Karen Johnson Davidson County
Batch# 1284542 AFFIDAVIT
06/16/2025 08:19:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20250616-0046529

This instrument prepared by:
David G. Goodman, Esq.
Tennessee BPR No. 031803
Cobb Law Group, LLC
131 Walton Ferry Rd., Ste. 11
Hendersonville, TN 37075
Telephone: (615) 649-0049

NOTICE AND AFFIDAVIT OF DEATH

This NOTICE AND AFFIDAVIT OF DEATH is hereby given that **Vick Randon Stephens, Sr.**, the Decedent, died intestate on March 2, 2024, in Davidson County, Tennessee. A copy of the Certificate of Death for Decedent is attached and incorporated hereto as Exhibit A.

Decedent and his brother, **Vess Stephens**, the Affiant, were the **joint owners of record with the right of survivorship** of the following parcel of improved real property by virtue of the Quitclaim Deed recorded on October 15, 2020, Document #20201015-0119943, in the Register's Office for Davidson County, Tennessee, known as 113 Randy Road, Madison, Tennessee 37115, and being further described as follows:

> Land in Davidson County, Tennessee, being Lot No. 64 on the Plan of Rainbow Terrace, Section Five as of record in Book 2133, Page 72, Register's Office for Davidson County, Tennessee.
>
> Said Lot 64 fronts 115 feet on the east side of Randy Road and runs back 345.2 feet on the north line and 346.2 feet on the south line to a dead line, measuring 115 feet thereon.
>
> Being a part of the same property conveyed by Vernon R. Stephens, Sr. and Wife Shelia M. Stephens to the Stephens Family Trust as evidenced by Document #20030214-0020157 of the Register's Office for Davidson County, Tennessee.

Notice is hereby given that upon Decedent's death on March 2, 2024, his entire interest in the herein identified property automatically transferred to the following person, to be his, **absolutely and in fee simple**:

Vess Stephens
113 Randy Road
Madison, Tennessee 37115

FURTHER AFFIANT SAITH NOT.

WITNESS my hand on this 12th day of June 2025.

VESS STEPHENS, Affiant

STATE OF TENNESSEE)
COUNTY OF SUMNER)

Before me, the below listed Notary Public for the aforementioned state and county, personally appeared **VESS STEPHENS**, the Affiant named herein, with whom I am personally acquainted and who, upon oath, testified that he is the Affiant named herein, that he read the foregoing Notice and Affidavit of Death, and that the statements made herein are true and correct to the best of his knowledge, information, and belief and were based upon his personal knowledge of the facts.

JAQUELINE RAMIREZ
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

NOTARY PUBLIC

My Commission Expires: 11/08/2028

Exhibit A
Certificate of Death

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 013694

1. Decedent's Legal Name			2. Sex	3. Date of Death
VICK RANDON STEPHENS SR			MALE	03/02/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
06:05 AM	63	01/30/1961	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
113 RANDY ROAD		MADISON	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
DIVORCED		ROOFER	CONSTRUCTION	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
[redacted]	TENNESSEE	DAVIDSON	MADISON	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
113 RANDY ROAD	YES	37115	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
VERNON RUSSELL STEPHENS		PEGGY JOYCE GREGORY		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
VESS STEPHENS	BROTHER	113 RANDY ROAD, MADISON, TN 37115		
21a. Method of Disposition	**21b. Place of Disposition**	**21c Location**		
CREMATION	HENDERSONVILLE CREMATION CENTER	HENDERSONVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ SCOTT KEEL	16297	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505			1136	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		03/05/2024		

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/ ERIN M CARNEY, M.D	50160	03/05/2024

27d. Name and Address: ERIN M CARNEY, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216

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. HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
	b.	
	c.	
	d.	

Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ASTHMA

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-1655E 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

15716713

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: Mar-06-2024

CERTIFICATION OF VITAL RECORD

202506160046529

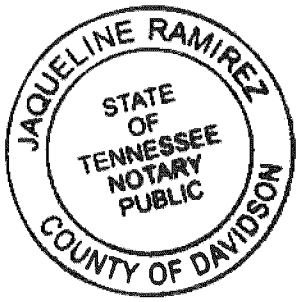
TRUE COPY CERTIFICATION

I, David G. Goodman, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

DAVID G. GOODMAN

STATE OF TENNESSEE)
COUNTY OF SUMNER)

Before me, the below listed Notary Public for the aforementioned state and county, personally appeared DAVID G. GOODMAN, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.



NOTARY PUBLIC

My Commission Expires: 11/08/2028