This instrument prepared by:

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

Karen Johnson Davidson County
Batch # 1373118 AFFIDAVITH
01/23/2026 02:40:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20260123-0006016

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 M. Ann Dashiell. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 4116 Pepperwood Drive, Antioch, TN 37013.

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 I am the minister of the New Salem AME Church that the Decedent attended during the last four years of her life and I know her sister and her children.

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.

AFFIANT

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

Charles A Trost
STATE OF TENNESSEE NOTARY PUBLIC
County of Davidson

NOTARY PUBLIC

My Commission Expires: Nov. 6, 2027

ST SEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 040789

1. Decedent's Legal Name			2. Sex	3. Date of Death
MARY FRANCES HAMMONDS			FEMALE	06/12/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
UNKNOWN	82	05/10/1943	PULASKI, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
1808 4TH 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		HOUSE KEEPING	HOUSE KEEPING	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-8315	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
1808 4TH AVE N		YES	37208	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
IVEY MARTIN GILBREATH		JENNIE V. GILBREATH		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
VAN HAMMONDS	SON	702 GREEN VALLEY CT, CLARKSVILLE, TN 37042		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREENWOOD MAIN CEMETERY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ MELVIN J SMITH	4502	▶ /e/ CHRISTOPHER LEE JEFFERSON	6500	
23a. Name and Address of Funeral Home			**23b. License Number**	
SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618			809	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		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	27b. License Number	27c. Date Signed
▶ /e/ LORRAINE CHARLES	55448	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	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.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jun-30-2025

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE