Karen Johnson Davidson County
Batch# 1053717 AFFIDAVITH
09/25/2023 11 05 42 AM 2 pgs
Fees. $12 00 Taxes $0.00
20230925-0075041

This Instrument Prepared By
Freedom Title Services, LLC
109 Hazel Path, Suite 2
Hendersonville, TN 37075

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE, COUNTY OF Davidson

On this 13 day of SEPTEMBER 2023, before me personally appeared SANDRA LEE WILLIAMS, "Affiant", who having been duly sworn, deposes and says

That they are at least eighteen (18) years of age and is a resident citizen of Davidson County, Tennessee residing at 623 Mayview Dr , Madison, TN 37115

That they were personally acquainted with BEVERLY STUBBLEFIELD, "Decedent", during decedent's lifetime and are familiar with Decedent's family history,

That Decedent died on or about August 2, 2023, a resident citizen of Davidson County, Tennessee residing at 622 Mayview Dr , Madison, TN 37115

That Decedent was survived by the following persons

	Name and Address
1 **Surviving Spouse**	NONE
Surviving Children (adopted, natural born, legitimate or illegitimate)	SCOTTIE A STUBBLEFIELD KENNETH H STUBBLEFIELD
Deceased Children (adopted, natural born, legitimate or illegitimate)	PAMELA FRANCIS
Children of Deceased Children (adopted, natural born, legitimate or illegitimate)	BRANDI A MOON DUSTIN B FRANCIS DEREK T FRANCIS

IF DECEDENT WAS SURVIVED BY A SPOUSE, CHILD(REN) OR GRANDCHILD(REN) OF DECEASED CHILD(REN), THEN DO NOT COMPLETE NO 2, NO 3 or NO 4

CONTINUE TO NO 2 ONLY IF DECEDENT DIED WITHOUT A SURVIVING SPOUSE, CHILDREN OR GRANDCHILDREN

	Name and Address
2 **Surviving Parent or Parents**	NONE

IF DECEDENT WAS SURVIVED BY AT LEAST ONE PARENT, THEN DO NOT COMPLETE NO 3 or NO 4

CONTINUE TO NO 3 ONLY IF DECEDENT DIED WITHOUT A SURVIVING PARENT

	Name and Address
3 **Surviving Brother(s)/Sister(s)**	NONE
Deceased Brother(s)/Sister(s)	NONE
Children of Deceased Brother(s)/Sister(s)	NONE

IF DECEDENT WAS SURVIVED BY A BROTHER, SISTER, NIECE OR NEPHEW, THEN DO NOT COMPLETE NO 4

CONTINUE TO NO 4 ONLY IF DECEDENT DIED WITHOUT A SURVIVING BROTHER, SISTER, NIECE OR NEPHEW

Name and Address

4 **Surviving Paternal Grandparent(s)** _____

Children of Deceased Paternal Grandparent(s) _____

Surviving Maternal Grandparent(s) _____

Children of Deceased Maternal Grandparent(s) _____

5 That the undersigned understands that Freedom Title Services, LLC Inc and its title insurance underwriter are relying on the statements made herein to establish the solvency of the Estate of BEVERLY STUBBLEFIELD so as to enable Freedom Title Services, LLC and its title insurance underwriter to issue title insurance policies free and clear of any estate matters relative to the sale of the subject property

6 That the undersigned agrees to indemnify and hold harmless Freedom Title Services, LLC, and its title insurance underwriter for any loss or damage which either or both of them may incur as a result of the issuance of title insurance policies on the property located at 622 Mayview Dr , Madison, TN 37115 in reliance on this affidavit

That all persons above named are at least eighteen (18) years of age, except

NONE

Further, Affiant sayeth not

Sandra Lee Williams
SANDRA LEE WILLIAMS, Affiant

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, Charise Stubblefield (name of notary public), SANDRA LEE WILLIAMS, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained

Witness my hand, at office, this 13 day of SEPTEMBER 2023

CHARISE STUBBLEFIELD
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Charise Stubblefield
Notary Public

1/29/25
My Commission Expires