Karen Johnson Davidson County
Batch# 468215 AFFIDAVITH
09/02/2020 08:05:24 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20200902-0099533

Prepared By:
Parker Brown, ESQ.
FIDELIS LAW, PLLC
216 Centerview Drive, Suite 317
Brentwood, TN 37027

This instrument was prepared without the benefit of a title search and was prepared with the description of the property as furnished by the parties. The preparer of this instrument assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Address New Owner:	***Send Tax Bills To:***	***Map & Parcel No.***
Odell Sanders III 3685 Weston Place Montgomery, AL 36116 AND Sheila James 2215 Acorn Square Court Katy, Texas 77493-3511	Same	112-15-0-A-004.00CO

AFFIDAVIT OF HEIRSHIP

Comes now, Mrs. Margaret P. Kirkpatrick and Mr. Don Q. Sanders, having been first being duly sworn, and on their respective oaths do depose and state that both are of lawful age and all information is based upon his and her beliefs and personal knowledge. Pursuant to Tenn. Code Ann. §30-02-712, affiants further depose and state:

1. Mrs. Margaret P. Kirkpatrick (hereinafter "Affiant 1") is the biological sister of the deceased, Dorothy Marie Sanders (hereinafter the "Decedent"), and is a resident of Davidson County, Tennessee.

2. Based upon her relationship to the Decedent, Affiant 1 has personal knowledge of the family of Decedent.

3. Affiant 1 is not a beneficiary of Decedent's Estate and is an otherwise disinterested party.

4. Mr. Don Q. Sanders (hereinafter "Affiant 2") is the brother-in-law to the Decedent, and is a resident of Prince George's County, Maryland.

5. Based upon his relationship to the Decedent, Affiant 2 has personal knowledge of the family of Decedent.

6. Affiant 2 is not a beneficiary of Decedent's Estate and is an otherwise disinterested party.

7. The decedent was a resident of Harris County, Texas, but at the time of her death held a fee simple absolute interest in the property known as 154 Oak Valley Drive, Nashville, Davidson County, Tennessee 37207 (the "Premises"), which Affiants are advised has the following legal description:

Being Lot No. 17 on the Plan of OAK PARK SUBDIVISION, SECTION ONE, as of record in Book 3600, page 84, Register's Office for Davidson County, Tennessee, to which plat reference is here made for a more complete legal description.

Being the same property conveyed to ODELL SANDERS, JR., and wife, DOROTHY L. SANDERS from MARY MERINDA PETERS, by Warranty Deed of record in Book 6106, Page 780, Register's Office for Davidson County, Tennessee.

8. The Premises were owned as husband and wife by Decedent and her husband, Odell Sanders, Jr.

9. Odell Sanders, Jr. died on July 3, 2015, at the age of seventy-three (73) years (Death Certificate attached hereto as **Exhibit A**), leaving Decedent as the sole owner of the Premises.

10. Decedent died on December 31, 2017, at the age of seventy-eight (78) years (Death Certificate attached hereto as **Exhibit B**), leaving her two (2) children, Odell Sanders, III and Sheila James, as the sole heirs of her Estate.

11. Odell Sanders, III and Sheila James are the biological children of the Decedent and are the only children born or adopted by Decent during her lifetime.

12. As of the date of execution of this Affidavit, the addresses of both heir-at-law are as follows:

    NAME: Mr. Odell Sanders, III
    Address: 3685 Weston Place, Montgomery, AL 36116

    NAME: Mrs. Sheila James
    Address: 2215 Acorn Square Court, Katy, Texas, 77493-3511

13. At the time of Decedent's death, she was widowed. Decedent's husband, Odell Sanders, Jr., died intestate and did not leave a Last Will & Testament.

14. Decedent also died intestate.

15. No probate proceedings for either Odell Sanders, Jr.'s or Decedent's Estates have ever been filed.

11. This Affidavit of Heirship is freely given pursuant to Tenn. Code Ann. §30-02-712 to help establish and reflect the heirship with respect to any real or personal property owned by Dorothy Marie Sanders in Davidson County, Tennessee or elsewhere and particularly to confirm the vesting of title in ODELL SANDERS, III and SHEILA JAMES to certain real property owned by Dorothy Marie Sanders, in Davidson County, Tennessee, known as 154 Oak Valley Drive, Nashville, Davidson County, Tennessee 37207.

*****It is a Class E felony to willfully, corruptly and falsely swear to any statement herein known to you to be false. It is also a Class E felony to willfully, corruptly and falsely swear to any statement herein to which you do not have sufficiently definite knowledge to justify the making of such sworn statement, and the statement is false.**

Don Q Sanders

DON Q. SANDERS

STATE OF MARYLAND)
COUNTY OF PG)

Subscribed to and sworn before me this 14 day of August, 2020.

Notary Public

My Commission Expires: June 19th 2021

TIARE TRELLES RODRIGUEZ
Notary Public-Maryland
Montgomery County
My Commission Expires
June 19, 2021

Margaret Kirkpatrick
MARGARET P. KIRKPATRICK

STATE OF Tennessee)
COUNTY OF Davidson)

Subscribed to and sworn before me this 13 day of August, 2020.

Chad Bryson
Notary Public

My Commission Expires: 3-8-2022

CHAD BRYSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT A

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
JAN 10 2018

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER** 142-17-197291

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last)	(Maiden)	2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)
DOROTHY MARIE SANDERS	LAWRENCE	DECEMBER 31, 2017

3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo	Days	IF UNDER 1 DAY Hours	Min	6. BIRTHPLACE (City & State or Foreign Country)
FEMALE	OCTOBER 12, 1939	78					NASHVILLE, TN

7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
-6410	☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown ☐ Married	

10a. RESIDENCE STREET ADDRESS	10b. APT. NO.	10c. CITY OR TOWN
2215 ACORN SQUARE COURT		KATY

10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
HARRIS	TEXAS	77493	☒ Yes ☐ No

11. FATHER'S NAME PRIOR TO FIRST MARRIAGE	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
RUEBEN LAWRENCE	VANNORRIS GIVENS

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	16. FACILITY NAME (If not institution, give street address)
FORT BEND	PRECINCT 3, 77494	BETHEL PLACE

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code)
SHEILA JAMES - DAUGHTER	2215 ACORN SQUARE COURT, KATY, TX 77493

19. METHOD OF DISPOSITION	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. ☒ Unknown
☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removal from state ☐ Other (Specify)	JAMIE WALKER ,BY ELECTRONIC SIGNATURE - CE2421	Section Block Lot Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
GREENWOOD CEMETERY NORTH	NASHVILLE, TN

24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
ALL FAITHS MS For: TERRELL BROADY FUNERAL HOME	8520 SWEETWATER LN # C-21, HOUSTON, TX 77037

26. CERTIFIER (Check only one)

☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.

☐ Medical Examiner/Justice of the Peace - 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 stated

27.SIGNATURE OF CERTIFIER	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH(Actual or presumed)
JESSICA GARCIA , BY ELECTRONIC SIGNATURE	JANUARY 9, 2018	P1180	07:50 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)	32. TITLE OF CERTIFIER
JESSICA GARCIA 10318 LAKE ROAD BLDG C STE 102, HOUSTON, TX 77070	DO

CAUSE OF DEATH

33. PART 1. 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. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ------> resulting in death)	a. TERMINAL DELIRIUM	DAYS
Due to (or as a consequence of):		
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. SEVERE SEPSIS INFECTION FROM DECUBITUS ULCER	WEEKS
Due to (or as a consequence of):		
	c. SEVERE ANEMIA	WEEKS
Due to (or as a consequence of):		
	d. ADVANCED DEMENTIA	YEARS

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

PARKINSONS DISEASE

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	☐ Yes ☒ No ☐ Probably ☐ Unknown	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY(mm-dd-yyyy)	40b.TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		☐ Yes ☐ No	

40e. LOCATION (Street and Number, City,State,Zip Code)	40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR
01-2867	JANUARY 10, 2018	REGISTRAR - FORT BEND COUNTY CLERK, ELECTRONICALLY FILED

EDR NUMBER 000002228949

JLF

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195. 1998)

VS-112 REV 1/2006

QA11995709

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

EXHIBIT B

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Odell Sanders, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 3, 2015
4. TIME OF DEATH (Hour): 1:40am
5a. AGE-Last Birthday (Years): 73
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 27, 1942
7. BIRTHPLACE (City and State, or Foreign Country): Brownsville, Tn.

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Alive Hospice Skyline
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Dorothy Lawrence
11a. DECEDENT'S USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS/INDUSTRY: CSX
12. SOCIAL SECURITY NUMBER: 9886
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 154 Oak Valley Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

18. FATHER'S NAME (First, Middle, Last): Odell Sanders, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Margie Patton

20a. INFORMANT'S NAME: Dorothy Sanders
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 154 Oak Valley Dr., Nashville, Tn. 37207

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery North
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc., 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

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24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 7/8/15

26. CERTIFIER (Check only one):
☒ 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 38283
27c. DATE SIGNED (Month, Day, Year): 7-7-15
27d. NAME AND ADDRESS: Shazia Fazili, M.D.

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Glioblastoma Multiforme — Due to (or as a consequence of):
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 as a consequence of):
c. — Due to (or as a consequence of):
d.

Approximate interval: Onset to death
a. Weeks (4-6)

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

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TN-1838 (Rev. 10/2011)
RDA 1299

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.

8058763

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

8058763

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: JUL 8 2