Karen Johnson
Batch # 1373118
01/23/2026 02:40:30 PM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20260123-0006015

This instrument prepared by:

Charles A. Trost
317 Harpeth Ridge Drive
Nashville, TN 37221

GRANTEE(S): John Brown, Jr. Sandra Brown, and Van Hammonds, Jr.

SEND TAX NOTICES TO: Sandra Brown, 1808 4th Avenue North, Nashville, TN 37208

MAP PARCEL NUMBER: 08205-01100

AFFIDAVIT OF HEIRSHIP

(Tennessee Code Annotated § 30-2-712)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Alma Jean Hammonds. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 1318 Jones Avenue, Nashville, TN 37207.

3. I have personal knowledge of the matters stated in this Affidavit.

4. On June 12, 2025, Mary Frances Hammonds died at 1808 4th Avenue North, Nashville, TN 37208. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 1808 4th Avenue, Nashville, TN 37208, in Davidson County, Tennessee, more fully described as: Lot No. 49 and the North 37 1/2 feet of Lot No. 48 of the map of D. T. McGavock's Subdivision, of record in Book 21, page 64, Register's Office of Davidson County, Tennessee. For prior title, see Book 7704, Page 536, in the Register's Office of Davidson County, Tennessee.

6. At the time of Decedent's death, the Decedent resided at 1808 4th Avenue North, Nashville, TN 37208.

7. The estate of the Decedent was not administered in a proceeding supervised by a court.

8. Facts concerning my relationship to the Decedent are that Decedent and I were sisters. I knew her all of my life. We have the same last name now because our husbands were brothers.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are Decedent was a widow. She had three children that survived her: John Brown, Jr., Sandra Brown, and Van Hammonds, Jr. Both of her husbands predeceased her and all three of her children survived her. Van Hamonds only had one son, Van Hammonds, Jr.

Alma Jean Hammonds
AFFIANT

Sworn to and subscribed before me this 18th day of January, 2026.

Charles A Trost
NOTARY PUBLIC

STATE OF TENNESSEE NOTARY PUBLIC

My Commission Expires: Nov. 6, 2027

STATE FILE NUMBER

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 040789

1. Decedent's Legal Name: MARY FRANCES HAMMONDS			2. Sex: FEMALE	3. Date of Death: 06/12/2025
4. Time of Death (Approx.): UNKNOWN	5a. Age: 82	6. Date of Birth: 05/10/1943	7. Birthplace: PULASKI, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 1808 4TH AVE N		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: HOUSE KEEPING		11b. Kind of Business/Industry: HOUSE KEEPING
12. Security Number: 8315	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 1808 4TH AVE N		13e. Inside City Limits? YES	13f. Zip Code: 37208	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: IVEY MARTIN GILBREATH			19. Mother's Name Prior to First Marriage: JENNIE V. GILBREATH	
20a. Informant's Name: VAN HAMMONDS	20b. Relationship to Decedent: SON	20c. Mailing Address: 702 GREEN VALLEY CT, CLARKSVILLE, TN 37042		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: GREENWOOD MAIN CEMETERY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /e/ CHRISTOPHER LEE JEFFERSON		22d. License Number: 6500
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				23b. License Number: 809
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 06/30/2025	

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/ LORRAINE CHARLES	27b. License Number: 55448	27c. Date Signed: 06/24/2025
27d. Name and Address: LORRAINE CHARLES 300 20TH AVE NORTH, 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. HEART FAILURE	
	b. ATRIAL FIBRILLATION	
	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-1055E

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: Jun-30-2025

017291489

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE