Prepared by and Return to:
Amy Cross Nance, Esq.
Attorney at Law
103 Forrest Crossing Blvd Suite 205
Franklin, TN 37064
(615) 794-5644

Karen Johnson Davidson County
Batch# 1318838 AFFIDAVITH
09/05/2025 08:23:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20250905-0070926

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

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Affiant, Tiffany Sanders Richmond, after first being duly sworn, states that (s)he is an adult citizen and resident of Davidson County, Tennessee She further states that she is the only child born of her mother, Norma F. Sanders.

Affiant, Thomas E. McArthur, Jr. , after first being duly sworn and being at least eighteen (18) years of age states that he is a family friend of the Sanders family for 45 years and states he is very familiar with the family history.

The Affiants state as follows:

1. Norma F. Sanders had one child, Tiffany Sanders Richmond

2. Norma F. Sanders was not married at the time of ther death.

3. Norma F. Sanders died on December 1, 2024 intestate Davidson County, Tennessee. A copy of the Certificate of Death is attached as Exhibit "A".

4. 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 Norma F. Sanders 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.

5. The release for Tenncare is attached as Exhibit "B".

6. 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.

Tiffany Sanders Richmond

Tiffany Sanders Richmond

Thomas E. McArthur, Jr.

SUBSCRIBED AND SWORN TO before me this 4th day of September 2025.

Notary Public
My Commission expires 3/4/29

EMILY HOBBY
TENNESSEE NOTARY PUBLIC
COUNTY OF MARSHALL

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

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

Witness my hand and official seal at Franklin, Tennessee, this 4th day of September, 2025.

My Commission expires 3/4/29

Notary Public

EMILY HOBBY
TENNESSEE NOTARY PUBLIC
COUNTY OF MARSHALL

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Thomas E. McArthur, Jr. 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 Franklin, Tennessee, this 3rd day of September, 2025.

My Commission expires 3/4/29

Notary Public

EMILY HOBBY
TENNESSEE NOTARY PUBLIC
COUNTY OF MARSHALL

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 078130

1. Decedent's Legal Name: NORMA FAYE SANDERS			2. Sex: FEMALE	3. Date of Death: 12/01/2024
4. Time of Death (Approx.): 06:50 PM	5a. Age: 80	6. Date of Birth: 04/11/1944	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: ER/OUTPATIENT				
8b. Facility Name: TRISTAR SOUTHERN HILLS MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)		11a. Decedent's Usual Occupation: ACCOUNTS PAYABLE CLERK	11b. Kind of Business/Industry: FOOD SERVICE
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE		13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 2929 SELENA DR APT A7		13e. Inside City Limits?: YES	13f. Zip Code: 37211	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: CARNEY R TRAUGHBER			19. Mother's Name Prior to First Marriage: NETTIE KEEL	
20a. Informant's Name: TIFFANY RICHMOND	20b. Relationship to Decedent: DAUGHTER		20c. Mailing Address: 7105 HOLT RUN DR, 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/ HUNTER HILDRETH	22b. License Number: 20590	22c. Signature of Embalmer: ▶	22d. License Number	
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: 12/21/2024		

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/ WILLIAM HOOPER	27b. License Number: 54869	27c. Date Signed: 12/20/2024
27d. Name and Address: WILLIAM HOOPER 391 WALLACE RD, NASHVILLE, TN 37013		

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. PULMONARY EMBOLUS	1 DAY
	b.	
	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?: 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: Dec-23-2024

0 1 6 7 3 4 6 1 1

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TN Division of TennCare

Exhibit B

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 15, 2025

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

RE: Sanders, Norma Faye Date of Death: 12/1/2024 SSN: xxx-xx-3584
Our File Number: 147346

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, Amy Cross Nance, 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 4 day of Sept 2025

Dated September 4, 2025

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me the within named Amy Cross Nance 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 4 day of September, 2025

My commission expires: 3/4/29

Notary Public

EMILY HOBBY
TENNESSEE
NOTARY
PUBLIC
COUNTY OF MARSHALL