Prepared by Christina Dantzler
1710 E Northfield Blvd Apt L1 Murfreesboro, TN 37130.

State of Tennessee

Rev. 134DA0A

AFFIDAVIT OF HEIRSHIP

This affidavit concerns the Heirs of the Estate of Barbara B. Ewing ("Decedent"). I, Christina M. Dantzler, being duly sworn, hereby affirm under penalty of perjury, on this 21 day of August, 2025, that:

Karen Johnson Davidson County
Batch # 1332034 AFFIDAVITH
10/08/2025 01:57:06 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20251008-0080418

1. Affiant's Information:

- My name is Christina M. Dantzler.
- My date of birth is 11/01/1981.
- I reside at 1710 E Northfield Blvd APT L1, Murfreesboro, TN 37130.

I have personal knowledge of the facts herein and am a disinterested third party. I am not an heir, successor, executor, nor do I have an interest in heirship of any heir, successor, or executor of the Decedent's estate.

2. Affiant's Relationship to Decedent: I have known the Decedent for over 30 years.

3. Decedent's Information:

- Decedent's Full Name: Barbara B. Ewing
- Date of Birth: 03/13/1959
- Date of Death: 04/21/2025
- Place of Death: Vanderbilt Medical Center 1211 Medical Center Drive, Nashville, TN 37232
- Last Address of Decedent: 1907 14th Ave N, Nashville, Davidson, TN 37208

4. Marital History: The Decedent has only been married once.
The Decedent was married to:

- Jeffery W. Ewing, on 02/14/1986 in Nashville, TN Davidson County until 12/15/2000. Decedent's spouse is not currently living. Spouse's Date of Death: 05/20/2024.

5. Children of Decedent: The following is a list of all children born to or legally adopted by the Decedent:

- Shetisha D. Ewing, born on 01/15/1981, Living
- Shettia V. Ewing, born on 04/20/1989, Living

6. Other Heirs: If the Decedent has no surviving spouse or children, the following persons are the Decedent's heirs under the laws of descent and distribution:

N/A

7. Decedent's Property: To the best of my knowledge, the Decedent died intestate (without a will). The property owned by the Decedent at the time of death includes, but is not limited to: A residential property at 1907 14th Ave N Nashville, TN 37208 and a 2010 Ford Escape SUV.

I, Christina M. Dantzler, solemnly swear that the statements made in this Affidavit are true and correct to the best of my knowledge and belief.

Affiant Signature

8/21/2025

SIGNATURES OF HEIRS

I affirm that I am the heir of the Decedent as described above.

Heir Signature

8/21/2025
Date

NOTARY ACKNOWLEDGMENT

State of Tennessee)
) **(Seal)**
County of ~~Davidson~~ Rutherford)

The foregoing instrument was acknowledged before me this 21 day of August, 2025, by the undersigned, Christina M. Dantzler, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

Signature

KAYLA M THOMASON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

Kayla M Thomason
Notary Public

My Commission Expires: 08-23-2026

WITNESSES

I am 18 years of age or older, am not the individual who signed the affidavit on behalf of and at the direction of the decedent, am not the agent designated in the affidavit or the notary public or other person authorized by law to take acknowledgments before whom the affidavit is acknowledged.

Barbara Veremela **First Witness** Name	**First Witness** Signature	08/21/2025 Date
Ophalli Camp **Second Witness** Name	**Second Witness** Signature	8/21/25 Date

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 028808

1. Decedent's Legal Name: BARBARA ANN EWING			2. Sex: FEMALE	3. Date of Death: 04/21/2025
4. Time of Death (Approx.): 03:26	5a. Age: 66	6. Date of Birth: 03/13/1959	7. Birthplace: FRANKLIN, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: VANDERBILT UNIVERSITY MEDICAL CENTER		8c. City or Town: NASHVILLE	8d. County of Death: DAVIDSON	
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: METRO NASHVILLE SCHOOL BUS	11b. Kind of Business/Industry: METRO NASHVILLE SCHOOLS	
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE	
13d. Street and Number: 1907 14TH AVE N		13e. Inside City Limits?: YES	13f. Zip Code: 37208	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: BLACK OR AFRICAN AMERICAN		
18. Father's Name: ROBERT LEE BUCHANAN		19. Mother's Name Prior to First Marriage: VIRGINIA MAY COOPER		
20a. Informant's Name: SHETISHA EWING	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 1907 14TH AVE N, NASHVILLE, TN 37208		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MT HOPE CEMETERY	21c. Location: FRANKLIN, TN		
22a. Signature of Funeral Director: ▶ /e/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /e/ CHRISTOPHER LEE JEFFERSON	22d. License Number: 6500	
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618			23b. License Number: 809	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 05/05/2025		

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: ▶ /e/ DANIEL CARMODY	27b. License Number: 037163	27c. Date Signed: 04/21/2025

27d. Name and Address: DANIEL CARMODY 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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. MULTIORGAN FAILURE	DAYS
	b. NEUTROPENIC FEVER	DAYS
	c. METASTATIC BREAST CANCER WITH SPREAD TO LIVER AND BONE	YEARS
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: LIVER FAILURE DUE TO MASS EFFECT OF CANCER, ACUTE RENAL FAILURE WITH TUBULAR NECROSIS

29a. Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: 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: May-13-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE