Karen Johnson Davidson County
Batch # 1311107 AFFIDAVITH
08/18/2025 08 14 18 AM 4 pgs
Fees $22 00 Taxes $0 00
20250818-0065368

This Instrument Prepared By & Return Recording to:
Martin Heller Potempa & Sheppard, PLLC
2122 21st Avenue South
Nashville, Tennessee 37212
(615) 800-7096

Address New Owners & Send Tax Statements to:
Victoria Wood, et. al.
346 Ewing Drive
Nashville, TN 37207

Tax Information: 09508002900

AFFIDAVIT OF HEIRSHIP

1. My name is **Arthur Thomas Vaughan, II** ("Affiant"). I currently reside in Davidson County, state of Tennessee. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. Loretta J. Stewart (hereinafter "Decedent") was my friend, and I knew her for more than 10 years.

3. Decedent died on March 6, 2025, as a resident of Davidson County, Tennessee. Her Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, she died without a valid Last Will and Testament, and an estate has not been opened for probate administration.

4. At the time of her passing, Decedent owned real property located at **309 RACHEL ROAD, NASHVILLE, TENNESSEE 37214** (the "Property"). The Property is more fully and particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 180 on the Map of Eva-Mor Heights, Section III, as of record in Book 1835, page 92, Register's Office for said county.
>
> Said Lot No. 180 fronts 100 feet on the east sign of Rachel Drive and runs back between lines 162.41 feet on the north line and 151 feet on the south line, to a dead line in the rear, measuring 100 feet thereon.
>
> Being the same property conveyed to Charles D. Stewart and wife, Loretta J. Stewart by Warranty Deed from Bobby Kirk Nelson and wife, Colleen Johnson

Nelson, of record in Book 4001, Page 813, Register's Office for Davidson County, Tennessee. The said Charles D. Stewart having since died on April 19, 2011, leaving Loretta J. Stewart as surviving tenant.

5. The Decedent was unmarried at the time of her death, having been predeceased by her husband, Charles D. Stewart on April 19, 2011. A copy of Charles D. Stewart's death certificate is attached hereto as **Exhibit 2**.

6. Decedent was survived by two children, Victoria Wood and Kimberly Reed. Decedent had no other children, born-to or adopted by her, during her lifetime.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Victoria Wood and Kimberly Reed, her sole heirs-at-law, immediately upon her death, pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the names of **VICTORIA WOOD AND KIMBERLY REED, AS TENANTS IN COMMON.**

FURTHER AFFIANT SAYETH NOT.

SWORN this 5TH day of AUGUST 2025.

Arthur Thomas Vaughan, II, *Affiant*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Arthur Thomas Vaughan, II,** the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 5th day of August 2025.

NOTARY PUBLIC
My commission expires: 3/6/2029

ERICA G. GRIDER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-6-2029

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

[redacted]

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 016130

1 Decedent's Legal Name: LORETTA JEAN STEWART			2 Sex: FEMALE	3 Date of Death: 03/06/2025
4 Time of Death (24 hr): 01:47 PM	5a Age: 89	6 Date of Birth: 03/15/1935	7 Birthplace: NASHVILLE, TN	
8a Place of Death: DECEDENT'S HOME				
8b Facility Name: 309 RACHEL RD		8c City or Town: NASHVILLE		8d County of Death: DAVIDSON
9 Marital Status: WIDOWED	10 Surviving Spouse (name prior to first marriage)	11a Decedent's Usual Occupation: HOMEMAKER		11b Kind of Business/Industry: OWN HOME
12 Social Security Number: [redacted]	13a Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON		13c City or Town: NASHVILLE
13d Street and Number: 309 RACHEL RD		13e Inside City Limits?: YES	13f Zip Code: 37214	14 Was Decedent ever in US Armed Forces?: NO
15 Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16 Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17 Decedent's Race: WHITE	
18 Father's Name: RICHARD MICHAEL CROWELL		19 Mother's Name Prior to First Marriage: IDA MAY VAUGHN		
20a Informant's Name: VICTORIA WOOD	20b Relationship to Decedent: DAUGHTER	20c Mailing Address: 346 FLYING DR, NASHVILLE, TN 37207		
21a Method of Disposition: BURIAL	21b Place of Disposition: CROWELL FAMILY CEMETERY		21c Location: UNIONVILLE TN	
22a Signature of Funeral Director: ▶ /e/ CASLY A STEPHENS	22b License Number: 6382	22c Signature of Embalmer: ▶ /e/ JAMES KEVIN PRATT		22d License Number: 4779
23a Name and Address of Funeral Home: LAWRENCE FUNERAL HOME AND CREMATION SERVICE, PO BOX 8203 SOUTH HORTON PKWY, CHAPEL HILL, TN 37034-0008				23b License Number: 601
24 Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25 Date Filed: 03/12/2025	

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/ MARY-ELLEN EDMISTON	5918	03/10/2025

27d Name and Address: MARY-ELLEN EDMISTON 1718 PATTERSON STREET, NASHVILLE, TN 37203

28 Part I. ENTER THE CHAIN OF EVENTS (3 LEASE INJURIES, SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR V... 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 [redacted] — UNKNOWN

b — UNKNOWN

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 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: Mar-12-2025

Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

0 1 6 7 6 3 5 8 4

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Charles Duan Stewart
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 19, 2011
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): April 26, 1933
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Hospice
9d. COUNTY OF DEATH: Davidson
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at Skyline Madison Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Loretta Jean Crowell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Printer
12b. KIND OF BUSINESS/INDUSTRY: Document Printing
13a. RESIDENCE: STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 309 Rachel Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+): [redacted]

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Samuel H Stewart
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nellie Louise Stewart

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Loretta Jean Stewart
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 309 Rachel Road Nashville, TN [redacted]

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crowell Cemetery
20c. LOCATION (City or Town, State): Unionville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William H. Preston
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4653
21c. SIGNATURE OF EMBALMER: ▶ Bernard L. Sharum
21d. LICENSE NUMBER OF EMBALMER: 4242
22a. NAME AND ADDRESS OF FUNERAL HOME: Lawrence Funeral Home and Cremation Services, Inc. 203 South Horton Parkway, Chapel Hill, Tennessee 37034
22b. LICENSE NUMBER OF FUNERAL HOME: 601

REGISTRAR

23. REGISTRAR'S SIGNATURE ▶
24. DATE FILED (Month, Day, Year)

CERTIFIER

25a. PHYSICIAN: To the best of my knowledge death occurred at the date and place and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 4-26-2011
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion death occurred at the date and place and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): David Tribble, MD 1718 Patterson Street Nashville, TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. DUE TO [redacted]
b. DUE TO (OR AS A CONSEQUENCE OF)
c. DUE TO (OR AS A CONSEQUENCE OF)
d. UNDERLYING CAUSE (PART I)
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

RDA 1999

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD OF DEATH FILED WITH THE TENNESSEE DEPARTMENT OF HEALTH, VITAL RECORDS DIVISION. THIS CERTIFICATE IS VALID ONLY WHEN SIGNED BY A LICENSED FUNERAL DIRECTOR AND SIGNED AND AFFIXED WITH THE SEAL OF A NOTARY PUBLIC.

William H. Preston
FUNERAL DIRECTOR

NOTARY PUBLIC