IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE
(PROBATE DIVISION)

IN THE ESTATE OF	)	
STEPHEN MICHAEL SUTTON,	)	**No. 24P1244**
Decedent.	)	

AFFIDAVIT OF HEIRSHIP

The undersigned, Cory T. Sutton, being duly sworn, deposes and says:

1. I am a citizen and resident of Santa Rosa County, Florida, residing at 4687 Live Oak Lane, Pace, Florida 32571. I am over eighteen (18) years of age and I am personally familiar with all of the facts set forth herein.

2. I was not identified by the Personal Representatives of the Estate of Stephen Michael Sutton as a legatee or distributee of the Estate in the Petition to Open Estate and for Letters of Administration filed June 13, 2024 (the "Petition"). However, I am one of the heirs-at-law of the Decedent.

3. As set forth in the Petition, Stephen Michael Sutton died intestate on April 9, 2024.

4. At the time of his death, the Decedent held title in his name to certain real property in Davidson County, Tennessee, located at 112 Hamblen Avenue, Old Hickory, Tennessee 37138 and more particularly described by deed of record in Book 7770, Page 607 in the Register's Office for Davidson County, Tennessee.

5. I am the nephew of the Decedent. My grandfather was William Wesley Sutton, the father of the Decedent Stephen Michael Sutton.

6. Attached as Exhibit A is a true and correct copy of the Certificate of Birth of William Wesley Sutton, son of Samuel Wesley Sutton and Lottie Collins.

Karen Johnson Davidson County
Batch # 1255893 AFFIDAVITH
04/03/2025 08:30:23 AM 11 pgs
Fees: $57.00 Taxes: $0.00
20250403-0025273

7. Attached as Exhibit B is a true and correct copy of the Marriage Bond reflecting the marriage of William Wesley Sutton, son of Sam W. Sutton and Lottie Collins, to Dorothy Lee Dempsey on September 15, 1949.

8. Attached as Exhibit C is a true and correct copy of the Certificate of Live Birth of the Decedent, Stephen Michael Sutton, and identifying his parents as William Wesley Sutton and Dorothy Lee Dempsey.

9. Attached as Exhibit D is a true and correct copy of the Certificate of Death of Willie Wesley Sutton, son of Sammie W. Sutton and Lottie Collins.

10. In addition to the Decedent, William Wesley Sutton had another son, named Billy Joe Sutton. Billy Joe Sutton was my father.

11. My father had three sons: Cory T. Sutton, Clinton Sutton, and Clifford Sutton. Both Clinton Sutton and Clifford Sutton are deceased, but Clinton Sutton has surviving issue.

12. Based on the facts stated herein and reflected in the attached vital records, the heirs-at-law of the Decedent are myself and the surviving issue of my brother, Clinton Sutton. Our rights of inheritance are superior to those claimed by the Personal Representatives of the Estate, who have described themselves as the cousins of the Decedent.

Further Affiant saith not.

Cory T. Sutton

STATE OF Florida)
)
COUNTY OF Santa Rosa)

Before me, the undersigned, a Notary Public in and for the State and County aforesaid personally appeared the within named Affiant, Cory T. Sutton, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who made oath that the statements contained in the foregoing are true of the Affiant's own knowledge.

Witness my hand and seal this 2 day of December, 2024.

Briana L Sandford
NOTARY PUBLIC

My Commission Expires: 10/01/2027

NOTARY PUBLIC STATE OF FLORIDA
BRIANA L. SANDFORD
MY COMMISSION # HH 449617
EXPIRES: October 1, 2027

Exhibit A

Page 5 of 11

E PLAIN' WITH UNFADING INK—THIS IS A PERMAN' T 2RD MARGIN RESE ED FOR BINDING.

N. B.—In case of more t... one child at a birth, a SEPARATE RETURN m... e made for each, and the number of each, in order of birth, stated

1. PLACE OF BIRTH

County of Bedford-02

Civil Dist. 11

Inc. Town

City Unionville

STATE OF TENNESSEE

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

39

CERTIFICATE OF BIRTH

Registration District No. 40211

Primary Registration Dist. No. 40211

File No.

Registered No. 77

(No. St.; Ward)

2. FULL NAME OF CHILD William Wesley Sutton

If child is not yet named, make supplemental report, as directed

3. Sex of Child	4. Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth?	5. Legitimate?	Date of birth (Month) Day Year
Male			Yes	, 1914

FATHER		MOTHER	
6. FULL NAME	Samel Wesley Sutton	12. FULL MAIDEN NAME	Lottie Collins
7. RESIDENCE	Bedford Co	13. RESIDENCE	Unionville Bedford Co
8. COLOR	White	14. COLOR	White
10. AGE AT LAST BIRTHDAY	44 Years	16. AGE AT LAST BIRTHDAY	21 Years
9. BIRTHPLACE	Marshall Co	15. BIRTHPLACE	Marshall Co
11. OCCUPATION	Blacksmith	17. OCCUPATION	Housewife

18. Number of children born to this mother including present birth 3
Number of children of this mother now living 3

19. Born at full term Yes

20. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3-25-P M.
(Born alive or stillborn)

on the day above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ★ CORRECTION BY COUNTY JUDGE No. 32 1941 FILED: JUL 1 1941 REGISTRAR

(Signature) H. G. Landis
Physician

Address Unionville Tenn

21. Filed 12-25-, 1915- W. H. Worthan
†Postoffice Address REGISTRAR

REVERSE SIDE

Exhibit B

State of Kentucky - County of Simpson

I, Austin L. Johnson, Clerk of Simpson County, hereby certify that the foregoing instrument of writing is a true and correct copy of Marriage Bond record in Marriage Book 21 Page 349. Simpson County Clerk's office. Witness my hand and official seal of office this 25 day of September 2024.

Austin L. Johnson, Clerk Simpson County

By _____ D. C.

Marriage Bond

No. 349

THE COMMONWEALTH OF KENTUCKY

SIMPSON COUNTY COURT

BE IT KNOWN, That we _____

as principal, and _____

as surety, are jointly and severally bound to the Commonwealth of Kentucky, in the sum of ONE HUNDRED DOLLARS.

THIS BOND IS CONDITIONED AS FOLLOWS:

That, whereas Marriage is intended to be solemnized between William Wesley Sutton and Dorothy Lee Dempsey

Now, if there is no lawful cause to obstruct said marriage, this Bond shall be void, otherwise it shall be and remain in full force and effect.

Witness our hands, this 15th day of Sept. 1949, 194__

Attest: L. L. Chauvin, Clerk, D. C.

William Wesley Sutton, Principal

Roy L. Waggoner Jr., Surety

REGISTER OF MARRIAGE No. 349

Full names of parties, Husband: William Wesley Sutton

Wife: Dorothy Lee Dempsey

By Whom Married _____

Place of Marriage _____ County of _____ Kentucky

Date of Marriage _____

Witness _____ and _____

Age of Husband 23 years; condition (single, widowed, divorced) single

Age of Wife 24 years; condition (single, widowed, divorced) single

Race (white or colored) white

Husband's Place of Birth Lewisburg, Tenn Residence Madison, Tenn

Wife's Place of Birth Robertson Co. Tenn Residence Old Hickory, Tenn

Names of Parents of Husband Sam W. Sutton and Lottie Collins

Names of Parents of Wife William Gray Dempsey and Mattie Lee Carroll

Occupation of Husband unemployed

Date of License 15th day of Sept. 1949, 194__

This License Is Void 30 Days After Date

Dorothy Lee Dempsey

Wm. Jean Crawford

Subscribed and sworn to before me by _____

this _____ day of _____

L. L. Chauvin, Clerk

By _____ D. C.

*RECORD OF MARRIAGE CERTIFICATE

I, W. M. Ditmore a Minister of the Baptist Church or religious order of that name, do certify that on the 15 day of Sept 1949 at Franklin Kentucky, under authority of the above license, I united in Marriage William Wesley Sutton and Dorothy Lee Dempsey the persons named and described therein, in the presence of Ray L Waggoner, Jr. and Lydia Jean Clark

I qualified and gave bond, according to law, authorizing me to celebrate the rites of Marriage in the County of Simpson State of Kentucky.

Given under my hand, this 15 day of Sept 1949

W. M. Ditmore

A Copy, Attest L. L. Chauvin, Clerk.

By _____ D. C.

*Blanks to be filled by clerk after return of license.
Form M-7—Earl K. Snow & Co., Louisville, Ky.

Printed on: 9/25/2024 2:45 PM

Exhibit C

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH · STATE OF TENNESSEE · DIVISION OF VITAL STATISTICS

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. 141-49-72043

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PREPARE SEPARATE FORM FOR EACH CHILD IF MULTIPLE BIRTH.

1. NAME OF CHILD: Stephen (First) Michael (Middle) Sutton (Last)

2. SEX: Male

3A. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

3B. IF TWIN OR TRIPLET, THIS CHILD BORN: 1ST ☐ 2ND ☐ 3RD ☐

4. DATE OF BIRTH: Nov. 20 - 49

5. PLACE OF BIRTH
A. COUNTY: Robertson
B. CIVIL DISTRICT: 9
C. CITY (IF OUTSIDE CITY LIMITS WRITE RURAL) OR TOWN: Springfield
D. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS AND LOCATION) HOSPITAL: Robertson County

6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Tenn
B. COUNTY: Robt
CIVIL DISTRICT: 9
C. CITY (IF OUTSIDE CITY LIMITS, WRITE RURAL) OR TOWN: S Springfield
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 222 Wilson St

FATHER OF CHILD

7. FULL NAME: William (First) Wesley (Middle) Sutton (Last)

8. COLOR OR RACE: White

9. AGE (AT TIME OF THIS BIRTH): 32 YEARS

10. BIRTHPLACE (State or Foreign Country): Marshall Co. Tenn

11A. USUAL OCCUPATION: Salesman

11B. KIND OF BUSINESS OR INDUSTRY: Real estate

MOTHER OF CHILD

12. FULL MAIDEN NAME: Dorothy (First) Lee (Middle) Dempsey (Last)

13. COLOR OR RACE: White

14. AGE (AT TIME OF THIS BIRTH): 25 YEARS

15. BIRTHPLACE (State or Foreign Country): Robertson County

16A. USUAL OCCUPATION: House wife

16B. KIND OF BUSINESS OR INDUSTRY:

17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)
A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 0
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS OF PREGNANCY)? 0

18. MOTHER'S MAILING ADDRESS: Springfield, Tenn. - 222 Wilson St

19. SIGNATURE
A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE. ATTENDANT AT BIRTH: MID. ☑ WIFE ☐ OTHER (SPECIFY)
NAME: A R Kaing M.D.
B. ADDRESS: Springfield Tenn
D. DATE SIGNED: DEC 8 1949 11-22-49

20A. REGISTRATION DISTRICT NO.: 27409

20B. DATE RECEIVED BY LOCAL REGISTRAR: Dec. 2, 1949

20C. REGISTRAR'S SIGNATURE: Ruth Shannon Dep.

GIVE MOTHER'S MAILING ADDRESS. A FREE PHOTOSTATIC COPY OF THIS CERTIFICATE WILL BE SENT TO HER.

ITEMS 21-25 ARE FOR MEDICAL AND HEALTH USE ONLY AND WILL NOT APPEAR ON COPIES.

FOR MEDICAL AND HEALTH USE ONLY

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Date Issued: May-08-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

016141980

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit D

1944
72
1994

2633

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

TYPE OR WRITE PLAINLY. USE PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN IN ATTENDANCE DURING LAST ILLNESS MUST DEFINE CAUSE OF DEATH AND SIGN CERTIFICATE. MEDICAL EXAMINER, CORONER OR OFFICER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN CERTIFICATE WITHIN 72 HOURS OF DEATH. SIGNATURE MAY BE DELEGATED.

CAUSE OF DEATH.

DO NOT GIVE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

Rept'd TB

FORM 120

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE — PUBLIC HEALTH SERVICE

BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

DEATH NO. 63-16866

1. NAME (First / Middle / Last)			2. DATE OF DEATH (Month / Day / Year)
Willie	Wesley	Sutton	6 22 63

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (Month Day Year)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
W	M	Divorced	9-10-15	47				

8. PLACE OF DEATH
A. COUNTY: Davidson — B. CIVIL DISTRICT: 13
C. CITY OR TOWN: Nashville — D. LENGTH OF STAY IN THIS PLACE: 3 months 22 days
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Davidson CO. Hospital N. Hamilton Rd. Divisida — F. INSIDE CITY LIMITS? YES ☐ NO ☒

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn — B. COUNTY: Davidson — C. CIVIL DISTRICT
D. CITY OR TOWN: Madison — E. INSIDE CITY LIMITS? YES ☒ NO ☐
F. STREET ADDRESS (OR LOCATION): 710 Oakdale Ave — G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

10a. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Self employed	Leathercraft	Yes	No	None

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tenn.	USA	None

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT ADDRESS
Sammie W. Sutton	Lottie Collins	Mrs. Lottie Sutton 710 Oakdale Ave. Madison, Tenn

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — Enter only one cause per line for (A), (B), (C). — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Pulmonary Tuberculosis, far advanced, active — Over 13 yrs.

Conditions, if any, which gave rise to above cause (A); stating the underlying cause last
DUE TO (B): 6021
DUE TO (C):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) — 20. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

21a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21c. TIME OF INJURY: HOUR A.M. P.M. — MO. — DAY — YR.

REC'D BY STATE JUL 3'63

21d. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)	21f. PLACE OF INJURY — CITY, TOWN OR RURAL — COUNTY — STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: R R Crowell M.D. ☒ D.O. ☐ OTHER (SPECIFY) — ADDRESS: 2715 N. Hamilton Rd. — DATE: 6-22-63

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE OF BURIAL, CREMATION, OR REMOVAL	23c. NAME OF Cemetery or Crematory	23d. LOCATION CITY, TOWN OR COUNTY — STATE
Burial	6-25-63	Springhill	Nashville, Tenn

24. FUNERAL DIRECTOR — ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Cole & Garrett-Goodlettsville Tenn	21901	6-29-63	Leo Rogers