| | |
|---|---|
| **THIS INSTRUMENT PREPARED BY:**<br>**Martin Heller Potempa & Sheppard**<br>2122 21st Avenue South<br>Nashville, Tennessee 37212<br>(615) 800-7096<br><br>Bill Garrett Davidson County<br>Batch# 117580 **AFFIDAVITH**<br>07/17/2018 03:08:48 PM 3 pgs<br>Fees: $17.00 Taxes: $0.00<br>20180717-0069593 | STATE OF TENNESSEE<br>COUNTY OF DAVIDSON<br><br>The actual consideration for this transfer is: $0.00<br><br>Charles Franklin Stephens<br><br>Subscribed and sworn to before me, this 29th day of June 2018.<br><br>NOTARY PUBLIC<br>My Commission Expires: 03-03-2020<br><br>TESSA LAWSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY |

| **Address New Owner:** | **Send Tax Bills To:** | **Tax Information:** |
|---|---|---|
| Charles Franklin Stephens<br>1408 Calloway Court<br>Nashville, TN 37221 | New Owner | Map & Parcel:<br>155 08 0C 112.00 |

## AFFIDAVIT OF HEIRSHIP

1. My name is Charles Franklin Stephens ("Affiant"). I am an adult resident of the State of Tennessee. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. Elisa Binkley Stephens ("Decedent") died on April 27, 2018. A copy of the Certificate of Death is attached as **Exhibit 1.**

3. Decedent had an ownership interest in a certain parcel of improved real property at the time of her death, which is located at 1408 Calloway Court, Nashville, TN 37221 (the "Property") and more fully and particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 112, on the Plan of Poplar Creek Estates, Phase 2, of record in Book 6900, Pages 339-347, as amended in Book 7900, Pages 888 & 889, Register's Office for said County, to which plan reference is hereby made for a more complete description.
>
> Being the same property conveyed to Elisa Binkely Stephens by warranty deed from Virginia Price, dated May 29, 2007, recorded 06/01/07, of record in Instrument No. 20070601-0065432, in the Register's Office of Davidson

County, Tennessee. Said conveyance made subject to all easements, restrictive covenants and conditions, and other matters of record, including all items set out on any applicable plat of record.

5. Decedent died leaving Affiant as her sole heir-at-law.

6. A probate estate has not been opened and it is not anticipated that one will be opened.

7. To the best of Affiant's knowledge, Decedent was not enrolled in TennCare.

8. Pursuant to Tenn. Code Ann. § 31-2-103, Decedent's interest in the Property vested in Affiant immediately upon death. As of the filing of this Affidavit, ownership of the Property remains vested as follows:

Charles Franklin Stephens – 100% interest.

**FURTHER AFFIANT SAYETH NOT.**

**SWORN this 29th day of June 2018.**

Charles Franklin Stephens

**STATE OF TENNESSEE )**
**)**
**COUNTY OF DAVIDSON )**

Now having first been sworn, the above-named Charles Franklin Stephens, Affiant, appeared before me and proved his identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 29th day of June, 2018.

Notary Public

My commission expires: 03-03-2020

TESSA LAWSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH**

STATE FILE NUMBER: 2018 023634

[redacted]

TYPE/PRINT IN PERMANENT BLACK INK

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. DECEDENT'S LEGAL NAME: ELISA BINKLEY STEPHENS | | | | | 2. SEX: FEMALE | 3. DATE OF DEATH: 04/27/2018 |
| 4. TIME OF DEATH (Approx.): 02:17 PM | 5a. AGE: 60 | 5b. UNDER 1 YEAR: Months / Days | 5c. UNDER 1 DAY: Hours / Minutes | 6. DATE OF BIRTH: 10/11/1957 | 7. BIRTHPLACE: NASHVILLE, TENNESSEE | |
| 8a. PLACE OF DEATH: HOSPICE FACILITY | | | | | | |
| 8b. FACILITY NAME: ALIVE HOSPICE | | 8c. CITY OR TOWN: NASHVILLE | | | 8d. COUNTY OF DEATH: DAVIDSON | |
| 9. MARITAL STATUS: DIVORCED | 10. SURVIVING SPOUSE (name prior to first marriage) | | 11a. DECEDENT'S USUAL OCCUPATION: NURSING | | 11b. KIND OF BUSINESS/INDUSTRY: HEALTHCARE | |
| 12. SOCIAL SECURITY NUMBER: 410-88-8743 | 13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE | | 13b. COUNTY: DAVIDSON | | 13c. CITY OR TOWN: NASHVILLE | |
| 13d. STREET AND NUMBER: 1408 CALLOWAY | | 13e. INSIDE CITY LIMITS?: YES | 13f. ZIP CODE: 38221 | | 14. WAS DECEDENT EVER IN US ARMED FORCES?: NO | |
| 15. DECEDENT'S EDUCATION: MASTER'S DEGREE | 16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO | | 17. DECEDENT'S RACE: WHITE | | | |
| [redacted] | 18. FATHER'S NAME: JAMES BINKLEY | | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: IMOGENE CHRISTIAN | | | |
| [redacted] | 20a. INFORMANT'S NAME: CHARLES STEPHENS | 20b. RELATIONSHIP TO DECEDENT: SON | 20c. MAILING ADDRESS: 1408 CALLOWAY, NASHVILLE, TENNESSEE 38221 | | | |
| [redacted] | 21a. METHOD OF DISPOSITION: DONATION | 21b. PLACE OF DISPOSITION: VANDERBILT UNIVERSITY MEDICAL CENTER | 21c. LOCATION: NASHVILLE, TENNESSEE | | | |
| [redacted] | 22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ NONE NONE | 22b. LICENSE NUMBER: 0000 | 22c. SIGNATURE OF EMBALMER: | | 22d. LICENSE NUMBER: | |
| [redacted] | 23a. NAME AND ADDRESS OF FUNERAL HOME: VUMC ANATOMICAL DONATION PROGRAM 2213 GARLAND AVE., NASHVILLE, TENNESSEE 37232 | | | | 23b. LICENSE NUMBER: 0000 | |
| [redacted] | 24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III | | 25. DATE FILED: 04/30/2018 | | | |
| [redacted] | 26. CERTIFIER: 26a. IF 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. IF 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. | | | | | | |
| PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE WITHIN 96 HOURS | 27a. CERTIFIER: /s/ ROBERT J BERKOMPAS | | 27b. LICENSE NUMBER: 017891 | | 27c. DATE SIGNED: 04/30/2018 | |
| | 27d. NAME AND ADDRESS: ROBERT J BERKOMPAS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 37203 | | | | | |
| [redacted] | 28. PART I ENTER ONLY 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) | a. METASTATIC SQUAMOUS CELL CARCINOMA OF THE TONGUE | | | | | |
| 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 | b. DUE TO (OR A CONSEQUENCE OF) | | | | | |
| | c. DUE TO (OR A CONSEQUENCE OF) | | | | | |
| | d. DUE TO (OR A CONSEQUENCE OF) | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING 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 | | | |

HH-1650 (Rev. 8/2017)

MAY 03 2018

[redacted]

10054786

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 0 5 4 7 8 6
Date Issued

CERTIFICATION OF VITAL RECORD