Karen Johnson Davidson County
Batch # 1383784 AFFIDAVITH
02/20/2026 01:37:24 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20260220-0013720

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	
Lanita C Stout	**Same**	**Map/Parcel**
926 Currey Road		**120-00-0-21**
Nashville, Tennessee 37217		

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

BEING certain real property in Davidson County Tennessee being the northwesterly part of Lot No. 3 on the Map of Subdivision of Ben F. Tuberville Estates, as of record in Bood 547 page 143 in the Register's Office of Davidson County, Tennessee and more particularly described by a survey of George W. Watkins Surveyor, dated February 20, 1962. County, Tennessee and further described as follows:

BEING Being the same property conveyed to Lanita C. Stout and Husband,Windle W. Stout by Deed of record as Instrument 20130327-0030197 Register of Deeds for Davidson County. Tennessee

Being the same property conveyed to Audrey M. Carroll, Windle W. Stout and wife, LaNita F. Stout, as tenants in common with right of survivorship by Deed from Charles K. Moore and wife Alma M. Moore of record in Book 5634, page 429, Register's Office for Davidson County, Tennessee, dated August 6, 1980 recorded on August 7, 1980.

Being the same property conveyed to Sam E. Stansbury by Deed from Audry M. Carroll, Windle W. Stout and wife Lanita C. Stout of record in Book 8672, page 939, Register's Office for Davidson County, Tennessee, dated July 7, 1992 recorded on July 10, 1992.

Being the same property conveyed to Audrey M. Carroll and LaNita C. Stout, as tenants in common with right of survivorship by Quitclaim Deed from K. Thomas Sidwell, Trustee of record in Book 10494, page 948, Register's Office for Davidson County, Tennessee, dated June 12, 1997.

Being the same property conveyed to Lanita C. Stout, by Deed from Audrey M. Carroll, unmarried of record in Book 11152, page 164, Register's Office for Davidson County, Tennessee, dated August 25, 1998 and recorded on October 12, 1998.

Being the same property conveyed to Lanita C. Stout, and Windle W. Stout on March 19, 2013 of record as Instrument 20130327-0030197 Register of Deeds for Davidson County. Tennessee.

State of Tennessee)
County of Wildon)

AFFIDAVIT

Comes now the undersigned, Lanita C. Stout, and after first being duling sworn according to to law and attest to the above recorded real property citation and as follows, to wit:

1. I am one and the same as the person named as owner of the above cited real property and one and the same as the Lanita Carroll Stout,

2. I was lawfully married to the late Windle Willard Stout named in the above referened deeds and one and the same as Windle Willard Stout. We were lawfully married on June 3, 1967 and remained lawfully married until his death on May 30, 2016.

3. I am lawful possession of the real property and have remained in lawful possession of the real property and all right, title and interest is vested solely in me with the recordation of the Quickclaim Deed of Record as Instrument 20130327-0030197 above listed.

Windle Willard Stout, identified in the above several deeds as Windle W. Stout died on May 30, 2016 as of record in Tennessee in the Office of Vital Statistic in Death Certificate No. 8511516. At the time of death he was lawfully married to Lanita C. Stout the same person identified in the deeds referenced herein above. Windle Willard Stout died intestate (Death Certificate Attached).

Audrey Mae Carroll, identified in the above several deeds as Audrey M. Carroll, died on April 24, 2024 as of record in Tennessee in the Office of Vital Statistic in Death Certificate No 0402298. At the time of death she died intestate and a unmarried person leaving Anita C. Stout as her only lawful heir. (Death Certificate Attched)

This is improved property known as 926 Currey Road, Nashville, TN 37217.

AFFIANT, Lanita C. Stout, a single unmarried woman and owner the referenced real property, attest to the information provided and sworn to in this Affidavit, above and below -to wit:

FURTHER AFFIANT SAITH NOT.

Lanita C. Stout

Lanita C. Stout

Dated: 2/16/2026

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named State and Wilson County, Lanita C. Stout 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 16TH day of February 2026.
My Commission Expires: 11-26-28

Suzanne M Alexander
Notary Public

This Instrument was prepared by:
Dan R. Alexander
Dan R. Alexander Bar No. 7065
Attorney at Law
15065 Lebanon Road, Suite 204
Old Hickory, Tennessee 37138
Tel. (615) 297-0097 Fax: 297-9007
Email: Dalexan647@aol.com



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

RESIDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Windle Willard Stout
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 30, 2016
4. TIME OF DEATH (Army): 1900
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5d. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 18, 1944
7. BIRTHPLACE (City and State or Foreign Country): Elizabethton, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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 inpatient, give street and number): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by physician or institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Lanita Carroll
11a. DECEDENT'S USUAL OCCUPATION: Construction
11b. KIND OF BUSINESS/INDUSTRY: Housing
12. SSN: 5653
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 926 Currey Road
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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
[X] 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)
[X] 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)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the 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): Jess Willard Stout
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Kathleen Garland

DISPOSITION

20a. INFORMANT'S NAME: Lanita C. Stout
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 926 Currey Road, Nashville, Tennessee 37217

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mount Olivet Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jane Elizabeth Brawner
22b. LICENSE NUMBER: 6708
22c. SIGNATURE OF EMBALMER: ▶ Dawn R. Everett
22d. LICENSE NUMBER: 6024

23a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home - 1101 Lebanon Pike, Nashville, Tennessee 37210
23b. LICENSE NUMBER OF FUNERAL HOME: 970

3

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 6/10/16

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 53686
27c. DATE SIGNED (Month, Day, Year): 6/8/16
27d. NAME AND ADDRESS: Alycia Sarkar 2300 Patterson St 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.	cardiac failure 2/2 resp failure	
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	b. Due to (or as a consequence of): severe COPD	
	c. Due to (or as a consequence of): severe CAD	
	d. Due to (or as a consequence of): ischemic cardiomyopathy	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
severe mitral stenosis, PVD, encephalopathy

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

31. MANNER OF DEATH: [ ] Natural [ ] Homicide [X] Accident [X] Pending Investigation [ ] Suicide [ ] Could not be determined
32. 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)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at 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

8511516

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.

JUN 10 2016

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

Exhibit 1

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0102290

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): Audrey Mae Carroll
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 25, 2004
4. SOCIAL SECURITY NUMBER: -3175
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan. 11, 1928
7. BIRTHPLACE (City and State or Foreign Country): Independence, Missouri
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 926 Currey Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Manager
12b. KIND OF BUSINESS/INDUSTRY: Textile Fabrics
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 926 Currey Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arthur David Huber
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cordia Ann Hunter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): LaNita Stout
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 926 Currey Road Nashville, Tennessee 37217

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [X] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Washington Cemetery
20c. LOCATION-City or Town, State: Independence, Missouri
21a. SIGNATURE OF FUNERAL DIRECTOR: Tara Jones
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5007
21c. SIGNATURE OF EMBALMER: Alfred E. Knight, III
21d. LICENSE NUMBER OF EMBALMER: 4934
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home 660 Thompson Ln. Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: [illegible]
24. DATE FILED (Month, Day, Year): April 30, 2004

CERTIFIER

25a. CERTIFICATION: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [✓] SIGNATURE AND TITLE OF PHYSICIAN: [illegible]
25b. LICENSE NUMBER: [illegible]
25c. DATE SIGNED (Month, Day, Year): 04 30 2004
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 WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. W. Clark Ray 222 22nd. Avenue N., # 100, Nashville, Tennessee 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. COPD
DUE TO (OR AS A CONSEQUENCE OF): Lung Cancer
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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

30. MANNER OF DEATH: 1 [✓] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
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):

TH-1632 (REV. 6/99) SRV HO RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

APR 30 2004
Date Issued

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

CERTIFICATION OF VITAL RECORD

Exhibit 2