Karen Johnson
Batch # 1195710
10/18/2024 01:24:52 PM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20241018-0081166

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

Ryan C. Davis, Esq.
Ryan C. Davis Law, PLLC
1224 2nd Ave S., Suite 102
Nashville, Tennessee 37210
(615) 649-0110

AFFIDAVIT OF HEIRSHIP FOR KENDRA

Pursuant to Tenn. Code Ann. § 30-2-712, I, Kendra LaShelle Wilson, after being duly sworn, do hereby state as follows:

1. That I, Kendra LaShelle Wilson, am over the age of 21, of sound mind, and am not executing this Affidavit under coercion or undue influence. My address is 4923 Pointe O Woods Drive, Wesley Chapel, FL 33543.
2. That I am familiar with the family history of Dianne Lynn Williams, who was the owner at the time of her death of real property located at 3020 Chateau Valley Drive, Nashville, Davidson County, Tennessee, and more particularly described as follows:

   BEING Lot No. 33 on the Final Plat, Phase II, Chateau Valley, of record in Plat Book 8250 page 932, Register's Office for Davidson County, Tennessee to which reference is herby made for a more complete description.

   BEING part of the same property conveyed to Cumberland Builders, Inc., by instrument from Chateau Associates, LTD. executed February 28, 2001 which is of record as Instrument No. 20010625-0067145, Register's Office for Davidson County, Tennessee. This was a part of the property conveyed to Chateau Associates, LTD, by Cumberland Builders, Inc., by instrument September 28, 1988 in Book 7723 page 651 Register's Office for Davidson County, Tennessee.

   This is improved property, known as 3020 Chateau Valley Drive, Nashville, TN 37207

3. That the said Dianne Lynn Williams died intestate in Davidson County, Tennessee on October 22, 2021. Dianne Lynn Williams' Death Certificate is attached hereto as **Exhibit A.**
4. That at the time of Dianne Lynn Williams' death, she resided at 3020 Chateau Valley Drive, Nashville, TN 37207.

5. That said decedent left only the following persons surviving as heirs or otherwise interested in the estate:

   April L. Williams, Daughter

   Bridgett Pitre, Daughter

   Tanisha Williams-Pentecost, Daughter

6. That said decedent did not leave a will or any other testamentary instrument.

7. That I have no interest, legal or otherwise, in said property.

8. That I acknowledge and understand that the statements above will be recorded in the Register's Office of Davidson County, Tennessee and relied upon to convey real property vested in the descendants and heirs of Dianne Lynn Williams.

FURTHER, AFFIANT SAITH NOT.

DATED THIS THE 25 DAY OF September, 2024.

Kendra L. Wilson

KENDRA L. WILSON

STATE OF Florida)
COUNTY OF Pasco)

On this 25 day of September, 2024, before me, personally appeared Kendra L. Wilson, the affiant known to me to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be her free act and deed, without undue influence, stating that the information therein is accurate and true to the best of her knowledge.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

LATOYA D JOHNSON ANDERSON
Notary Public - State of Florida
Commission # HH 292401
My Comm. Expires Jul 25, 2026
Bonded through National Notary Assn.

Notary Public

My Commission Expires: July 25, 2026

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

Primary Reg. Dist. No. 1501 — Ohio Department of Health - Vital Statistics — State File No. 2021114968

Registrar's No. 1500-2021033796 — CERTIFICATE OF DEATH

DECEDENT

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any): DIANNE L WILLIAMS
2. Sex: FEMALE
3. Date of Death (Month/Day/Year): OCTOBER 22, 2021
4. Social Security Number: -4514
5a. Age (Years): 68
5b. If Under 1 Year: Days / 5c. If Under 1 Day: Hours / Minutes
6. Date of Birth (Month/Day/Year): NOVEMBER 21, 1952
7. Birthplace (City and State or Foreign Country): NASHVILLE, TENNESSEE
8a. Residence State: TENNESSEE
8b. County: DAVIDSON
8c. City or Town: NASHVILLE
8d. Street Address and Zip Code: 8920 CHATEAU VALLEY DRIVE 37207
8e. Live in US Armed Forces? NO
10. Marital Status at Time of Death: DIVORCED (AND NOT REMARRIED)
11. Surviving Spouse's Name (If wife, give name prior to first marriage):
12. Decedent's Education: BACHELORS DEGREE (E.G., BA, AB, BS)
13. Decedent of Hispanic Origin? NO
14. Decedent's Race: BLACK
15. Father's Name: LOUIS CLINTON STONE
16. Mother's Name Prior to First Marriage: VIOLA WASHINGTON
17a. Informant's Name: APRIL WILLIAMS
17b. Relationship to Decedent: DAUGHTER
17c. Mailing Address (Street and Number, City, State, Zip Code): 3020 CHATEAU VALLEY DRIVE NASHVILLE, TENNESSEE 37207
18a. Place of Death: HOSPITAL - INPATIENT
18b. Facility Name (If not Institution, Give Street Address): CLEVELAND CLINIC FOUNDATION - H18
18c. City or Town, State and Zip Code: CLEVELAND, OH 44195
18d. County of Death: CUYAHOGA

DISPOSITION

19. Funeral Service Licensee or Other Agent: W. BYRON CALHOUN
20. Licensure Number (of Licensee): 004465
21. Name and Complete Address of Final Facility: CALHOUN FH LLC 28000 ROCKSIDE RD BEDFORD HEIGHTS, OH 44146
22. Method and Place of Disposition: REMOVAL FROM STATE - SPRING HILL CEMETERY, NASHVILLE, TN
23. Local Registrar: Andrea Kacinari
24. Date Filed (Month/Day/Year): 11/1/2021

CERTIFIER

25a. Certifier (Check only one): ☒ Certifying Physician To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. ☐ Coroner or 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 stated.
25b. Time of Death: 11:12
25c. Date Pronounced Dead (Month/Day/Year): 10-22-2021
25d. Was Case Referred to Medical Examiner or Coroner? NO
25e. Certifier (Enter Name and Title): MD
25f. License number: 35.086979
25g. Date Signed (Month/Day/Year): 10/28/2021
25h. Signature of Person Who Completed Cause of Death: VENUGOPAL MENON, 9500 EUCLID AVE, CLEVELAND, OH 44195

CAUSE OF DEATH

26. Part I. Enter only causes, diseases, or complications that directly caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.

		Approximate Interval: Onset to Death
Immediate Cause (Final disease or condition resulting in death)	a. CONGESTIVE HEART FAILURE	MONTHS
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as a consequence of): PROSTHETIC VALVE DYSFUNCTION	MONTHS
Other Significant Conditions Contributing to Death but not resulting in the underlying cause given in Part I.	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

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

27. Was an Autopsy Performed? ☐ Yes ☒ No
28. Were Autopsy Findings Available Prior To Completion Of Cause of Death? ☐ YES ☐ NO ☒ Not Applicable
29. Did Tobacco Use Contribute to Death? ☐ Yes ☒ Unknown ☐ Probably ☐ No
30. If Female, Pregnancy Status: ☒ 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
31. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
32a. Date of Injury (Month/Day/Year)
32b. Time of Injury
32c. Place of Injury (i.e., Decedent's home, construction site, restaurant, wooded area)
32d. Injury at Work? ☐ Yes ☐ No
32e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)
32f. Describe How Injury Occurred:
32g. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other

Andrea Kacinari, Registrar

NOV 09 2021

Andrea Kacinari

Exhibit A

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

REV. 7/2015

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

VERIFY PRESENCE OF ODH WATERMARK
HOLD TO LIGHT TO VIEW
G10067558