Karen Johnson Davidson County
Batch# 1240723 AFFIDAVITH
02/26/2025 09:14:30 AM 18 pgs
Fees: $92.00 Taxes: $0.00
20250226-0014132

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP PARCEL NO.
(Name) **Dianne Davis Crenshaw et al.**	(Name) **Dianne Davis Crenshaw**	**43-10-B-103**
(Street Address) **661 Hill Rd**	(Street Address) **661 Hill Rd**	
(City) (State) (Zip) **Brentwood, TN 37027**	(City) (State) (Zip) **Brentwood, TN 37027**	

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE :
COUNTY OF DAVIDSON :

The undersigned, **DIANNE DAVIS CRENSHAW, LYNN VRANES BULGER and CHERYL PRATT MURMAN**, pursuant to Tennessee Code Annotated Section 30-2-712, after first being duly sworn, depose and say that:

1. Our sister, **SANDRA LEE PRATT (the "Decedent")**, was the sole owner of certain real estate located at **555 North Dupont Avenue, #E-103, Madison, Davidson County, Tennessee 37115**, more particularly described in Exhibit A attached hereto, by reason of a Deed from MICHAEL W. COTHERN, Personal Representative for the Estate of Betty Coleman, dated October 28, 2009, of record as **Transaction T20090075818 (20091105-0102450) in the Register's Office of Davidsoon County, Tennessee** (the "Real Estate"); and

2. **SANDRA LEE PRATT (hereinafter referred to herein as "Sandi")**, a resident of Davidson County, Tennessee, died intestate as to real estate on the October 25, 2024. A copy of Sandi's Death Certificate is attached as Exhibit B; and

3. The undersigned state that they were all of the surviving heirs-at-law of **SANDRA LEE PRATT**, deceased, as her only ever siblings. The undersigned also state that Sandi was single and not married at the time of her death and that Sandi was never married; that Sandi never had any child(ren); that the common biological mother of each of the undersigned and of Sandi was HELEN PRATT (who only ever had four children), who died on November 19, 2014 (a copy of her Death Certificate is attached as

This instrument prepared by:
MARTIN L. PIERCE, Attorney at Law
Pierce, Huisman & Heartfield, PLLC
4513 Hixson Pike, Suite 109
Hixson, Tennessee 37343
423.648.4303
www.piercehuismanlaw.com

Exhibit C); and that Sandi's father, MALCOM C. PRATT, also predeceased Sandi, having died on May 5, 1991 (a copy of his Death Certificate is attached as Exhibit D). As the only heirs-at-law of Sandi, the undersigned, **DIANNE DAVIS CRENSHAW, LYNN VRANES BULGER and CHERYL PRATT MURMAN**, as all of the next-of-kin and heirs-at-law of Sandi became the owners, as tenants in common, of the Real Estate upon Sandi's death by operation of Tennessee law. Further, attached hereto, as Exhibits E and F, are two Affidavits of Heirship and Descent of two disinterested, third-party witnesses who knew **SANDRA LEE PRATT** for more than thirty (30) years each and who each have independently confirmed the facts as stated therein and herein, with such Affidavits having previously been recorded as Transactions 20250225-0014032 and 20250225-0014033 in the Register's Office of Davidson County, Tennessee, confirming the status of the undersigned as all of and the only heirs-at-law of **SANDRA LEE PRATT**; and

4. All the debts of **SANDRA LEE PRATT** have been paid or adequately provided for, and the TennCare Release for **SANDRA LEE PRATT** is attached hereto is Exhibit G; and

5. Affiants are each at least eighteen (18) years of age; and

6. Affiants each acknowledge and agree that all statements and representations in this Affidavit will be relied upon by all persons, lenders, and title insurers in the issuance of title policies covering the real property owned by **Sandra Lee Pratt**, deceased, and related to Sandi's estate for the property as described in Exhibit A; and

7. This Affidavit is made for the protection and benefit of those parties hereafter dealing with or who may acquire an interest in the Property

Further, affiants saith not.

Dianne Davis Crenshaw

DIANNE DAVIS CRENSHAW, Affiant

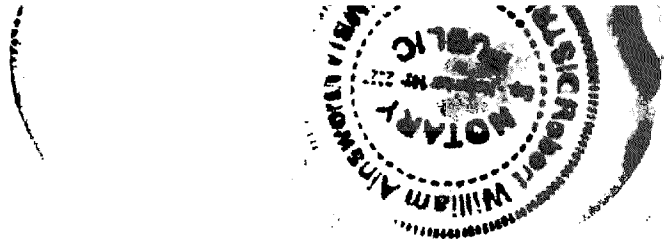
STATE OF TENNESSEE :
COUNTY OF DAVIDSON :

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **DIANNE DAVIS CRENSHAW**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same 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 20th day of February, 2025.

THOMAS H. SCOTT WILLIAMSON COUNTY NOTARY PUBLIC STATE OF TENNESSEE

Notary Public
My Commission Expires: 5/4/2025



LYNN VRANES BULGER, Affiant

Robert William Ainsworth
Notary Public, District of Columbia
My Commission Expires November 14th, 2027

STATE OF :
COUNTY OF District of Columbia

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **LYNN VRANES BULGER**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same 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 20th day of February, 2025.

District of Columbia
Signed and swom to (or affirmed) before me
on 2/20/25 by Lynn Bulger
Date Name(s) of Individual(s) making Statement

Signature of Notarial Officer

Notary Pub.
Title of Office

My commission expires: 11-14-27

Notary Public
My Commission Expires: 11-14-27

CHERYL PRATT MURMAN, Affiant

STATE OF TENNESSEE :
COUNTY OF HAMILTON :

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **CHERYL PRATT MURMAN**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same 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 _____ day of _____, 2025.

Notary Public
My Commission Expires: _____

LYNN VRANES BULGER, Affiant

STATE OF _____ :
COUNTY OF _____ :

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **LYNN VRANES BULGER**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same 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 _____ day of _____, 2025.

Notary Public
My Commission Expires: _____

Cheryl Pratt Murman

CHERYL PRATT MURMAN, Affiant

STATE OF TENNESSEE :
COUNTY OF HAMILTON :

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **CHERYL PRATT MURMAN**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same 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 26th day of February, 2025.

ALEISHA BELCHER
STATE OF TENNESSEE NOTARY PUBLIC
HAMILTON COUNTY

Aleisha Belcher

Notary Public
My Commission Expires: 05/24/2028

202502260014132

EXHIBIT A

PARCEL OF LAND IN Davidson COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS:

Land in Davidson County, Tennessee, being Unit No. E-103, on the plan of Madison Park Condominiums, Phase II, according to the Master Deed of record in Book 5462, page 614 and corrected in Book 5608, page 551 and Amended in Book 8014, page 416, in the Register's Office for Davidson County, Tennessee, together with an undivided percentage interest in the Common Areas/Elements appurtenant to said Unit as set forth in said Master Deed, and more particularly described in Plat Book 5200, page 179-182, in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more particular description.

BEING the same property conveyed to Betty Coleman, unmarried from Shirley Manlove-Smith and Charles D. Phillips and Gayle Hardaway and Randy L., by Deed dated June 13, 2005, as Instrument No. 200507270087648, in the Register's Office for Davidson County, Tennessee. The said Betty Coleman having since died on October 23, 2008. Michael W. Cothern is named as Personal Representative pursuant to the Petition for Probate of Will.

SEE also Transaction T20090075818 (20091105-0102450) in the Register's Office of Davidson County, Tennessee

202502260014132

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2024 067718

1. Decedent's Legal Name: SANDRA LEE PRATT			2. Sex: FEMALE	3. Date of Death: 10/25/2024
4. Time of Death (Approx.): 23:18	5a. Age: 65	6. Date of Birth: 02/16/1959	7. Birthplace: PITTSBURGH, PA	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: OFFICE WORK		11b. Kind of Business/Industry: STATE OF TN
12. Social Security Number: -3059	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: MADISON
13d. Street and Number: 555 N DUPONT AVE.		13e. Inside City Limits?: YES	13f. Zip Code: 37115	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: MALCOLM PRATT			19. Mother's Name Prior to First Marriage: HELEN BOKOR	
20a. Informant's Name: CHERYL MURMAN	20b. Relationship to Decedent: SISTER	20c. Mailing Address: 1700 CLAYTON DR, CHATTANOOGA, TN 37421		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: LARKSPUR CONSERVATION		21c. Location: WESTMORELAND, TN	
22a. Signature of Funeral Director: ▶ /e/ MATTHEW A. TERRY	22b. License Number: 6054	22c. Signature of Embalmer: ▶		22d. License Number
23a. Name and Address of Funeral Home: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216				23b. License Number: 331
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 11/05/2024	

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/ MARY-ELLEN EDMISTON	27b. License Number: 5916	27c. Date Signed: 10/31/2024

27d. Name and Address: MARY-ELLEN EDMISTON 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). 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. INTRACRANIAL HEMORRHAGE — DAYS

b. NEUROENDOCRINE LUNG CARCINOMA WITH METASTASIS TO BRAIN — YEAR

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?: YES	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 certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Nov-05-2024

0 1 6 7 2 7 6 0 3

EXHIBIT B

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202502260014132

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

1407345

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE 2014 057237

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Helen Elizabeth Pratt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 19, 2014
4. TIME OF DEATH (Approx.): 5:45pm
5a. AGE-Last Birthday (Years): 93
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 28, 1921
7. BIRTHPLACE (City and State or Foreign Country): Pittsburgh, Pennsylvania

TYPE/PRINT IN PERMANENT BLACK INK

8. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
8a. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): Skyline Madison Campus
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson 19
9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Artist
11b. KIND OF BUSINESS/INDUSTRY: Retail
12. SECURITY NUMBER: -8408
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 431 Larkin Springs Road Apt 19B
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death):
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent a Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino):
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) ____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe): ____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Stephen Bokor
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Frances Balash

DISPOSITION

20a. INFORMANT'S NAME: Sandy Pratt
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 555 N. Dupont Ave. E-103 Madison, TN 37115
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John D. Oakes
22b. LICENSE NUMBER: 3869
22c. SIGNATURE OF EMBALMER: ▶ n/a
22d. LICENSE NUMBER: n/a
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards CR
25. DATE FILED (Month, Day, Year): November 25, 2014

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

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

MEDICAL CERTIFICATION

27a. SIGNATURE OF CERTIFIER: ▶
27b. LICENSE NUMBER: 45574
27c. DATE SIGNED (Month, Day, Year): 11/24/14
27d. NAME AND ADDRESS: Anis T. Moscowitz, M.D. 1718 Patterson Street, Nashville, TN 37203

PH-1656 (Rev. 9/2011)

RDA 1399

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Feb-18-2025

0 1 6 8 5 7 2 2 1

EXHIBIT C

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202502260014132

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 91 014711

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MALCOLM CARVER PRATT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 5, 1991
4. SOCIAL SECURITY NUMBER: 4578
5a. AGE—LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HRS. / MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug. 14, 1928
7. BIRTHPLACE (City and State or Foreign Country): Whitney Point, New York
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. 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): Erlanger Medical Center 110
9c. CITY, TOWN, OR LOCATION OF DEATH: Chattanooga
9d. COUNTY OF DEATH: Hamilton
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Management/Owner
12b. KIND OF BUSINESS/INDUSTRY: Photographic Lab/Production
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Bradley 06
13c. CITY, TOWN OR LOCATION: Charleston 000-
13d. STREET AND NUMBER OR RURAL LOCATION: 238 Marina Hills Circle, NW
13e. INSIDE CITY LIMITS? 1 Yes 2 [X] No
13f. ZIP CODE: 37310
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
Specify, if yes:
16. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 2; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ambler Carver Pratt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Erva Sleeper

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mr. David Griffith
19b. RELATIONSHIP TO DECEASED: Son-in-Law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Charleston, TN 37310

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Sunset Memorial Gardens
20c. LOCATION—City or Town, State: Bradley Co., Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Grayson Rush
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3834
21c. SIGNATURE OF EMBALMER: C. Matt Rush
21d. LICENSE NUMBER OF EMBALMER: 4009
22a. NAME AND ADDRESS OF FUNERAL HOME: Buckner-Rush North Chapel, Cleveland, TN 37311
22b. LICENSE NUMBER OF FUNERAL HOME: 555

REGISTRAR

23. REGISTRAR'S SIGNATURE: Rosie E. Maslin
24. DATE FILED (Month, Day, Year): May 14 1991

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year): 5/13/91
26a. MEDICAL EXAMINER — 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) and manner as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

PH-1959 REV. 1/89

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Feb-06-2025

0168555 83

EXHIBIT D

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202502260014132

Karen Johnson Davidson County
Batch# 1240645 AFFIDAVITH
02/25/2025 03:02:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20250225-0014033

This instrument prepared by/return to:
MARTIN L. PIERCE, Attorney at Law
Pierce, Huisman & Heartfield, PLLC
4513 Hixson Pike, Suite 109
Hixson, Tennessee 37343
(423) 648-4303; TN Bar No. 009608

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	Map/Parcel No.
(Name) **Dianne Davis Crenshaw**	(Name) **Dianne Davis Crenshaw**	**43-10-B-103**
(Street Address) **661 Hill Rd**	(Street Address) **661 Hill Rd**	
(City) (State) (Zip) **Brentwood, TN 37027**	(City) (State) (Zip) **Brentwood, TN 37027**	

AFFIDAVIT OF HEIRSHIP AND DESCENT

STATE OF CALIFORNIA :

COUNTY OF Alameda :

Comes now the undersigned affiant ("Affiant"), **JAN DARWIN** of **20340 Forest Avenue #3, Castro Valley, California**, who, being duly sworn, deposes and says upon oath that this affidavit relates to that certain "Property," commonly known as **555 North Dupont Avenue, #E-103, Madison**, Davidson County, Tennessee 37115, as more particularly described on Exhibit A attached hereto and made a part hereof. Affiant makes the following statements under oath as being relevant and material to the ownership of said Property that was owned by **SANDRA LEE PRATT** who died on **October 25, 2024**:

1. Affiant was personally acquainted with **SANDRA LEE PRATT** (hereinafter referred to as "Sandi") her entire lifetime, fifty-five (55) years, as she and Sandi were cousins. Affiant's mother, Agnes, and Sandi's mother, Helen, were sisters. Affiant and her family made trips to visit the family, including Sandi, in Tennessee over the years, for vacation and Holidays. Affiant kept (and still keeps) in close contact with Sandi and with Sandi's family over the years. Affiant knows that Sandi never married and that Sandi never had any child(ren). Affiant knows that Sandi's mother, Helen Boker Vranes Pratt, predeceased Sandi and that Helen Boker Vranes Pratt only ever had four children, Sandi, Dianne Davis Crenshaw, Lynn Vranes Bulger, and Cheryl Pratt Murman. Affiant also knows that Sandi's father, Malcom C. Pratt, also predeceased Sandi, and that Malcolm C. Pratt only ever had two children, Sandi and Sandi's sister, Cheryl Pratt Murman. Affiant knows Sandi to have only three siblings ever, Dianne Davis Crenshaw of Brentwood, Tennessee, Lynn Vranes Bulger of Washington, DC, and Cheryl Pratt Murman of Chattanooga, Tennessee, all of whom survived Sandi. Thus, Affiant was quite familiar with Sandi and with Sandi's entire immediate

EXHIBIT E

family and their history for a period of 55 plus years leading up to Sandi's death. Affiant further states that:

(a) **Sandra Lee Pratt** died on October 25, 2024, a resident of Davidson County, Tennessee, and

(b) **Sandra Lee Pratt** was survived by the following persons:

> Surviving Siblings: Sisters Cheryl Pratt Murman, Lynn Vranes Bulger, and Dianne Davis Crenshaw; and

> Surviving Spouse: NONE; and

> Surviving Children: NONE; and

> Predeceased Child(ren): NONE; and

> Surviving Parent(s): NONE; and

2. Affiant is at least eighteen (18) years of age; and

3. Affiant acknowledges and agrees that all statements and representations in this Affidavit will be relied upon by all persons, lenders, and title insurers in the issuance of title policies covering the real property owned by **Sandra Lee Pratt**, deceased, and related to **her** estate for the property as described in Exhibit A; and

4. This Affidavit is made for the protection and benefit of those parties hereafter dealing with or who may acquire an interest in the Property.

Further, affiant sayeth not.

Executed this 8 day of January, 2025.

Jan Darwin

Affiant Signature – **Jan Darwin**
20340 Forrest Avenue #3
Castro Valley, CA 94546

STATE OF CALIFORNIA :
:
COUNTY OF Alameda:

On this 8th day of January, 2025, before me personally appeared **JAN DARWIN**, to me known to be the person described in and who executed the foregoing Affidavit (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the same as her free act and deed.

Witness my hand and Notarial Seal.

Inas Sayage

NOTARY PUBLIC
My Commission Expires: 08/04/2027

INAS SAYAGE
COMM. #2456343
Notary Public - California
Alameda County
My Comm. Expires Aug. 4, 2027

202502250014033

202502260014132

EXHIBIT A

LOCATED IN DAVIDSON COUNTY, TENNESSEE:

Land in Davidson County, Tennessee, being Unit No. E-103, on the plan of Madison Park Condominiums, Phase II, according to the Master Deed of record in Book 5462, page 614 and corrected in Book 5608, page 551 and Amended in Book 8014, page 416, in the Register's Office for Davidson County, Tennessee, together with an undivided percentage interest in the Common Areas/Elements appurtenant to said Unit as set forth in said Master Deed, and more particularly described in Plat Book 5200, page 179-182, in the Register's office for Davidson County, Tennessee, to which plat reference is hereby made for a more particular description.

BEING the same property conveyed to Betty Coleman, unmarried from Shirley Manlove-Smith and Charles D. Phillips and Gayle Hardaway and Randy L., by Deed dated June 13, 2005, as Instrument No. 200507270087648, in the Register's Office for Davidson County, Tennessee. The said Betty Coleman having since died on October 23, 2008. Michal W. Cothern is named as Personal Representative pursuant to the Petition For Probate of Will and according to Case No. 09P-266 Seventh Circuit Court (Probate Division) for Davidson County, State of Tennessee, Michael W. Cothern is hereby authorized and empowered to sign subject transaction.

Subject to any and all plats, easements, restrictions, and other matters of record.

SEE also Trans: T20090075618 DEEDWARR, dated 11/05/2009, No. 20091105-0102450 in the Register's Office of Davidson County, Tennessee, and Trans: T20100001588 AFFIDAVIT, dated 01/08/2010, No. 20100108-0001889 in the Register's Office of Davidson County, Tennessee.

O:/DOC/EA/SPratt/Affidavit/TScott

TRUE COPY CERTIFICATION

I, **MARTIN L. PIERCE**, 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 on January 8, 2025 and authenticated according to law on February 25, 2025.

Signature

February 25, 2025

Date

STATE OF TENNESSEE :
COUNTY OF HAMILTON :

Sworn to and subscribed before me this 25th day of February, 2025.

Notary's Signature

My Commission Expires: 12·10·2025

CHRISTINE SARAH HESTER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF HAMILTON

202502250014033

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Karen Johnson Davidson County
Batch# 1240645 AFFIDAVITH
02/25/2025 03:02:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20250225-0014032

This instrument prepared by/return to:
MARTIN L. PIERCE, Attorney at Law
Pierce, Huisman & Heartfield, PLLC
4513 Hixson Pike, Suite 109
Hixson, Tennessee 37343
(423) 648-4303; TN Bar No. 009608

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	Map/Parcel No.
(Name) **Dianne Davis Crenshaw**	(Name) **Dianne Davis Crenshaw**	**43-10-B-103**
(Street Address) **661 Hill Rd**	(Street Address) **661 Hill Rd**	
(City) (State) (Zip) **Brentwood, TN 37027**	(City) (State) (Zip) **Brentwood, TN 37027**	

AFFIDAVIT OF HEIRSHIP AND DESCENT

STATE OF TENNESSEE :

COUNTY OF RUTHERFORD :

Comes now the undersigned affiant ("Affiant"), **THOMAS H. SCOTT** of **2227 Athens Avenue, Murfreesboro, Tennessee**, who, being duly sworn, deposes and says upon oath that this affidavit relates to that certain "Property," commonly known as **555 North Dupont Avenue, #E-103, Madison**, Davidson County, Tennessee 37115, as more particularly described on Exhibit A attached hereto and made a part hereof. Affiant makes the following statements under oath as being relevant and material to the ownership of said Property that was owned by **SANDRA LEE PRATT** who died on **October 25, 2024**:

1. Affiant was personally acquainted with **SANDRA LEE PRATT** (hereinafter referred to as "Sandi") during her lifetime for more than thirty (30) years, and Affiant and his wife, Suzanne, were in contact with Sandi and all of the members of her immediate family – her mother, Helen Pratt, and Sandi's three sisters, Dianne, Lynn, Cheryl (Cheri) [Sandi's father, Malcolm S. Pratt, had predeceased Affiant's becoming friends with Sandi.] -- during all of those years. Affiant's spouse, Suzanne Scott, owned a catering business that Sandi worked with and for at various times over the years. He saw Sandi often through the years as they also attended church together, and he also saw Sandi at holiday gatherings, saw Sandi about every other week at church while she was living in Murfreesboro, and saw Sandi two to three times seasonally when she worked for the catering business when Sandi was home from physical therapy school that Sandi was attending. Affiant knows that Sandi never married and never had any child(ren). Affiant knows that Sandi's mother, Helen Boker Vranes Pratt, predeceased Sandi and that Helen Boker Vranes Pratt only ever had four children, Sandi, Dianne Davis Crenshaw, Lynn Vranes Bulger, and Cheryl Pratt Murman. Affiant also knows that Sandi's father, Malcom C. Pratt, also predeceased Sandi, and that Malcolm C. Pratt only

EXHIBIT F

ever had two children, Sandi and Sandi's sister, Cheryl Pratt Murman. Affiant knows Sandi to have only three siblings ever, Dianne Davis Crenshaw of Brentwood, Tennessee, Lynn Vranes Bulger of Washington, D.C., and Cheryl Pratt Murman of Chattanooga, Tennessee, all of whom survived Sandi. Thus, Affiant was quite familiar with Sandi and with Sandi's entire immediate family and their history for a period of over 30 years leading up to Sandi's death. Affiant further states that:

(a) **Sandra Lee Pratt** died on October 25, 2024, a resident of Davidson County, Tennessee, and

(b) **Sandra Lee Pratt** was survived by the following persons:

> Surviving Siblings: Sisters, Cheryl Pratt Murman, Lynn Vranes Bulger, and Dianne Davis Crenshaw; and

> Surviving Spouse: NONE; and

> Surviving Children: NONE; and

> Predeceased Child(ren): NONE;

> Surviving Parent(s): NONE; and

2. Affiant is at least eighteen (18) years of age; and

3. Affiant acknowledges and agrees that all statements and representations in this Affidavit will be relied upon by all persons, lenders, and title insurers in the issuance of title policies covering the real property owned by **Sandra Lee Pratt**, deceased, and related to **her** estate for the property as described in Exhibit A; and

4. This Affidavit is made for the protection and benefit of those parties hereafter dealing with or who may acquire an interest in the Property.

Further, affiant sayeth not.

Executed this 22nd day of January, 2025.

Affiant Signature – **Thomas H. Scott**
2227 Athens Avenue
Murfreesboro, TN 37228

STATE OF TENNESSEE :
:
COUNTY OF RUTHERFORD :

On this 22nd day of January, 2025, before me personally appeared **THOMAS H. SCOTT**, to me known to be the person described in and who executed the foregoing Affidavit (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the same as his free act and deed.

Witness my hand and Notarial Seal.

STATE OF TENNESSEE NOTARY PUBLIC

NOTARY PUBLIC
My Commission Expires: February 3, 2025

x:/Doc/EA/SPratt/Affidavit/TScott

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EXHIBIT A

LOCATED IN DAVIDSON COUNTY, TENNESSEE:

Land in Davidson County, Tennessee, being Unit No. E-103, on the plan of Madison Park Condominiums, Phase II, according to the Master Deed of record in Book 5462, page 614 and corrected in Book 5608, page 551 and Amended in Book 8014, page 416, in the Register's Office for Davidson County, Tennessee, together with an undivided percentage interest in the Common Areas/Elements appurtenant to said Unit as set forth in said Master Deed, and more particularly described in Plat Book 5200, page 179-182, in the Register's office for Davidson County, Tennessee, to which plat reference is hereby made for a more particular description.

BEING the same property conveyed to Betty Coleman, unmarried from Shirley Manlove-Smith and Charles D. Phillips and Gayle Hardaway and Randy L., by Deed dated June 13, 2005, as Instrument No. 200507270087648, in the Register's Office for Davidson County, Tennessee. The said Betty Coleman having since died on October 23, 2008. Michal W. Cothern is named as Personal Representative pursuant to the Petition For Probate of Will and according to Case No. 09P-266 Seventh Circuit Court (Probate Division) for Davidson County, State of Tennessee, Michael W. Cothern is hereby authorized and empowered to sign subject transaction.

Subject to any and all plats, easements, restrictions, and other matters of record.

SEE also Trans: T20090075618 DEEDWARR, dated 11/05/2009, No. 20091105-0102450 in the Register's Office of Davidson County, Tennessee, and Trans: T20100001588 AFFIDAVIT, dated 01/08/2010, No. 20100108-0001889 in the Register's Office of Davidson County, Tennessee.

O:/DOC/EA/SPratt/Affidavit/TScott

TRUE COPY CERTIFICATION

I, **MARTIN L. PIERCE**, 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 on January 22, 2025 and authenticated according to law on February 25, 2025.

Signature

February 25, 2025

Date

STATE OF TENNESSEE :
COUNTY OF HAMILTON :

Sworn to and subscribed before me this 25th day of February, 2025.

Notary's Signature

My Commission Expires: 12·10·2025

CHRISTINE SARAH HESTER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF HAMILTON

202502250014032

202502260014132

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

#

January 7, 2025

Martin L. Pierce
4513 Hixson Pk, #109
Hixon, TN 37343

RE: Pratt, Sandra Lee Date of Death: 10/25/2024 SSN: xxx-xx-3059
Our File Number: 146759

Martin L. Pierce:

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

EXHIBIT G

TRUE COPY CERTIFICATION

I, **MARTIN L. PIERCE**, 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 on February 25, 2025 and authenticated according to law on February 26, 2025.

Signature

February 26, 2025
Date

STATE OF TENNESSEE :
COUNTY OF HAMILTON :

Sworn to and subscribed before me this 26th day of February, 2025.

Notary's Signature

My Commission Expires: 12-10-2025

CHRISTINE SARAH HESTER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF HAMILTON