Karen Johnson
Batch # 1383903
02/23/2026 08:35:11 AM
Fees: $27.00 Taxes: $0.00
Davidson County
AFFIDAVITH
5 pgs
20260223-0013921

This instrument Prepared by:
Clements & Eubanks, PC
2494 N. Mount Juliet Rd, Suite 200
Mount Juliet, Tennessee 37122
(615) 263-0950

Address New Owner(s) As Follows:	Send Tax Bills To:	Map Parcel Numbers
Barbara Jean Farmer **127 Archwood Drive,** **Madison, TN 37122**	**Barbara Jean Farmer** **127 Archwood Drive,** **Madison, TN 37122**	**043 11 0 172.00**

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF WILSON

We, **Courtney Montgomery and Isaac Thurman,** individuals over the age of 18, of sound mind and with personal knowledge of the matters stated herein, after first being duly sworn, depose and say as follows:

CLAYBOURNE B. NIPPER died intestate in Davidson County, Tennessee, on June 16, 2019, owning the property identified by Parcel Number 043 11 0 172.00 as reflected by the deed filed in the Register's Office of Davidson County, Tennessee of record in Instrument No.00009324-0000068. **See Tennessee Death Certificate for Claybourne B. Nipper, attached hereto as Exhibit A.**

At the time of his death Claybourne B. Nipper was married to Barbara J. Farmer, and had no children. **By the laws of intestacy of Tennessee, Claybourne B. Nipper's interest in the aforementioned real property, passed to his wife, Barbara J. Farmer.**

We, the undersigned, Courtney Montgomery and Issac Thurman, being acquainted with Claybourne B. Nipper and his family for many years, are not related to the decedent by blood or marriage and have no interest in the decedent's estate, hereby state that the decedent's wife, listed above, is the only heir at law, pursuant to the laws of intestacy of Tennessee, of Claybourne B. Nipper, and as such is the proper party entitled to share in his interest in the following described real property in Davidson County, State of Tennessee to wit:

> Land in Davidson County, Tennessee being Lot No. 36 on the Second Revised Plan of Myatt and Eagan's Subdivision of Lots Nos. 2 and 3, of Anderson Estates, as of record in Book 1424, page 150, Register's Office for Davidson County, Tennessee, described as follows:
>
> BEGINNING at a point in the Westerly margin of Archwood Drive at the common corner of Lots No. 36 and 37 on said plan; thence with the line between said two lots, Westerly 209 feet to the common corner of Lots Nos. 34, 35, 36 and 37 on said plan; thence with the line between said Lots Nos. 35 and 36, Northerly 154.2 feet to a

monument in the Southerly margin of Dupont Avenue; thence with the Southerly margin of Dupont Avenue, Easterly 188.92 feet to a monument at the beginning of a curve; thence around a curve to the right, having a radius of 20 feet; Southeasterly 31.5 feet to a monument in the Westerly margin of Archwood Drive; thence with the Westerly margin of Archwood Drive Southerly 134.12 feet to the beginning.

BEING the same property conveyed to **Clay B. Nipper,** by **Jerry Lee Clay and wife Debra D. Clay,** by Warranty Deed of record in Instrument No.00009324-0000068, Register's Office for Davidson County, Tennessee.

This is improved property known as 127 Archwood Drive, Madison, TN 37115.

This conveyance is subject to a Financing Statement to Electric Power Board of Davidson County, Tennessee of record in Book 8569, page 433.

FOR PRIOR TITLE and last instrument of record affecting title to the above-described property, see Warranty Deed recorded in Instrument No.00009324-0000068, in the Register's Office for Davidson County, Tennessee. No boundary survey of the within land was made at the time of this conveyance, and the description of the within land is not different from previous deed(s).

The individual never received TennCare Long-Term Services and Supports, as reflected by the respective TennCare Releases attached as **Exhibit** B.

We, the undersigned, being first duly sworn do hereby declare the above statements made by us are correct and we have executed the foregoing instrument for the purposes stated herein and that we have executed this affidavit according to our own knowledge of the affairs which are stated herein, and we are each under no constraint, duress or undue influence.

[Remainder of Page Intentionally Left Blank; Signature Page to Follow]

WHEREAS, I have hereunto set my hand this 13th day of February, 2026.

Courtney Montgomery, Affiant

STATE OF TENNESSEE
COUNTY OF WILSON

Personally appeared before me, the undersigned Notary Public of said County and State, Courtney Montgomery the within named Affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument of the purposes therein contained.

WITNESS my hand at office this 13th day of February, 2026.



Bryson Eubanks, Notary Public
My commission Expires: 10/28/2028



WHEREAS, I have hereunto set my hand this 17th day of February, 2026.

Isaac Thurman, Affiant

STATE OF TENNESSEE
COUNTY OF WILSON

Personally appeared before me, the undersigned Notary Public of said County and State, Isaac Thurman the within named Affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument of the purposes therein contained.

WITNESS my hand at office this 17th day of February, 2026.



Bryson Eubanks, Notary Public
My commission Expires: 10/28/2028

EXHIBIT
A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2019 033997

1. Decedent's Legal Name			2. Sex	3. Date of Death
CLAYBOURNE BRAGG NIPPER			MALE	06/16/2019
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
01:30 AM	76	03/04/1943	RUTHERFORD CO., TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
127 ARCHWOOD DR.		MADISON	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	BARBARA FARMER	SECURITY	MANUFACTURING CO.	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-2918	TENNESSEE	DAVIDSON	MADISON	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
127 ARCHWOOD DR.	YES	37115	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
MILBRA NIPPER		LUCILLE HALEY		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
BARBARA J. FARMER	WIFE	127 ARCHWOOD DR., MADISON, TN 37115		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	RIVERSIDE GARDENS CEMETERY	CANNON CO., TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ KENNY RUSSELL GILLEY	3311	▶ /e/ Kenny Russell Gilley	3678	
23a. Name and Address of Funeral Home			**23b. License Number**	
WOODBURY FUNERAL HOME, INC., 504 WEST MAIN ST, WOODBURY, TN 37190-1128			767	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		06/19/2019		

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/ SASHA L. BOWERS	052952	06/19/2019

27d. Name and Address
SASHA L. BOWERS 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. SQUAMOUS CELL CANCER OF THE LARYNX	
	b.	
	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	YES	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

This document is not a certified copy.

Pursuant to TENN CODE ANN § 56-7-206, this document may only be used for the purposes of establishing proof of death as it relates to a life insurance policy with a value of fifteen thousand dollars ($15,000.00) or less.

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

February 2, 2026

EXHIBIT B

Taylor Abernathy
2494 N. Mount Juliet Rd. #200
Mt. Juliet, TN 37122

RE: Nipper, Claybourne Bragg Date of Death: 6/16/2019 SSN: xxx-xx-2918
Our File Number: 178725

Taylor Abernathy:

The referenced decedent did not receive TennCare Long-Term Services and Supports and/or is not subject to estate recovery. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to annuities, Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust or annuity, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust or annuity when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit