PREPARED BY AND
RECORDING REQUESTED BY:
JOSHUA L. STERNBERG
STERNBERG LAW GROUP
8605 SANTA MONICA BLVD., SUITE 81823
WEST HOLLYWOOD, CA 90069-4109

WHEN RECORDED MAIL TO:
MAIL TAX STATEMENTS TO:
James Kenneth Thomas
20125 Tajauta Avenue
Carson, CA 90746

Karen Johnson
Batch # 1377332
02/09/2026 10:23:43 AM
Fees: $17.00 Taxes: $0.00

Davidson County
AFFIDAVITH
3 pgs

20260209-0009225

APN 050-02-0-003-00 *SPACE ABOVE THIS LINE FOR RECORDER'S USE*
Address: 3525-3527 Brick Church Pike, Nashville, TN 37207

AFFIDAVIT OF HEIRSHIP

On this 14th day of November, 2025, before me personally appeared James K. Thomas, ~~to me personally known~~, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 20125 Tajauta Avenue, Carson, CA 90746 and is familiar with the family history of Betty Thomas, deceased, who was the joint owner of the following property:

3525-3527 Brick Church Pike, Nashville, TN 37207, APN: 050-02-0-003-00

And that said decedent died on 12/09/2022, and that the place of residence and homestead, at the time of death, was as follows:

20125 Tajauta Avenue, Carson, CA 90746

And Affiant further states that said deceased left surviving the following persons, as heirs or persons otherwise Interested in the estate,

James K. Thomas, co-owner of property and surviving spouse
20125 Tajauta Avenue, Carson, CA 90746

James Kenneth Thomas, Jr., son
20125 Tajauta Avenue, Carson, CA 90746

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen years.

And that the debts against said estate have been paid.

Dated: 11/14/2025

James K J Thomas
JAMES K. THOMAS, Surviving Spouse

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) SS.
COUNTY OF LOS ANGELES)

Subscribed and sworn to (~~or affirmed~~) before me on this 14th day of November, 2025 by JAMES K. THOMAS, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Signature

TUNDE E. SHODIYA
Notary Public - California
Los Angeles County
Commission # 2507366
My Comm. Expires Jan 16, 2029

Notary Public Seal

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

3052022287538 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/08)

3202234013144 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
BETTY	ANN	THOMAS

AKA. ALSO KNOWN AS – Include AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX
12/08/1945	77			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	[redacted]-4060	YES [ ] NO [X] UNK [ ]	MARRIED	12/09/2022	1341

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	YES [ ] NO [X]	FILIPINO, AFRICAN AMERICAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
BANK TELLER	BANKING	20

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 3143 Q STREET

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
NORTH HIGHLANDS	SACRAMENTO	95660	-	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
ERIC M. MCKINNEY, SON	3143 Q STREET, NORTH HIGHLANDS, CA 95660

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
JAMES	K	THOMAS	
31. NAME OF FATHER/PARENT – FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
ARCADIO		CARBONEL	PHLIPPNES
35. NAME OF MOTHER/PARENT – FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
JUANITA	-	WILLIAMS	AR

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
12/19/2022	RES ADIENNA MCKINNEY 3143 Q STREET, NORTH HIGHLANDS, CA 95660

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CREMATE/RESIDENCE	▸ NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
EVERGREEN MEMORIAL OF SACRAMENTO INC	FD1740	▸ OLIVIA KASIRYE MD	12/14/2022

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
MERCY SAN JUAN MEDICAL CENTER	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/SNF/LTC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SACRAMENTO	6501 COYLE AVENUE	CARMICHAEL

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) SEPTIC SHOCK	(AT) WEEK	[ ] YES [X] NO
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) ACUTE RENAL FAILURE	(BT) WEEK	109. BIOPSY PERFORMED? [ ] YES [X] NO
	(C) HIGH GRADE STENOSIS OF PROXIMAL RIGHT CORONARY ARTERY ETIOLOGY UNKNOWN	(CT) WEEK	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(D)	(DT)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. DECEDENT PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(A) Decedent Attended Since mm/dd/ccyy: 11/28/2022 — (B) Decedent Last Seen Alive mm/dd/ccyy: 12/09/2022	▸ SYED MARGHOOB HAIDER, MD	A108923	12/13/2022

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: SYED MARGHOOB HAIDER, MD
4001 J ST, SACRAMENTO, CA 95819

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number or location; city and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▸		

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sacramento County Clerk/Recorder.

002113396

DATE ISSUED: JAN 04 2023

Donna Allred
DONNA ALLRED, COUNTY CLERK/RECORDER
SACRAMENTO COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk/Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE