Karen Johnson Davidson County
Batch # 1327252 AFFIDAVITH
09/26/2025 10:39:18 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20250926-0076882

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: **081 07 0 431.00**
Address Owner: Robert Left, Jr. and Marcus Left
Send Tax Bill: 1620 Cumberland Station Blvd
Madison, TN 37115

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 Mary D. Johnson (hereinafter "the Decedent") died intestate on January 29, 2025, her spouse, James E. Johnson predeceasing her. The Decedent had two children who survived her, whose names and addresses are as follows: Robert Left, Jr. 1620 Cumberland Station Blvd Madison, TN 37115, and Marcus Left, 1004 Looby Circle, Nashville, TN 37208.

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

4. That at the time of her death, Mary D. Johnson was the sole owner of fee simple interest in the property located at 1917 11th Ave N Nashville, Davidson County, Tennessee 37208 by virtue of having survived her spouse, the property being more particularly described as follows:

> LAND IN Davidson COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT: Being Lot No. 31 in Williams and Valentino's Subdivision of Lots Nos. 3 and 4 of the Woodard Property, as of record in Plat Book 2, page 33, Chancery Court at Nashville, Tennessee, to which reference is hereby made for a more complete description.
>
> For source of title reference is made to Book 8083, Page 691, and re-recorded in Book 8213, page 700, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to James E. Johnson and wife, Mary D. Johnson, by Deed from Frances P. King, of record in Book 9135 Page 91, Register's Office Davidson County, Tennessee.

This is improved property known as 1917 11th Ave N Nashville, Davidson County, Tennessee 37208.

5. That the above referenced children of the Decedent: Robert Left, Jr. and Marcus Left, are the sole heirs-at-law of the Decedent.

6. That the above referenced children of the Decedent own 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 18 day of July, 2025.

JOHNNY HOLLINS, JR.

1440 TOWNPANY CT. 37207

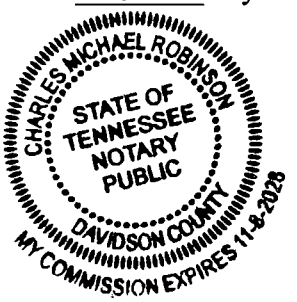
ADDRESS

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, **JOHNNY HOLLINS, JR.,** 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 18th day of July, 2025.



NOTARY PUBLIC

My Commission Expires: 11-8-28

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2025 006690

1. Decedent's Legal Name			2. Sex	3. Date of Death
MARY JOHNSON			FEMALE	01/29/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
18:26	68	11/29/1956	NASHVILLE, TN	

8a. Place of Death			
DECEDENT'S HOME			
8b. Facility Name	**8c. City or Town**		**8d. County of Death**
1917 11TH AVE. N	NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**
WIDOWED		LABORER	GOODWILL INDUSTRIES
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
1917 11TH AVE. N	YES	37208	NO

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. Father's Name	19. Mother's Name Prior to First Marriage
WILLIAM GABRIEL	WILLIE MAE LEFT

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
MARCUS LEFT	SON	1004 LOOBY AVE, NASHVILLE, TN 37208

21a. Method of Disposition	21b. Place of Disposition	21c. Location
CREMATION	ELLIS CREMATORY	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ BYRETTIA LAWRENCE BROADY	5130	▶ /e/ TERRELL ANDRE BROADY	4117

23a. Name and Address of Funeral Home	23b. License Number
TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219	1137

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	02/04/2025

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	27b. License Number	27c. Date Signed
▶ /e/ ANH THI MEADOWS	045572	02/03/2025

27d. Name and Address
ANH THI MEADOWS 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. STAGE IV PANCREATIC CANCER	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	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.

Date Issued: Feb-04-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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