This Instrument Prepared By & Return Recording to:
Martin Heller Potempa & Sheppard, PLLC
2122 21st Avenue South
Nashville, Tennessee 37212
(615) 800-7096

Karen Johnson
Batch # 1339032
10/28/2025 12 04 35 PM
Fees $42 00 Taxes $0 00
Davidson County
AFFIDAVITH
8 pgs
20251028-0085696

Address New Owners & Send Tax Statements to:
Marna Joanne Taylor, et. al.
3608 General Bate Drive
Nashville, TN 37204
Tax Information: 117-11-0J-239.00-CO

AFFIDAVIT OF HEIRSHIP

1. My name is **Kimberly Kay Kampplain** ("Affiant"). I currently reside in Bryan County, state of Oklahoma. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. Margaret P. Taylor (hereinafter "Decedent") was a family friend, and I knew her for approximately 50 years.

3. Decedent died on July 20, 2025, owning certain real property in Davidson County, Tennessee. Her Death Certificate is attached hereto as **Exhibit 1**. The Decedent died testate, and her estate is currently being administered under Case No. PB-2025-98 in Bryan County, Oklahoma. A copy of Decedent's Last Will and Testament (the "Will") is attached hereto as **Exhibit 2**. Margaret P. Taylor and Margaret Pearl Taylor are one in the same person. The beneficiaries provided in Decedent's Will are the same as Decedent's sole heirs-at-law.

4. At the time of her passing, Decedent owned real property located at **2025 WOODMONT BOULEVARD #239, NASHVILLE, TENNESSEE 37215** (the "Property"). The Property is more fully and particularly described as follows:

> Land in Davidson County, Tennessee, being Unit No. 239, together with Garage Unit B-2, together with the appurtenant interest in the common elements of The Hillmont Condominiums, a horizontal property regime established by Master Deed of record as Instrument No. 20040209-0015685 and re-recorded as Instrument No.20040212-0017074, Register's Office for Davidson County, Tennessee, said Unit being depicted on the Condominium Site Plan attached as Exhibit C to the aforementioned Master Deed.
>
> Being the same property conveyed to Joe C. Taylor and Margaret P. Taylor, Husband and Wife by Warranty Deed from Marian Kozek and Lucyna Kozek,

husband and wife, of record in Instrument No. 20170725-0075035, Register's Office for Davidson County, Tennessee, dated July 21, 2017 and recorded on July 25, 2017. The said Joe C. Taylor having since died on June 14, 2023, leaving Margaret P. Taylor as surviving tenant.

5. The Decedent was unmarried at the time of her death, having been predeceased by her husband, Joe C. Taylor on June 14, 2023. A copy of Joe C. Taylor's death certificate is attached hereto as **Exhibit 3**.

6. Decedent was survived by three children: Marna Joanne Taylor, Leah Alison Taylor, and Jocelyn Camille Taylor. Decedent had no other children, born-to or adopted by her, during her lifetime.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Marna Joanne Taylor, Leah Alison Taylor, and Jocelyn Camille Taylor, her sole heirs-at-law, immediately upon her death, pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the names of **MARNA JOANNE TAYLOR, LEAH ALISON TAYLOR, AND JOCELYN CAMILLE TAYLOR, AS TENANTS IN COMMON.**

FURTHER AFFIANT SAYETH NOT.

SWORN this 26 day of September 2025.

Kimberly Kay Kampplain

Kimberly Kay Kampplain, *Affiant*

STATE OF OKLAHOMA)
COUNTY OF BRYAN)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Kimberly Kay Kampplain,** the within named Affiant, 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.

Sworn to and subscribed before me, the undersigned Notary Public, this 26th day of September 2025.

TAMMY MEADE NOTARY # 24008782 PUBLIC STATE OF OKLAHOMA

Tammy Meade

NOTARY PUBLIC
My commission expires: 7/15/2028

[redacted]

The Last Will and Testament of Margaret Pearl Taylor

I, MARGARET PEARL TAYLOR, of Durant, Bryan County, Oklahoma, being now in sufficient health, strength of body and mind, but sensible of the uncertainty of life and desiring to make disposition of my property and affairs while in sufficient health and strength do hereby make, publish and declare the following to be my Last Will and Testament, hereby revoking and canceling any and all former wills and codicils by me at any time made.

1. It is my will that all my just debts, including, but not necessarily limited to my funeral expenses, and expenses of my last illness, be paid out of the principal of my estate as soon after my decease as is practicable.

2. I declare that I am a widow and that I have three living children, namely, MARNA JOANNE TAYLOR, LEAH ALISON TAYLOR and JOCELYN CAMILLE TAYLOR.

3. I hereby give, devise and bequeath to my children, MARNA JOANNE TAYLOR, LEAH ALISON TAYLOR and JOCELYN CAMILLE TAYLOR, in equal shares, share and share alike absolutely free and clear of any restrictions whatsoever, all of my property of which I may die seized and possessed, whether or not the same be real, personal or mixed, and regardless of where the same may be situated. Further, I own property in the state of Tennessee and the address of that property is 2025 Woodmont Blvd., Apt. #239, Nashville, TN 37215 and I own property in the state of New York and the address is 33 Waugh St., #5, Chautauqua, NY 14722. I give, devise and bequeath bot of my properties to my children, MARNA JOANNE TAYLOR, LEAH ALISON TAYLOR and JOCELYN CAMILLE TAYLOR, in equal shares, share and share alike absolutely free and clear of any restrictions whatsoever.

4. In the event any of my children predecease me, the deceased child's share shall revert to my surviving children share and share alike, absolutely free and clear of any restrictions whatsoever.

5. While I have not forgotten them, I have made no provision herein for any of my relatives who may survive me, not out of any unkindness or lack of affection for them, but for reasons which I deem to be good and sufficient. If any of my said relatives should attempt to upset or contest this Will, then, and in such event, I leave to that person or persons the sum of One Dollar ($1.00) each and specifically direct that such person or persons take no further share whatsoever in my estate.

6. I hereby appoint and designate JOCELYN CAMILLE TAYLOR sole Personal Representative of this, my Last Will and Testament, and direct that she be permitted to serve without bond. In the event of the death, resignation, refusal, inability to act or failure on the part of the said JOCELYN CAMILLE TAYLOR to qualify as such Personal Representative, then and in that event I hereby appoint MARNA JOANNE TAYLOR to serve as Personal Representative of this, my Last Will and Testament, she to serve without bond. In the event of the death, resignation, refusal, inability to act or failure on the part of the said MARNA JOANNE TAYLOR to qualify as such Alternate Personal Representative, then and in that event I hereby appoint LEAH ALISON TAYLOR to serve as Personal Representative of this, my Last Will and Testament, she to serve without bond.

7. I hereby authorize and empower my Joint Personal Representatives or their successor appointed herein, if in their discretion it shall seem expedient and necessary to sell either at public or private sale, upon such terms as they may deem most advantageous and for the best interest of my estate, the whole or any part of the real estate of which I may die seized or possessed or any interest therein, and to execute and deliver all conveyances, deeds or other instruments that may be necessary to transfer said property or to carry out the intention of this provision. And I further give and grant unto them full power and authority to mortgage or to lease any and all of my real estate or any interest therein, on any terms and in any manner that they in their discretion, shall deem for the best

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

[redacted]

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 046594

1 Decedent's Legal Name: MARGARET PEARL TAYLOR			2 Sex: FEMALE	3 Date of Death: 07/20/2025
4 Time of Death (Approx.): 05:25	5a Age: 83	6 Date of Birth: 10/21/1941	7 Birthplace: BLANCHARD, OK	
8a Place of Death: OTHER RESIDENCE				
8b Facility Name: 2025 WOODMONT BLVD APT 239		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: ATTORNEY		11b Kind of Business/Industry: LAW
12. Social Security Number: [redacted]	13a Residence-State or Foreign Country: OKLAHOMA	13b County: BRYAN		13c City or Town: DURANT
13d Street and Number: 1802 W EVERGREEN ST		13e Inside City Limits? YES	13f Zip Code: 74701	14 Was Decedent ever in US Armed Forces? NO
15 Decedent's Education: DOCTORATE OR PROFESSIONAL DEGREE	16 Decedent of Hispanic Origin? NO NOT SPANISH/HISPANIC/LATINO		17 Decedent's Race: WHITE	
18. Father's Name: VIRGIL LEE BYERS		19. Mother's Name Prior to First Marriage: NORENE JAMES		
20a Informant's Name: LEAH TAYLOR	20b Relationship to Decedent: DAUGHTER	20c. Mailing Address: 234 BOXMERE PL, NASHVILLE, TN 37215		
21a Method of Disposition: BURIAL REMOVAL FROM STATE	21b Place of Disposition: HIGHLAND CEMETERY		21c Location: DURANT OK	
22a Signature of Funeral Director: ▶ /e/ BRENDA BATMAN	22b License Number: 3545FD	22c Signature of Embalmer: ▶ /e/ MELISSA MARIE WILLIS		22d License Number: 20160
23a. Name and Address of Funeral Home: BROWN'S DURANT FUNERAL SERVICE AND CREMATIONS, 4900 W. US HWY 70, DURANT, OK 74701				23b License Number: NA
24 Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25 Date Filed: 07/25/2025	

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: ▶ /e/ MARY-ELLEN EDMISTON	27b. License Number: 5816	27c. Date Signed: 07/21/2025

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. [redacted]	MONTHS
	b	
	c.	
	d	

Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: BILATERAL PNEUMONIA, NEUTROPENIA

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

John R Dunn, DVM, PhD, EMBA-S
Commissioner

Date Issued Jul-25-2025

0 1 7 4 8 5 6 0 8

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

interest to my estate, and I authorize and empower them to execute and deliver good and sufficient instruments therefor, and to carry out the intention of this provision.

IN WITNESS WHEREOF, I, MARGARET PEARL TAYLOR, have to this, my Last Will and Testament, consisting of four (4) sheets of paper, subscribed my name this 18th day of June, 2025

Margaret Pearl Taylor
MARGARET PEARL TAYLOR

On this 18th day of June, 2025, we, the undersigned at the request of MARGARET PEARL TAYLOR, do subscribe our names as attesting witnesses, and do respectively declare that the said MARGARET PEARL TAYLOR declared to us that the above and foregoing writing is her Last Will and Testament, and we further respectively declare that the said MARGARET PEARL TAYLOR subscribed her name to the foregoing writing in the presence of each of us and in the presence of each other.

(name)	(address)
Kim Kamplain	1811 W Cedar - Durant, OK 74701
Lisa Sherwood	1804 W Evergreen St - Durant, OK 74701

STATE OF OKLAHOMA)
) **ss.**
COUNTY OF BRYAN)

Before me, the undersigned authority, on this day, personally appeared MARGARET PEARL TAYLOR, Kim Kamplain and Lisa Sherwood, to me known to be the testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective places and capacities, and all of said persons, being by me first duly sworn, and MARGARET PEARL TAYLOR, testator, declared to me and to the said witnesses in my presence that said instrument is her Last Will and Testament and that she had willingly made and executed it as her free and voluntary act and deed for the purposes therein expressed; and the said witnesses, each on her oath, stated to me in the presence and hearing of the said testator that the said testator

had declared to them that said instrument is her Last Will and Testament and that she had executed the same as such and wanted each of them to sign it as a witness; and upon their oaths, each witness stated further that they did sign the same as witnesses in the presence of the said testator and at her request and that said testator was at the time eighteen years of age or over, and was of sound mind

Margaret Pearl Taylor
MARGARET PEARL TAYLOR

Kim Kampplain
Witness

Lisa Sherwood
Witness

Subscribed and Acknowledged before me by the said MARGARET PEARL TAYLOR, testator, and subscribed and sworn to before me by the said Kim Kampplain and Lisa Sherwood, witnesses, this 18th day of June, 2025

Penni Smith
Notary Public

(Seal)

PENNI SMITH NOTARY #24005820 EXP. 05/01/28 PUBLIC STATE OF OKLAHOMA

My Commission Expires: _____
Commission No. _____

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 036429

1 Decedent's Legal Name			2. Sex	3 Date of Death
JOE CLINTON TAYLOR			MALE	06/14/2023
4 Time of Death (Military)	**5a Age**	**6 Date of Birth**	**7. Birthplace**	
0403	81	03/28/1942	DURANT, OK	
8a. Place of Death				
INPATIENT				
8b Facility Name		**8c. City or Town**	**8d County of Death**	
VANDERBILT UNIVERSITY MEDICAL CENTER		NASHVILLE	DAVIDSON	
9 Marital Status	**10 Surviving Spouse (name prior to last marriage)**	**11a Decedent's Usual Occupation**	**11b Kind of Business/Industry**	
MARRIED	MARGARET BYERS	JUDGE	LAW	
12. Social Security Number	**13a Residence State or Foreign Country**	**13b County**	**13c. City or Town**	
[redacted]	OKLAHOMA	BRYAN	DURANT	
13d Street and Number	**13e Inside City Limits?**	**13f Zip Code**	**14 Was Decedent ever in US Armed Forces?**	
1802 WEST EVERGREEN	YES	74701	YES	
15 Decedent's Education	**16 Decedent of Hispanic Origin?**	**17 Decedent's Race**		
DOCTORATE OR PROFESSIONAL DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18 Father's Name		**19 Mother's Name Prior to First Marriage**		
LUTHER CLINTON TAYLOR		VIRENDA PARKER		
20a Informant's Name	**20b Relationship to Decedent**	**20c. Mailing Address**		
MARGARET BYERS TAYLOR	WIFE	1802 WEST EVERGREEN DURANT, OK 74701		
21a Method of Disposition	**21b Place of Disposition**	**21c. Location**		
BURIAL REMOVAL FROM STATE	HIGHLAND CEMETERY	DURANT OK		
22a Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d License Number**	
▶ /e/ BRENDA BATMAN	3545 FD	▶ /e/ MELISSA MARIE WILLIS	20160	
23a Name and Address of Funeral Home			**23b. License Number**	
BROWNS FUNERAL SERVICE AND CREMATORY, 4900 WEST HWY 70, DURANT, OK 74701			1420 ES	
24 Registrar's Signature		**25 Date Filed**		
▶ /e/ EDWARD G BISHOP III		06/19/2023		

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	27b License Number	27c. Date Signed
▶ /e/ CARLA M SEVIN	0000043484	06/14/2023

27d. Name and Address
CARLA M SEVIN 1211 MEDICAL CENTER DRIVE NASHVILLE TN 37232

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 KNOWN ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE

		Approximate Interval Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a [redacted]	[redacted]
Sequentially list conditions, if any, leading to the cause on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b [redacted]	[redacted]
	c [redacted]	[redacted]
	d [redacted]	[redacted]

Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

MULTIPLE MYELOMA, CHRONIC RENAL FAILURE RENAL MASS, CACHEXIA RESPIRATORY FAILURE

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	N/A		
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 hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

15100557

Tennessee Code Annotated 68-3-101 et seq , Vital Records Act of 1977

Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued Jun-20-2023

CERTIFICATION OF VITAL RECORD