Karen Johnson Davidson County
Batch # 1269303 AFFIDAVIT H
05/07/2025 09 56 11 AM 3 pgs
Fees $17 00 Taxes $0 00
20250507-0035625

This instrument prepared based on information
provided by the parties and not independent verification by
C. Michael Robinson
Robinson Law, PLLC
2705 Gallatin Pike
Nashville, Tennessee 37216
Telephone: (615) 320-9977

Map & Parcel: **050 03 0B 199.00**
Address Owner: Dionna Wilson Ford
Send Tax Bill: 1824 Apple Valley Circle
Nashville, TN 37207

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Sandra Wilson (hereinafter "the Decedent") died intestate on 12/22/22, leaving no spouse and one child who survived her, whose name, relationship, and address are as follows: Dionna Wilson Ford, daughter, 1824 Apple Valley Circle Nashville, TN 37207.

3. That the Decedent's Certificate of Death is attached hereto in Attachment A.

4 That at the time of his death, Sandra Wilson was the sole owner of fee simple interest in the property located at 1824 Apple Valley Circle, Nashville, TN 37207 and more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 112 on the plan of Mulberry Downs, Phase 1-B, of record in Book 790, page 818, Register's Office for said County, to which plan reference is hereby made for a more complete description thereof.
>
> Being the same property conveyed to Vanguard investments, Inc., by Trustees Deed from Anthony Cornelius Peoples, dated January 13, 2006, of record in Instrument Number 200601240009062, Register's Office for Davidson County, Tennessee. This conveyance is subject to any and all existing easements and restrictions as shown of record.

Being the same property conveyed to Sandra Wilson by Warranty Deed from Vanguard Investments, Inc. of record in Instrument Number 20060315-0030107.

This is improved property known as 1824 Apple Valley Circle, Nashville, TN 37207.

5. That the above referenced child of the Decedent, Dionna Wilson Ford, aka Dionna Wilson, is the sole heir-at-law of the Decedent.

6. That the above referenced child of the Decedent owns the above referenced property in fee simple interest.

7 That the Decedent was not enrolled in the Tennessee TennCare program at the time of her death.

8 That *Tenn Code Ann* § 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn Code Ann* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 6 day of May, 2025.

Carole Scott Burdette

SIGNATURE

Carole Scott Burdette

Print name

OATH

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, Carole Scott Burdette, to me known 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 he or she executed the same as his or 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 the 6th day of May, 2025.

CHARLES MICHAEL ROBINSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-8-2028

Cm Robinson

NOTARY PUBLIC

My Commission Expires: 11-8-28

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 086542

1 Decedent's Legal Name: SANDRA LOUISE SETTLES			2 Sex: FEMALE	3 Date of Death: 12/22/2022
4 Time of Death (Approx.): 06 51 AM	5a Age: 69	6 Date of Birth: 11/25/1953	7 Birthplace: NASHVILLE TN	
8a Place of Death: NURSING HOME/LONG TERM CARE				
8b Facility Name: TREVECCA CENTER FOR REHAB AND HEALING - NASHVILLE		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 ASSISANT		11b Kind of Business/Industry: NASHVILLE BOARD OF EDUCATION
12 Social Security Number: [redacted]	13a Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON		13c City or Town: NASHVILLE
13d Street and Number: 1824 APPLE VALLEY CIRCLE		13e Inside City Limits?: YES	13f Zip Code: 37207	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: BLACK OR AFRICAN AMERICAN	
18 Father's Name: ERNEST DAVIS		19 Mother's Name Prior to First Marriage: DOROTHY WILSON		
20a Informant's Name: DIONNA NICOLE WILSON	20b Relationship to Decedent: DAUGHTER	20c Mailing Address: 1824 APPLE VALLEY CIRCLE, NASHVILLE, TN 37207		
21a Method of Disposition: CREMATION	21b Place of Disposition: MUSIC CITY CREMATORY		21c Location: NASHVILLE TN	
22a Signature of Funeral Director: /e/ TERRY LEE WATERS SR	22b License Number: 4003	22c Signature of Embalmer:		22d License Number:
23a Name and Address of Funeral Home: WATERS FUNERAL HOME INC , 1408 COLUMBIA AVE, FRANKLIN, TN 37064-3809				23b License Number: 1024
24 Registrar's Signature: /e/ EDWARD G BISHOP III		25 Date Filed: 01/04/2023		

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/ IJAGHA EME	27b License Number: 57274	27c Date Signed: 01/04/2023
27d Name and Address: IJAGHA EME 329 MURFREESBORO PIKE, NASHVILLE, TN 37210		

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 CARDIAC ARREST	
	b. CONGESTIVE HEART FAILURE	
	c ATRIAL FIBRILLATION	
	d ACUTE RESPIRATORY FAILURE	

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 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, Mar-13-2025

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