Karen Johnson
Batch # 1338889
10/28/2025 08:45:33 AM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20251028-0085501

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Francesca Denise Johnson **3711 Dickerson Road** **Nashville, Tennessee 37204**	**Same**	**Map/Par. 072 01 0 025.00**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee being Lot 65 on the Plan of Shepardwood Subdivision Section 1 of record in Plat Book 4175 at Pages 82 and 83, Registers Office for Davidson County. Tennessee.

Being the same property acquired by Jack Kemp, Secretary of Housing and Urban Development of Washington D.C. of record in Book 8370, Page 330 Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Mary F. Wilson by Deed from Jack Kemp, Secretary of Housing and Urban Development of Washington D.C. on January 30, 1992 of record in Book 8540 Page 933 Register's Office of Davidson County, Tennessee.

This is improved property known as 2520 Allenwood Drive,Nashville, Davidson County, Tenn. 37207.

Comes now, Francesco Denise Johnson, and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the biological child of William L. Wilson, Jr. and the grandchild of the late Mary F. Wilson.

2. The above described real property was owned by the said Mary F. Wilson until her death on May 29, 2025 while she resided in the above described real property and while a citizen and resident of Nashville, Davidson County, Tennessee.

3. Mary F. Wilson died in Nashville, Davidson County, Tennessee on the 29th day of May 2025 an unmarried person and she died intestate. Mary F. Wilson had seven (7) children born of her body, namely: Tyron Wilson, Sharon Wilson, Carman Wilson, James Wilson, Charles White, Michael Wilson and William L. Wilson, Jr.

William L. Wilson, Jr. died on May 23, 2002, a single person. The death of William L. Wilson, Jr. is of record in the Tennessee Department of Vital Record in a Death Certificate No. 0203246. (Death Certificate attached hereto as Exhibit No. 1).

William L. Wilson, Jr. had 6 children born of his body, namely: LaTrinda Wilson, Danyale McKinney, William Frey, Melvion Carter, Francesca Johnson and Mekia Foster (deceased February 25, 2012).

4. Upon the death of Mary F. Wilson, the above real property passed to her heirs at law, the above named surviving heirs at law set forth above.

5. The only lawful heirs to the Estate of the late Mary F. Wilson are her above named children born of her body and the heirs of the deceased child.

6. **FURTHER AFFIANT SAITH NOT.**

Francesca Johnson

Francesca Denise Johnson

State of Tennessee)
County of Wilson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Francesca Denise Johnson, 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 office this 28TH day of October 2025.

My Commission Expires: March 8, 2028

Charmaine Gerleve

Notary Public

CHARMAINE GERLEVE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Instrument Prepared by:

Dan R. Alexander

DAN R. ALEXANDER
ATTORNEY AT LAW
15065 Lebanon Road
Tulip Grove Suites #204
Old Hickory, Tennessee 37138
Tel. (615) 297.0097

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 0203246 — 2002 024549

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last): William Leon Wilson Jr.
2 SEX: M
3 DATE OF DEATH (Month Day Year): 05/23/2002
4 SOCIAL SECURITY NUMBER (of Deceased): -6659
5a AGE LAST BIRTHDAY (years): 39
5b UNDER 1 YEAR MOS. DAYS
5c UNDER 1 DAY HOURS MIN.
6 DATE OF BIRTH (Month Day Year): 09-03-1962
7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8 WAS DECEDENT EVER IN U S ARMED FORCES? 1 Yes 2 X No
9a 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): Vanderbilt Medical Center 081
9c CITY, TOWN OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
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): Cook
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 2520 Allenwood Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 37207
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15 RACE-American Indian, Black, White, etc. (Specify): Black
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+): Secondary 12

NAME OF DECEDENT For use by physician or institution: Wilson, William

PARENTS

17 FATHER'S NAME (First Middle Last): William Leon Wilson Sr.
18 MOTHER'S NAME (First Middle Maiden Surname): Mary Wilson

INFORMANT

19a INFORMANT'S NAME (Type/Print): Mary Wilson
19b RELATIONSHIP TO DECEASED: Mother
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2520 Allenwood Drive Nashville, Tennessee. 37207

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): Greenwood West Cemetery
20c LOCATION-City or Town, State: Nashville, Tennessee.
21a SIGNATURE OF FUNERAL DIRECTOR: ▶Ronald C. Smith Sr.
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c SIGNATURE OF EMBALMER: ▶ Patrick Tucker
21d LICENSE NUMBER OF EMBALMER: 5072
22a NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 Jo-Johnston Ave.
22b LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ [signature]
24 DATE FILED (Month Day Year): June 13, 2002

CERTIFIER

25a PHYSICIAN To the best of my knowledge death occurred at the date and place and due to the cause(s) and manner as stated
1 SIGNATURE AND TITLE OF PHYSICIAN ▶
25b LICENSE NUMBER
25c DATE SIGNED (Month Day Year)

26a 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 as stated
2 X SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Thomas Deering MD
26b LICENSE NUMBER: 28369
26c DATE SIGNED (Month Day Year): 05/24/2002

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

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Thomas Deering, M D , 850 R S Gass Blvd , Nashville, TN 37216, MEC02-1301

CAUSE OF DEATH

28 PART I Enter the diseases injuries or complications that caused the death Do not enter the mode of dying such as cardiac or respiratory arrest shock or heart failure List only one cause on each line

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Multiple blunt trauma injuries
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions if any leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.
Approximate Interval Between Onset and Death

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes mellitus

29a WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30 MANNER OF DEATH: 1 Natural 5 Pending Investigation 2 X Accident 3 Suicide 6 Could not be Determined 4 Homicide
31a DATE OF INJURY (Month Day Year): 05/22/2002
31b TIME OF INJURY: 06:59:00 M
31c INJURY AT WORK? Yes X No
31d DESCRIBE HOW INJURY OCCURRED: Unrestrained driver in motor vehicle crash, ejected, entrapped by vehicle
31e PLACE OF INJURY At home farm street factory office building etc (Specify): Roadway
31f LOCATION (Street and Number or Rural Route Number City or Town State): 4132 Hwy 96, Dickson

PH 1669 (REV 6/99)
BIRTH NO
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

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

Date Issued: Oct-20-2025

01762115-4

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE