Affidavit of Heirship

I Christine Stevenson ("Affiant"), residing at 283 Prairie Lane, Waxahachie, Texas 75165, duly sworn, and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts.

2. I knew the decedent, Grant Stevenson, who died on October 10, 2017, from January 01, 1958 to October 10, 2017. Grant Stevenson was my Husband. Grant Stevenson's place of death was Nashville, Tennessee.

3. Grant Stevenson left the following items of real property and did not leave a Last Will and Testament:

> 659 Vanderhorst Dr., Nashville, Tennessee, 37207, located in Davidson County and legally described as Land in Davidson county Tennessee, being Lot No. 212 on the Plan of Sec. 2, Haynes Manor, in Book 3700, page 88, Registerâ€™s Office for said County.
>
> Said Lot No. 212 fronts 75 feet on the southerly side of Vanderhorst Dr., and extends back between parallel lines, 135 feet to a dead line.

4. At the time of death, Grant Stevenson's marital history was as follows:

Christine Stevenson, who Grant Stevenson married on December 20, 1958 and who died on October 10, 2017.

5. At the time of death, Grant Stevenson's sole surviving heirs were as follows:

MICHAEL D. G. STEVENSON	-	born April 21, 1973
MARY A. STEVENSON	-	born August 24, 1964
KATHERINE J. STEVENSON-PERKINS	-	born October 13, 1971
JONATHAN D. G. STEVENSON	-	born September 16, 1976
ERIC M. G. STEVENSON	-	born May 20, 1975
SEDRIC T. G. STEVENSON	-	born May 20, 1975

Karen Johnson Davidson County
Batch # 1262895 AFFIDAVITH
04/22/2025 08 49 38 AM 4 pgs
Fees $22 00 Taxes $0 00
20250422-0030471

SIGNATURES ON FOLLOWING PAGES

I, **Christine Stevenson**, affiant, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

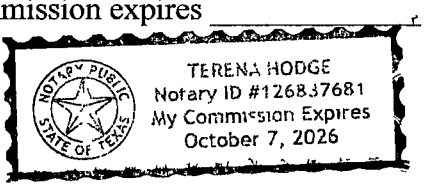
Christine Stevenson
Affiant Signature

4/6/25
Date

Terena Hodge
Notary Public

Title (and Rank)

My commission expires _____



In Witness Whereof, I swear under oath that I am personally acquainted with the family history and facts of heirship of Grant Stevenson, who was granddaughter. I knew Decedent for 35 years. Grant Stevenson did not owe any debts at the time of death and as a result of Grant Stevenson's death, I will not gain financially from the Estate,

Christine Marquette Cane-Wyatt
283 Prairie Lane
Waxahachie, Texas 75165

In Witness Whereof, I swear under oath that I am personally acquainted with the family history and facts of heirship of Grant Stevenson, who was granddaughter. I knew Decedent for 27 years. Grant Stevenson did not owe any debts at the time of death and as a result of Grant Stevenson's death, I will not gain financially from the Estate,

La'Tarchearnna Christine Stevenson
411 Condie Russell
Venus, Texas 76084

STATE OF TEXAS, COUNTY OF ELLIS, ss:

This Affidavit was acknowledged before me on this _____ day of _____, 2025, by, **Christine Marquette Cane-Wyatt**, and **La'Tarchearnna Christine Stevenson** who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Public

My commission expires _____

TERENA HODGE
Notary ID #126837681
My Commission Expires
October 7, 2026

Prepared by: Cane Law Firm, LLC
5787 S. Hampton Rd. Ste. 305
Dallas, TX 75232

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 103424

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (For use by Physician or Institution))

1 DECEDENT'S LEGAL NAME			2. SEX	3 DATE OF DEATH
GRANT STEVENSON III			MALE	10/10/2017

4 TIME OF DEATH (Approx.)	5a AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6 DATE OF BIRTH	7 BIRTHPLACE
10 12 AM	80					02/14/1937	NASHVILLE, TENNESSEE

8a. PLACE OF DEATH: DECEDENT'S HOME

8b. FACILITY NAME	8c. CITY OR TOWN	8d COUNTY OF DEATH
659 VANDERHORST DR	NASHVILLE	DAVIDSON

9 MARITAL STATUS	10 SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b KIND OF BUSINESS/INDUSTRY
MARRIED	CHRISTINE RILEY	PASTRY CHEF	CHEF

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE STATE OR FOREIGN COUNTRY	13b COUNTY	13c. CITY OR TOWN
-8893	TENNESSEE	DAVIDSON	NASHVILLE

13d STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT EVER IN US ARMED FORCES?
659 VANDERHORST DR	YES	37207	YES

15 DECEDENT'S EDUCATION	16 DECEDENT OF HISPANIC ORIGIN?	17 DECEDENT'S RACE
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18 FATHER'S NAME	19 MOTHER'S NAME PRIOR TO FIRST MARRIAGE
GRANT STEVENSON II	KATHERINE SHORT

20a. INFORMANT'S NAME	20b RELATIONSHIP TO DECEDENT	20c MAILING ADDRESS
CHRISTINE RILEY STEVENSON	SPOUSE	659 VANDERHORST DR , NASHVILLE, TENNESSEE 37207

DISPOSITION

21a. METHOD OF DISPOSITION	21b PLACE OF DISPOSITION	21c. LOCATION
BURIAL	MIDDLE TENNESSEE STATE VETERANS CEMETERY	PEGRAM, TENNESSEE

22a SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c SIGNATURE OF EMBALMER	22d LICENSE NUMBER
▶ /e/ GEORGE M BAKER JR	4695	▶ /e/ Patrick Lamont Tucker	5072

23a. NAME AND ADDRESS OF FUNERAL HOME	23b LICENSE NUMBER
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE NASHVILLE, TENNESSEE 37207-4406	1258

REGISTRAR

24 REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ LORI FERRANTI	10/14/2017

CERTIFIER

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

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /s/ MELVIN W LIGHTFORD	015942	10/13/2017

27d. NAME AND ADDRESS: MELVIN W LIGHTFORD METRO CTR HLTHCARE GROUP 131 FRENCH LANDING, NASHVILLE TENNESSEE 37228

MEDICAL CERTIFICATION

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 ALZHEIMER S DEMENTIA	3 YRS
	DUE TO (OR A CONSEQUENCE OF)	
	b	
	DUE TO (OR A CONSEQUENCE OF)	
	c	
	DUE TO (OR A CONSEQUENCE OF)	
	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	UNKNOWN	N/A

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-1659 (Rev 8/2017) RDA 10112

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.

Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued. Mar-24-2025

0 1 7 0 7 1 8 8 2

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE