Karen Johnson Davidson County
Batch# 1443485 AFFIDAVITH
07/09/2026 08:39:30 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20260709-0061869

AFFIDAVIT OF HEIRSHIP

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, duly commissioned and qualified, the within named Affiants, **Tamra Mangrum Rainey, Barton Jay Mangrum, and Juanita Faye Elkins** (herein "Affiants"), who being first duly sworn, did depose and say:

1. That **Tamra Mangrum Rainey** declares that she is a resident of the County of **Davidson**, State of Tennessee.
2. That **Barton Jay Mangrum** declares that he is a resident of the County of **Davidson**, State of Tennessee.
3. That **Juanita Faye Elkins** declares that she is a resident of the County of **Davidson**, State of Tennessee.
4. That Affiants declare that we have personal knowledge of the heirs-at-law of **Patricia A. Mangrum (herein "Decedent").**
5. That **Decedent** died without a will (intestate) on **August 12, 2025,** a resident of **Davidson County**, Tennessee.
6. That **Decedent** was not married at the time of her death.
7. That **Decedent** had the following children of her body (and did not have any other children, either of her body or adopted):
   Tamra Mangrum Rainey and
   Barton Jay Mangrum
8. That at the time of **Decedent's** death, she owned an interest in certain real property, to wit:

   Land in Davidson County, Tennessee, being Lot No. 21 on the Plan of Hickory Trail Farms, Section II, as of record in Book 4460, Page 194, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

   Being the same property conveyed to James B. Mangrum and wife, Patricia A. Mangrum, from James E. Small and wife, Mary H. Small, by Warranty Deed recorded on October 25, 1983, and of record in Book 6162, Page 702, said Register's Office.

   The said James B. Mangrum died on March 12, 1989, leaving his wife, Patricia A. Mangrum, as the sole surviving tenant by the entirety.

   The said Patricia A. Mangrum died on August 12, 2025, leaving her children, Tamra Mangrum Rainey and Barton Jay Mangrum, as her sole surviving heirs-at-law.

   Patricia A. Mangrum was one and the same person as Patricia Ann Mangrum and was one and the same person as Patricia Mangrum Phy.

   This improved property has a common address of 549 Hickory Trail Drive, Nashville, TN 37209.

   Map and Parcel 101 00 0 152.00

9. See TennCare release and death certificate for James B. Mangrum attached hereto and made a part hereof.
10. See TennCare release and death certificate for Patricia A. Mangrum attached hereto and made a part hereof.

Further, Affiants sayeth not.

(Signature page(s) to follow)

IN TESTIMONY WHEREOF, we hereunto subscribe our names this 23rd day of June 2026.

Tamra Mangrum Rainey, Affiant

Barton Jay Mangrum, Affiant

Juanita Faye Elkins, Affiant

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Tamra Mangrum Rainey, Barton Jay Mangrum, and Juanita Faye Elkins, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained as their free acts and deeds.

Witness my hand and official seal at office, this 23rd day of June 2026.

Notary Public
My Commission Expires: _____

CINDY S. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 8, 2028

Prepared by:
Mary Kathryn Charlton, attorney
Cindy S. Smith, P.C., Attorneys at Law
P.O. Box 292004
Nashville, TN 37229

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

MAR 24 1989

Fredia S. Wadley, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK — STATE FILE NUMBER: 8901285

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Burton Mangrum
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 12, 1989
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE — LAST BIRTHDAY (Years): 49
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Metro General Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Patricia Edwards
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Bridgestone Tire and Rubber Co.
13a. RESIDENCE — STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 549 Hickory Trails Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No — If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No
15. RACE — American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): UNK; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Roy Mangrum
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nora Spencer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Patricia Mangrum
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 549 Hickory Trails Drive, Nashville, Tn 37209

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Harpeth Hills Memory Gardens
20c. LOCATION — City or Town, State: Nashville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas Spann
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3781
21c. SIGNATURE OF EMBALMER: ▶ Thomas Spann
21d. LICENSE NUMBER OF EMBALMER: 3974
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Dorris & Charlton, 1715 Broadway, Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): Mar 24, 1989

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ T. E. Simpkins M.D.
26b. LICENSE NUMBER: 3066
26c. DATE SIGNED (Month, Day, Year): 3/17/89

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): T. E. Simpkins, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS ON OTHER SIDE

Immediate cause (final disease or condition resulting in death): a. CARDIAC ARRHYTHMIA
Due to (or as a consequence of): b. CORONARY ARTERY INSUFFICIENCY
Due to (or as a consequence of): c. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
Due to (or as a consequence of): d.

Sequentially list conditions, if any, leading to immediate cause. Enter underlying cause of disease or injury that initiated events resulting in death LAST.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

County DAVIDSON-19
Perforation Number
Order and Death
Appl #
SSN 408-64-0595
ACV / DV

DRAWING

202 05 002

202607090061869

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

#

May 20, 2026

Cindy S. Smith
P.O. Box 292004
Nashville, TN 37229

RE: Mangrum, James Burton Date of Death: 3/12/1989 SSN: xxx-xx-[redacted]
Our File Number: 188417

Cindy S. Smith:

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

Under 2024

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2025 051941

1. Decedent's Legal Name: PATRICIA ANN MANGRUM AKA PATRICIA MANGRUM PHY		2. Sex: FEMALE	3. Date of Death: 08/12/2025
4. Time of Death (Approx): 05:15 AM	5a. Age: 64	6. Date of Birth: [redacted]	7. Birthplace: NASHVILLE, TN
8a. Place of Death: NURSING HOME/LONG TERM CARE			
8b. Facility Name: THE MEADOWS	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: FUNDRAISER	11b. Kind of Business/Industry: CHARITY
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13C. City or Town: NASHVILLE
13d. Street and Number: 549 HICKORY TRAIL DR	13e. Inside City Limits?: YES	13h. Zip Code: 37209	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: LAWRENCE MILAS EDWARDS		19. Mother's Name Prior to First Marriage: LILLIAN BROWN	
20a. Informant's Name: TAMRA MANGRUM RAINEY	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 119 HARPETH VALLEY RD, NASHVILLE, TN 37221	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: WEST HARPETH CREMATORY		21c. Location: NASHVILLE, TN
22a. Signature of Funeral Director: ▶ /e/ KYLE ROBERT PETE	22b. License Number: 6530	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: WEST HARPETH FUNERAL HOME AND CREMATORY, 6962 CHARLOTTE PIKE, NASHVILLE, TN 37209-4208			23b. License Number: 1016
24. Registrar's Signature: ▶ /e/ EDWARD S BISHOP III		25. Date Filed: 08/19/2025	

26. Certifier

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE 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/ JAMES R ANDERSON	27b. License Number: 15576	27c. Date Signed: 08/18/2025
27d. Name and Address: JAMES R. ANDERSON 313 NORTH MAIN ST, ASHLAND CITY, TN 37015		

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. ADULT FAILURE TO THRIVE	
	b. VASCULAR DEMENTIA	
	c. ATHEROSCLEROTIC VASCULAR DISEASE	
	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?: UNKNOWN	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:

TT-1559

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.

Date Issued: Aug-20-2025

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

0 1 7 4 5 3 0 6 3

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202607090061869

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

#

May 20, 2026

Cindy S. Smith
P.O. BOX 292004
Nashville, TN 37229

RE: Phy, Patricia Ann Mangrum aka Patricia Mangrum Date of Death: 8/12/2025
SSN: xxx-xx-[redacted]
Our File Number: 188418

Cindy S. Smith:

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

Under 2024

AFFIDAVIT FOR RECORDING

I, Cindy S. Smith (print name), do hereby make oath that I am the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on June 23, 2026 (date of document).

Signature of above

7/8/2026

Date

State of Tennessee

County of Davidson

Sworn to and subscribed before me this 8th day of July, 2026.

Notary

KIMBERLY J. THOMPSON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires JAN. 22 2030

MY COMMISSION EXPIRES: