERFORMANCE OF HER DUTIES. I HEREBY GRANT TO MY SAID EXECUTRIX THE CONTINUING ABSOLUTE DISCRETIONARY POWER SET FORTH IN TCA 35-618, TO THE EXTENT APPLICABLE. IF SHE IS UNABLE TO SERVE, MY SON, JAMES A. ROBINSON SHOULD ASSUME THE DUTY.

IN TESTIMONY WHEREOF: I SUBSCRIBE MY NAME TO THIS DOCUMENT CONSISTING OF TWO PAGES, THIS THE 8th DAY OF Nov. 2003 AT NASHVILLE, TENNESSEE.

Frances Louise Underwood Robinson Durham

FRANCES LOUISE UNDERWOOD ROBINSON DURHAM

THE FOREGOING TWO PAGES WERE SIGNED BY FRANCES DURHAM IN OUR PRESENCE, AND WE AT HER REQUEST AND IN HER PRESENCE AND THE PRESENCE OF EACH OTHER, SUBSCRIBED OUR NAMES AS WITNESS,

THIS 8th DAY OF Nov, 2003 AT NASHVILLE, TN.

WITNESS: Sarah A. Smith

ADDRESS: 403 Springfield Dr Richmond Ky 40475

WITNESS Richard E. Tucker

ADDRESS 12750 New Providence Rd, Alpharetta, GA. 30004

TN Division of TennCare

EXHIBIT
C

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 30, 2024

Amy Cross Nance
103 Forrest Crossing Blvd, #205
Franklin, TN 37064

RE: Durham, Frances U. Date of Death: 1/23/2024 SSN: xxx-xx-5126
Our File Number: 129148

Amy Cross Nance:

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

I, Emily Hobby, 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 this 21st day of May 2024

Dated June 27, 2024

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me the within named Emily Hobby who made oath that she has read the foregoing Affidavit and the things and matters contained therein are true. The Affiant did further acknowledge that she executed the within described document for the purpose of herein described.

Witness my hand and official seal this 27 day of June, 2024

My commission expires: 2/7/27

Notary Public

AMY CROSS NANCE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY