THIS INSTRUMENT PREPARED BY: Larry D. Craig, Attorney at Law, P. O. Box 774, Kingston Springs, TN 37082

Applicable to Improved Real Property Located at:

105 Rolling Meadows Drive
Goodlettsville, Davidson County, TN 37072

Current Record Owner Name: Winifred M. Donaldson, a single woman
by Instrument No. 20021002-0119970. RODC, TN

Metro Assessor's Map and Parcel Number: 0033 03 0A 105.00, GO
Future Tax Bill(s) Mailing to: Thomas E. Donaldson, 1213 Lake Rise Pl., Gallatin, TN 37066

Affiant: Edward F. Kirkpatrick

AFFIDAVIT OF HEIRSHIP/INHERITANCE

STATE OF TENNESSEE
COUNTY OF Davidson

Comes now the Affiant, Edward F. Kirkpatrick, first being duly sworn according to law, and being of lawful age, whose residential address is 403 Evergreen Place, Mount Juliet, TN 37122, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, and who does hereby give, under oath, the following statements of the Affiant's own free will as a disinterested person, and based upon familiarity with the hereinafter named deceased individual and her family in excess forty-seven (47) years, to wit:

1. I am aware that Winifred M. Donaldson lived and resided at the real property commonly known as 105 Rolling Meadows Drive, Goodlettsville, Davidson County, Tennessee 37072.

2. That the said Winifred M. Donaldson died on July 11, 2020, and was a widow who never remarried following the death of her husband, Earle Harry Donaldson, who died on November 9, 1993, as supported by her death certificate and the death certificate of her husband appended hereto (redacted) and which I have reviewed.

3. I know that Winifred M. Donaldson had two (2) children born unto her, and unto her predeceased husband, namely: Thomas E. Donaldson and Joyce Lynn Donaldson Hannah, now both adults, and who survived the death of their mother. I am unaware of any other children born to her or adopted by Winifred M. Donaldson.

Karen Johnson Davidson County
Batch# 484055 AFFIDAVITH
09/28/2020 10:15:02 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20200928-0111064

4. Based upon my familiarity with the entire family these many years, the aforestated children as set out in the preceding paragraph, are the next of kin and heirs at law of Winifred M. Donaldson, now deceased.

I make this affidavit of statement of facts, pursuant to applicable law, all being personally known to me, so that third parties can rely upon and ascertain by the recording of this instrument in the Register of Deeds Office for Davidson County, Tennessee, that the heirs at law of Winifred M. Donaldson, deceased, are Thomas E. Donaldson and Joyce Lynn Donaldson Hannah.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand on this the 24th day of September, 2020.

Edward F. Kirkpatrick

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 Edward F. Kirkpatrick, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged the he executed the within instrument, freely and voluntarily, for the purpose(s) therein contained.

Witness my hand and seal at Davidson Nashville, Tennessee on this the 24th day of September, 2020.

Ashley Poss
NOTARY PUBLIC

My commission expires: 03/07/23

ASHLEY POSS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAR. 7, 2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 044012

1. Decedent's Legal Name: WINIFRED M. DONALDSON		2. Sex: FEMALE	3. Date of Death: 07/11/2020
4. Time of Death (Approx.): UNKNOWN	5a. Age: 90	6. Date of Birth: 01/30/1930	7. Birthplace: WINDBER, PA
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 105 ROLLING MEADOWS DR	8c. City or Town: GOODLETTSVILLE	8d. County of Death: DAVIDSON	
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: ADMINISTRATOR ASSISANT	11b. Kind of Business/Industry: MAGAZINE PRINTING
12. Social Security Number: 9811	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: GOODLETTSVILLE
13d. Street and Number: 105 ROLLING MEADOWS DR	13e. Inside City Limits?: YES	13f. Zip Code: 37072	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: EDWARD MULLEN		19. Mother's Name Prior to First Marriage: NELLIE JOHNS	
20a. Informant's Name: TOM DONALDSON	20b. Relationship to Decedent: SON	20c. Mailing Address: 1213 LAKE RISE PL, GALLATIN, TN 37066	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: FOREST LAWN MEMORIAL GARDENS	21c. Location: GOODLETTSVILLE, TN	
22a. Signature of Funeral Director: /e/ ROBERT E FUQUA	22b. License Number: 6060	22c. Signature of Embalmer: /e/ Dawn Renee Everett	22d. License Number: 8024
23a. Name and Address of Funeral Home: FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TN 37072			23b. License Number: 927
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 07/28/2020	

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/ MICHAEL S KELLOGG	27b. License Number: 1756	27c. Date Signed: 07/27/2020
27d. Name and Address: MICHAEL S KELLOGG 1720 NASHVILLE PIKE, GALLATIN, 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)	a. CORONARY ARTERY DISEASE	
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. BENIGN HYPERTENSION WITH CHRONIC KIDNEY DISEASE	
	c. ESSENTIAL HYPERTENSION	
	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: 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:

TH-1659 (Rev. 9/2017) RDA 10112

12050732

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 2 0 5 0 7 3 2

Date Issued: Jul-29-2020

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

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

NOV 23 1993

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

Linda P Wadley, M.D.

9305886

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): EARLE HARRY DONALDSON
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): November 9, 1993
4. SOCIAL SECURITY NUMBER: 7517
5a. AGE – LAST BIRTHDAY (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Dec. 28, 1928
7. BIRTHPLACE (City and State or Foreign Country): ARLINGTON, VIRGINIA
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 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): METRO. GENERAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): WINIFRED MULLEN DONALDSON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): MAINTENANCE FOREMAN
12b. KIND OF BUSINESS/INDUSTRY: FEDERAL GOVERNMENT
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: GOODLETTSVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 600 SUNNYSLOPE COURT
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): EARLE ROGER DONALDSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): FRIEDA ERB

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. WINIFRED DONALDSON
19b. RELATIONSHIP TO DECEASED: SPOUSE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 600 SUNNYSLOPE COURT, GOODLETTSVILLE, TN 37072

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): FOREST LAWN MEMORIAL GARDENS
20c. LOCATION—City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Ann Whitley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: DON DUPY
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 DICKERSON ROAD, GOODLETTSVILLE, TN 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Billy Leonard Dixon
24. DATE FILED (Month, Day, Year): November 23, 1993

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature] M.D.
25b. LICENSE NUMBER: MD 004767
25c. DATE SIGNED (Month, Day, Year): Nov. 17, 1993
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):

SEE INSTRUCTIONS ON OTHER SIDE

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.	Recurrent, paroxysmal, sustained ventricular tachycardia	6 years to present
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Severe ischemic congestive cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF):	6 years
	c. Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF):	Unknown
	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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] 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: M
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.

PH-1059
REV. 1/89