Karen Johnson
Batch # 1313539
08/22/2025 08.18 46 AM
Fees $22 00 Taxes $0 00
Davidson County
AFFIDAVITH
4 pgs
20250822-0067212

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
Rheba Alfreda Kershaw **2117 Burns Street** **Nashville, TN 37216**	**Rheba Alfreda Kershaw** **2117 Burns Street** **Nashville, TN 37216**	**Map** **Parcel 0715006200**

THIS INSTRUMENT WAS PREPARED BY
Dan R. Alexander, Attorney at Law, 15065 Lebanon Rd. Suite 204, Old Hickory, TN 37204

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being lots No. 48 and 49 on the Map of Burns Subdivision of Maxey addition, as of record in Book 161, Page 98, Register's Office for said County. Said Lots adjoin and front together 100 feet on the Easterly side of Burns Avenue and run back between parallel lines 150 feet to an alley

Being the same property conveyed to Will Martin by deed from Will Witherspoon, Jr. and wife as of record in Book 2796, page 304 Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Fred and Sendie A. Stanfill by deed of record in Deed Book 2798, Page 537 Register's Office of Davidson County, Tennessee.

This is improved property bearing the street address of 2117 Burns Street, Nashville, Tennessee 37216.

Comes now, the affiant, Rheba Alfreda Kershaw, born Rheba Alfreda Stanfill, hier at law to the above described property, daughter of and only child of Sandie A. Stanfill, and after first being duly sworn according to law, attests and states as follows:

1. The above described real property was conveyed to Fred Stanfill and wife Sendie Stanfill by deed on July 30, 1958 being pf record in Deed Book 2798, Page 537 Register's Office for Davidson C County, Tennessee. They owned it as husband and wife and tenants by the entireties until the death of

Fred Stanfill on September 14, 1982. (See Death Certificate of Fred Stanfill No. 8204206 attached here to as **Exhibit No. 1**)

2. Sendie A. Stanfill, died on the 7th day of December 2012 as recorded by the State of Tennessee Office of Vital Records certificate number 08983200 dated the 21rd day of December, 2012. **(Death Certificate Attached as Exhibit 2; also of record as an Exhibit to an Affidavit of Heirship of record as Instrument No. 20170221-0017379).**

3. Sendie A. Stanfill died intestate and was survived by her only lawful heir and the only child born of her body: Rheba Kershaw. No will was ever probated.

4. All right, title and interest belonging to Sendie A. Stanfills vested in Rheba Alfred Kershaw upon the death of Sendie A. Stanfill. All right, title and interest in the above described real property is vested in Rheba Alfreda Kershaw.

5. **FURTHER AFFIANT SAITH NOT.**

x Rheba Alfreda Kershaw
Rheba Alfreda Kershaw

State of Tennessee)
County of Wilson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named **Rheba Alfreda Kershaw**, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 9th day of August 2025.

SUZANNE M ALEXANDER
TENNESSEE
NOTARY
PUBLIC
My Comm Exp
November 26, 2028
COUNTY OF WILSON

My Commission Expires. 11-26-2028

Suzanne M. Alexander
Notary Public

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8204206

19094
32
19094 — BIRTH NO.

STATE FILE NO. 82 028439

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PERMIT FOR TRANSPORTATION, COMMITMENT, REMOVAL

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN AUTHORIZED OFFICIAL SIGN HERE ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED

CAUSE

PH 1659
Rev. 8/81

1. DECEASED—NAME (First)	(Middle)	(Last)	DATE OF DEATH (Month, Day, Year)
Fred	Hughes	Stanfill	September 14, 1982
3a. AGE—Last Birthday (Years)	Under 1 Year: Months / Days	Under 1 Day: Hours / Min.	4. DATE OF BIRTH (Month, Day, Year)
64			March 7 1918
5. RACE (White, Black, American Indian, etc.)	5a. ORIGIN OR DESCENT (Italian, Mexican, German, etc.)	6. SEX	
Black	99	Male	
7b. COUNTY OF DEATH	7c. CITY, TOWN OR LOCATION	7d. INSIDE CITY LIMITS (Specify Yes or No)	7e. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.)
Davidson	Nashville	Yes	Parkview
8a. STATE OF BIRTH (If not in U.S.A., name country)	8b. CITIZEN OF WHAT COUNTRY	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	10. SURVIVING SPOUSE (If wife, give maiden name)
Tennessee 43	U.S.A.	Married	Sandie A. Cumming
11. SOCIAL SECURITY NUMBER	12a. SERVICE IN ARMED FORCES (Specify Yes or No)	12b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13. KIND OF BUSINESS OR INDUSTRY
		Minister	
14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN OR LOCATION	14d. STREET AND NUMBER
Tennessee	Davidson	Nashville	2117 Burns Ave
14e. INSIDE CITY LIMITS (Specify Yes or No)	14f. CENSUS TRACT NO.		
Yes			
15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME	MAILING ADDRESS
Joseph W. Stanfill	Ida Kennedy	Mrs. Sandie Stanfill	2117 Burns Ave.
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b. DATE (Month, Day, Year)	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION—City or Town, State
Burial	Sept. 20, 1982	National	Madison, Tennessee
19a. FUNERAL DIRECTOR (Signature)	19b. LICENSE NO.	19c. EMBALMER	19d. LICENSE NO.
20a. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		20b. REGISTRAR—SIGNATURE	20c. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)
Davis-Campbell-McClain 1104 Jefferson Nashville Tenn		Esther D. Gross	10-12-82
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE		DEGREE	22b. DATE SIGNED (Month, Day, Year)
C. McKay		MD	10 8 82
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE		TITLE	DATE SIGNED (Month, Day, Year)
24a. CERTIFIER—NAME (Type or Print)	24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
Charles McKay, M. D.			

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	Lung Cancer	11 29
DUE TO, OR AS A CONSEQUENCE OF:		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		
DUE TO, OR AS A CONSEQUENCE OF:		

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).)

AUTOPSY (Yes or No): 9

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	27b. DATE OF INJURY (Month, Day, Year)	27c. HOUR	27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (Specify Yes or No)	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	27g. LOCATION—Street or R.F.D. No., City or Town, State	

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. Aug-05-2025

Edward G. Bisnop III
Edward G. Bisnop III
State Registrar

John R. Dunn DVM, PhD, EMBA-SE
John R. Dunn DVM, PhD, EMBA-SE
Commissioner

017487570

Exhibit 1

VALIDATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 120772 — 2012 062302

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Sendie A. Stanfill
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 7, 2012
4. TIME OF DEATH (Approx.): 7:25 AM
5a. AGE-Last Birthday (Years): 85
5c. UNDER 1 YEAR: Months / Days
5d. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Month, Day, Year): December 15, 1926
7. BIRTHPLACE (City and State or Foreign Country): Primm Springs, Tn.

8a. PLACE OF DEATH (Check only one)
If death occurred in a hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
If death occurred somewhere other than a hospital: ☒ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Alive Hospice at St. Thomas
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

9. MARITAL STATUS: ☐ Married ☐ Married but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): None
11a. DECEDENT'S USUAL OCCUPATION: Teacher
11b. KIND OF BUSINESS/INDUSTRY: None

12a. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2117 Burns St.
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): William A. Cummins
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Fannie Kinzer

INFORMANT

20a. INFORMANT'S NAME: Rheba Kershaw
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2117 Burns St. Nashville, Tenn 37216

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): National Veterans
21c. LOCATION - City or Town, and State: Nashville, Tenn
22a. SIGNATURE OF FUNERAL DIRECTOR: W. Davis
22b. LICENSE NUMBER: 2907
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Davis Campbell McClain 1404 Jefferson St. Nashville, Tn 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda L Bowles, RR
25. DATE FILED (Month, Day, Year): Dec 31, 2012

CERTIFIER

26. CERTIFIER (Check only one):
☒ 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH (LEAVE BLANK IF COMPLETE AND SIGN WITHIN 48 HOURS)

27a. SIGNATURE OF CERTIFIER: John Shusterman
27b. LICENSE NUMBER: 46996
27c. DATE SIGNED (Month, Day, Year): Dec 27, 2012
27d. NAME AND ADDRESS: John L. Shusterman MD 1718 Patterson Street, Nashville, TN 37203

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)	a. METASTATIC ADENOCARCINOMA; UNKNOWN PRIMARY	MONTHS
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as 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? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☒ 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

33. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year): NA
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - (e.g., home, farm, street, factory, office, building, etc.) (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH 1659 (Rev. 10/2011) — RDA 1339

Exhibit 2

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.

08983200

Tennessee Code Annotated 68-3-101 et seq.; Vital Records Act of 1977

Exhibit 2

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 8 3 2 0 0

Date Issued: Jan 04 2017

CERTIFICATION OF VITAL RECORD