Karen Johnson
Batch # 1148931
06/20/2024 08:13:06 AM
Fees: $27.00 Taxes: $0.00
Davidson County
AFFIDAVITH
5 pgs
20240620-0046069

**THIS INSTRUMENT WAS PREPARED BY:**
**EMILY C. GREEN, BPR #033317**
**JONES, GREEN, & TACKETT LAW, PLLC**
110 West Sixth Avenue, Springfield, TN 37172
(615) 667-1073 *Office* | (615) 433-5103 *Fax*
(From Information Supplied: No Title Examination)

# AFFIDAVIT OF HEIRSHIP

***Pursuant to Tenn. Code Ann. § 30-2-712***

| **Address of New Owners** | **Send Tax Bills To:** | **Map / Parcel** |
|---|---|---|
| Catherine Marie Stephenson<br>106 Runnymead Drive<br>Springfield, TN 37172 | Same | 73-5 / 32 |

Comes now **CYNTHIA HOLLIS**, after first being duly sworn, states that she is an adult citizen and residing at 1801 Hogan Drive, Springfield, TN 37172, being sixty-three (63) years of age. **CYNTHIA HOLLIS** has known the Decedent, Joy Marie Reeves for over sixty (60) years.

Comes now **PHILLIP JONES**, after first being duly sworn, states that he is an adult citizen and residing at 302 Forest Lawn Court, Mt. Juliet, TN 37122, being seventy (70) years of age. **PHILLIP JONES** has known the Decedent, Joy Marie Reeves for over sixty (60) years.

Affiants have personal knowledge of the matters stated in this Affidavit.

On May 11, 2023, **JOY MARIE REEVES** (hereinafter "Decedent"), died at the age of seventy-one (71) years, a citizen and resident of Davidson County, Tennessee. Decedent was a single woman at the time of her death. The Decedent had one child, namely **CATHERINE MARIE STEPHENSON**.

Affiants are not a beneficiary, legatee, or heir of the Decedents.

The Decedent passed intestate. Her estate was not administered in any court of law.

At the time of her death, Decedent owned an interest in certain property located in Davidson

County, Tennessee, and being more particularly described in Deed of Record in Instrument Number 20020102-0000333, Register's Office for Davidson County, Tennessee, to wit:

> Being Lot No. 18 on the Plan of Virginia Manor as of record in Book 1835, page 22, Register's Office for said County.
>
> Said Lot fronts 70 feet on the southeasterly side of Avalon Drive and runs back 166.8 feet on the northeasterly line and 183.6 feet on the southwesterly line to a dead line in the rear on which it measures 71.99 feet.
>
> Being the same property conveyed to Joe M. Reeves, Jr., and wife, Joy Reeves, of record in Book 5478, page 237, Register's Office forsaid County.
>
> Being the same property conveyed to Joy Marie Reeves from Joe Marvin Reeves Jr., of record in Instrument Number 20020102-0000333, Register's Office for Davidson County, Tennessee.

Affiant would state that at the time of Decedent's death all of her interest passed to her heir-at-law, **CATHERINE MARIE STEPHENSON**, pursuant to Tenn. Code Ann. § 31-2-104 *et seq.*

Tenn. Code Ann. § 30-2-712 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him to be false or about which he does not have sufficient knowledge to justify his making such a sworn statement, on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Further, Affiants saith not.

This the 17 day of June, 2024.

Cynthia Hollis

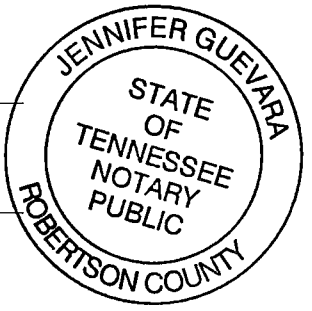
**CYNTHIA HOLLIS**

**STATE OF TENNESSEE )**
**COUNTY OF ROBERTSON )**

Personally appeared before me, a Notary Public in for and for said county and state, the within named **CYNTHIA HOLLIS** with whom I am personally acquainted, or who proved identity to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purpose therein contained. WITNESS my hand this 17th day of June, 2024.

Jennifer Guevara
NOTARY PUBLIC

6-25-25
My Commission Expires



This the 10 day of June, 2024.

P. Phillip Jones

**PHILLIP JONES**

**STATE OF TENNESSEE )**
**COUNTY OF WILSON )**

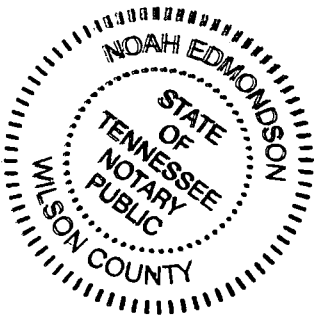
Personally appeared before me, a Notary Public in for and for said county and state, the within named **PHILLIP JONES**, with whom I am personally acquainted, or who proved identity to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purpose therein contained. WITNESS my hand this 10th day of June, 2024.

N. Edmondson

NOTARY PUBLIC

08-31-2027

My Commission Expires



# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 029713

| 1. Decedent's Legal Name | | | 2. Sex | 3. Date of Death |
|---|---|---|---|---|
| JOY REEVES | | | FEMALE | 05/11/2023 |
| **4. Time of Death (Approx.)** | **5a. Age** | **6. Date of Birth** | **7. Birthplace** | |
| 03:04 PM | 71 | 02/01/1952 | NASHVILLE, TN | |
| **8a. Place of Death** | | | | |
| DECEDENT'S HOME | | | | |
| **8b. Facility Name** | | **8c. City or Town** | **8d. County of Death** | |
| 1904 AVALON DRIVE | | NASHVILLE | DAVIDSON | |
| **9. Marital Status** | **10. Surviving Spouse (name prior to first marriage)** | **11a. Decedent's Usual Occupation** | **11b. Kind of Business/Industry** | |
| DIVORCED | | HOMEMAKER IN OWN HOME | DOMESTIC | |
| **12. Social Security Number** | **13a. Residence-State or Foreign Country** | **13b. County** | **13c. City or Town** | |
| I-0003 | TENNESSEE | DAVIDSON | NASHVILLE | |
| **13d. Street and Number** | | **13e. Inside City Limits?** | **13f. Zip Code** | **14. Was Decedent ever in US Armed Forces?** |
| 1904 AVALON DRIVE | | YES | 37216 | NO |
| **15. Decedent's Education** | **16. Decedent of Hispanic Origin?** | | **17. Decedent's Race** | |
| SOME COLLEGE CREDIT, BUT NO DEGREE | NO, NOT SPANISH/HISPANIC/LATINO | | WHITE | |
| **18. Father's Name** | | | **19. Mother's Name Prior to First Marriage** | |
| JOHNNIE EVERETTE JONES | | | CECIL ANN WALKER | |
| **20a. Informant's Name** | **20b. Relationship to Decedent** | **20c. Mailing Address** | | |
| CATHERINE STEPHENSON | DAUGHTER | 106 RUNNYMEAD DRIVE, SPRINGFIELD, TN 37172 | | |
| **21a. Method of Disposition** | **21b. Place of Disposition** | **21c. Location** | | |
| CREMATION | MUSIC CITY CREMATORY | NASHVILLE, TN | | |
| **22a. Signature of Funeral Director** | **22b. License Number** | **22c. Signature of Embalmer** | **22d. License Number** | |
| ▶ /e/ LEONARD DALE SWEARINGEN | 5616 | ▶ /e/ DUSTIN RAY THOMAS | 6105 | |
| **23a. Name and Address of Funeral Home** | | | **23b. License Number** | |
| ROBERTSON COUNTY FUNERAL HOME, INC., 2201 MEMORIAL BLVD, SPRINGFIELD, TN 37172-3917 | | | 754 | |
| **24. Registrar's Signature** | | **25. Date Filed** | | |
| ▶ /e/ EDWARD G BISHOP III | | 05/17/2023 | | |

**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/ KENNETH DOZIER | 007525 | 05/17/2023 |

27d. Name and Address: KENNETH DOZIER 1210 BRIARVILLE ROAD, BLDG F, MADISON, TN 37115

**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. CARDIAC ARREST | IMMEDIATELY |
| | b. DIABETES | YEARS |
| | 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 | NO | 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 |

PH-1659E RDA 10112

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.

14844330

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: May-17-2023

CERTIFICATION OF VITAL RECORD