Karen Johnson Davidson County
Batch# 1483220 AFFIDAVITH
10/12/2026 12:19:30 PM 14 pgs
Fees: $72.00 Taxes: $0.00
20261012-0093611

THIS INSTRUMENT
PREPARED BY:
Tressler & Associates, LLC
200 E. Spring St.
Lebanon TN, 37087

AFFIDAVIT OF HEIRSHIP

STATE OF TENNEESSEE
COUNTY OF WILSON

Now comes, **Mattie Greer** and **Michelle Gant-Curtis,** having been first duly sworn and on their oath do depose and state that they are of lawful age and all information being based upon personal knowledge, further depose and state:

1. That Affiants reside at the following addresses:

Mattie Greer	**Michelle Gant-Curtis**
3321 Lunn Dr.	**1030 Mitchell Rd.**
Nashville TN, 37218	**Nashville TN 37218**

2. That Affiants have personal knowledge of the family of the Decedent, **Eunice Chairs Matthews**, by reason of the following:

   Mattie Greer has been a friend of the Decedent's family and distant relative for fifteen years.

   Michelle Gant-Curtis has been a friend of the Decedent's family for seventy years.

3. That the Decedent died on **05/04/2021**, and at the time of her death, she had a fee simple interest in the property known as **2103 Scott Avenue, Nashville TN 37126.** See attached **Exhibit A** for her proof of death.

4. The Decedent died **intestate.**

5. She was survived by the following issues: Jacqueline Matthews Summerour, Gwendolyn M. Johnson, Willie Matthews Jr., Arthur Lowell Matthews, Keith Matthews, and Bolton Leroy Matthews.

6. Bolton Leroy Matthews died on 06/02/2021. He was survived by his spouse, Dollye Graham Matthews. See attached **Exhibit B** for his proof of death.

7. That the following persons constitute the only heirs at law of the Decedent, at the time of Decedent's death

Name	Relationship to Decedent
Jacqueline Matthews Summerour	Child
Gwendolyn M. Johnson	Child
Willie Matthews Jr.	Child
Arthur Lowell Matthews	Child
Keith Matthews	Child
Dollye Graham-Matthews	Daughter-in-law

8. That upon the Decedent's death, no one other than the heirs listed in this Affidavit had an interest in the Decedent's property located at **2103 Scott Avenue, Nashville TN 37126.**
9. That the Decedent's estates were not subject to a claim from TennCare. See attached **Exhibit C.**
   a. *Note: the statute of limitations is four years from the date of passing and also does not apply to Non-TN individuals.*

10. Probate for the Decedent was opened and of record in Davidson County, TN.

11. The property known as **2103 Scott Avenue, Nashville TN 37126** is legally described as follows: See attached **Exhibit D** for a copy of the Deed.

WARNING: TCA 30-2-712(f) provides whoever shall willfully, corruptly and falsely swear to any statement in any such affidavit known by such person to be false, or about which such person does not have sufficient definite knowledge to justify his making such a sworn statement, and such statement is false, commits a Class "E" felony.

Further affiant sayeth not.

SPACE LEFT INTENTIONALLY BLANK
SIGNATURES ON FOLLOWING PAGES

Mattie Greer

~~Maddie Greer~~ Mattie Greer

Date: 10/2/26

STATE OF TN

COUNTY OF Davidson

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, ~~Maddie Greer~~, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained. Mattie Greer

WITNESS my hand and official seal at office, this 2nd day of October, 2026.

Notary Public

My commission expires: 4/1/30

TURNER EVANS STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY My Commission Expires April 01, 2030

Sworn and subscribed before me this 2nd day of Oct., 2026

TURNER EVANS STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY My Commission Expires April 01, 2030

Michelle Gant-Curtis

Michelle Gant-Curtis

Date: 10/2/2026

STATE OF TN

COUNTY OF Davidson

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Michelle Gant-Curtis,** with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office, this 2nd day of Oct., **2026.**

Notary Public

My commission expires: 4/1/30

TURNER EVANS
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Commission Expires April 01, 2030

Sworn and subscribed before me this 2nd day of Oct., 2026

TURNER EVANS
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Commission Expires April 01, 2030

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 035238

1. Decedent's Legal Name: EUNICE CHAIRS MATTHEWS		2. Sex: FEMALE	3. Date of Death: 05/04/2021
4. Time of Death (Approx.): 03:12 PM	5a. Age: 87	6. Date of Birth: 01/06/1934	7. Birthplace: BRENTWOOD, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 2103 SCOTT AVENUE		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: CLOVER BOTTOM DEVELOPMENTAL	11b. Kind of Business/Industry: CLOVER BOTTOM DEVELOPMENTAL
12. Social Security Number: 1411	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 2103 SCOTT AVENUE		13e. Inside City Limits?: YES	13f. Zip Code: 37216
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: JONAS CHAIRS		19. Mother's Name Prior to First Marriage: EVESTER CHAIRS	
20a. Informant's Name: JACQUELINE SUMMEROUR	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 2130 SUNRISE DR., GAINESVILLE, GA 30507	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: DRY CREEK CEMETERY	21c. Location: MADISON, TN	
22a. Signature of Funeral Director: ▶ /e/ GEORGE M. BAKER JR	22b. License Number: 4695	22c. Signature of Embalmer: ▶ /e/ Patrick Lamont Tucker	22d. License Number: 5072
23a. Name and Address of Funeral Home: HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406			23b. License Number: 1258
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25. Date Filed: 05/26/2021		

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/ RICHARD GARMAN	27b. License Number: 013402	27c. Date Signed: 05/07/2021
27d. Name and Address: RICHARD GARMAN 300 20TH AVE N 9TH FLOOR, NASHVILLE, TN 37066		

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. INANITION	
	b. ACUTE ON CHRONIC DIASTOLIC HEART FAILURE	
	c. AORTIC VALVE STENOSIS	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC ATRIAL FIBRILLATION; DIABETES WITH CHRONIC KIDNEY DISEASE

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?: UNKNOWN	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-1656F

RDA 10112

13013807

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.

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 0 1 3 8 0 7

Date Issued: May-26-2021

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

CERTIFICATION OF VITAL RECORD

EXHIBIT B

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2021 037521

1. Decedent's Legal Name: BOLTON LEROY MATTHEWS			2. Sex: MALE	3. Date of Death: 06/02/2021
4. Time of Death (Approx.): 01:42 AM	5a. Age: 65	6. Date of Birth: 10/02/1955	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 311ANDY JOHNS DRIVE		8c. City or Town: SMYRNA		8d. County of Death: RUTHERFORD
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): DOLLYE INGRAM	11a. Decedent's Usual Occupation: ENTREPRENEUR		11b. Kind of Business/Industry: RESTAURANT
12. Social Security Number: 0481	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: RUTHERFORD		13c. City or Town: SMYRNA
13d. Street and Number: 311ANDY JOHNS DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37167	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: WILLIE MATTHEWS SR.		19. Mother's Name Prior to First Marriage: EUNICE CHAIRS		
20a. Informant's Name: DOLLYE MATTHEWS	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 311ANDY JOHNS DRIVE, SMYRNA, TN 37167		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: DRY CREEK CEMETERY		21c. Location: MADISON, TN	
22a. Signature of Funeral Director: ▶ /e/ BYRETTIA LAWRENCE BROADY	22b. License Number: 5190	22c. Signature of Embalmer: ▶ /e/ Terrell Andre Broady		22d. License Number: 4117
23a. Name and Address of Funeral Home: TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219				23b. License Number: 1137
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 06/07/2021		

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/ DAVID MCRAY	27b. License Number: 19791	27c. Date Signed: 06/04/2021
27d. Name and Address: DAVID MCRAY 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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: Sep-23-2026

Edward G. Bishop III
State Registrar

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

0 1 8 4 0 7 5 7 5

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

EXHIBIT C

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

October 12, 2021

Pat Eidson
P.O. Box 527
Goodlettsville, TN 37070

RE: Matthews, Eunice Chairs Date of Death: 5/4/2021 SSN: xxx-xx-1411
Our File Number: 45875

Pat Eidson:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document only releases TennCare's claim against the Decedent's probate estate. It does not release any trust, assets held in trust, or trustees. If you need a release for a trust, you must contact TennCare at 844-629-0941 or e-mail a copy of the Decedent's death certificate to estate.recovery@tn.gov.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit

EXHIBIT D

Form No. WD-6

This Form furnished by Attorneys Title Company, Inc.

BOOK 7274 PAGE 252

FROM

ARTHUR L. MATTHEWS

AND

WILLIAM D. CASTLEMAN, TRUSTEE

TO

WILLIAM D. CASTLEMAN, TRUSTEE

FROM

TO

EUNICE MATTHEWS

QUITCLAIM DEED

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
EUNICE MATTHEWS (NAME)	Eagle Mortgage & Investment Company (NAME)	72-15-7
2103 Scott Avenue (STREET ADDRESS OR ROUTE NUMBER)	P.O. Box 13013 (STREET ADDRESS)	
Nashville, TN 37216 (CITY) (STATE) (P. O. ZIP)	Lexington, Ky. 40512 (CITY) (STATE) (ZIP)	

THIS INSTRUMENT WAS PREPARED BY

WILLIAM D. CASTLEMAN, ATTORNEY
P.O. Box 1189
Madison, TN 37115-1189

IDENTIFICATION REFERENCE 8452

Jun 22 3 33 AM '87

FEE $ WILL EXT.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS

$ -0- Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 15th DAY OF June 19 87

Notary Public

MY COMMISSION EXPIRES: 1-21-90

(AFFIX SEAL)

FOR AND IN CONSIDERATION of love and affection (and no monetary consideration) and for the express purpose of making a re-conveyance to create a fee simple estate

I, ~~We,~~ ARTHUR L. MATTHEWS

by these presents do hereby quitclaim and convey unto WILLIAM D. CASTLEMAN

, Trustee, his successors and assigns, the following described tract or parcel of land, to wit:

Being Lot No. 8 on the Plan of H. A. Christensen's Part of Belle Forest Subdivision, of record in Book 547, page 22, Register's Office for said County, and being Lot No. 8 on the unrecorded plan of George A. Pickup's Subdivision of certain lots in H. A. Christenson's Belle Forest Subdivision.

Said Lot NO. 8 fronts 102.0 feet on the easterly side of Scott Avenue and runs back 218.0 feet on the northerly line and 228.0 feet on the southerly line to a dead line in the rear measuring 100.0 feet thereon.

Being the same property conveyed to Eunice Matthews and Arthur L. Matthews, by deed from James A. Sewart, unmarried, of record in Book 6113, page 428, Register's Office for Davidson County, Tennessee.

This is ( ) unimproved (X) improved property, known as 2103 Scott Avenue (House Number) (Street) Nashville, Tennessee (P. O. Address) (City or Town) 37216 (Postal Zone)

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

202610120093611

And now, I, the said WILLIAM D. CASTLEMAN, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto EUNICE MATTHEWS

her heirs and assigns, the same property hereinabove described and set forth, to which reference is here made, and said property is conveyed subject to the same limitations, restrictions and encumbrances as may affect the premises, as above set forth.

IN WITNESS WHEREOF we have hereunto set our hands on this the 15th day of June, 19 87.

Arthur Matthews
Arthur Matthews

William D. Castleman
William D. Castleman Trustee.

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named, Arthur Matthews, the Bargainors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 15th day of June, 19 87.

Kathy J Byers
Notary Public.

My commission expires: 1-21-90

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named William D. Castleman, Trustee, the bargainor, with whom I am personally acquainted, and who acknowledged that he, as Trustee, executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 15th day of June, 19 87.

Kathy J Byers
Notary Public.

My commission expires: 1-21-90

202610120093611

Tennessee Certification of Electronic Document

I, Todd A. Tressler, II, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on October 2, 2026.

Affiant Signature

October 2, 2026

Date

State of TENNESSEE

County of WILSON

Sworn to and subscribed before me on this 2nd day of October, 2026.

Notary Signature

My Commission Expires: 4/1/30

NOTARY'S SEAL

TURNER EVANS
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Commission Expires
April 01, 2030