Karen Johnson Davidson County
Batch# 657157 AFFIDAVITH
06/15/2021 03:27:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20210615-0080836

This Instrument Prepared by:
Bryan C. De Cuir, Attorney at Law
1114 West Main Street
Franklin, TN 37064
Telephone: (615) 673-8337

AFFIDAVIT OF HEIRSHIP

The undersigned, being first duly sworn, deposes and says as follows:

1. I am an adult, a U.S. citizen, a resident of Davidson County, Tennessee, and the surviving spouse of Randall E. Mitchell.

2. Randall E. Mitchell died on December 11, 2018 as evidenced by the attached death certificate.

3. At the time of his death, the decedent and I held title to the real property commonly known as 117 Windchase Run, Hermitage, TN 37076, by virtue of the Warranty Deed from Kerry P. Manley, of record as Instrument No. 20140306-0019059, dated March 4, 2014 and recorded March 6, 2014, Register's Office for Davidson County, Tennessee.

4. Upon decedent's death I succeeded to all of his interest in said property as his surviving spouse.

5. This Affidavit is freely given pursuant to the provisions of Tennessee Code Annotated Section 30-2-712, to help establish the heirship with respect to any real or personal property owned by the decedent Randall E. Mitchell in Davidson County, Tennessee, or elsewhere.

I make the above statements based on my own personal knowledge, and to the best of my knowledge and belief these statements are true, correct and complete.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the 6th day of May, 2021.

ROBYN J. MITCHELL

STATE OF TENNESSEE
COUNTY OF WILSON

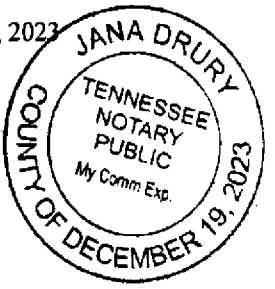
Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **ROBYN J. MITCHELL** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 6th day of May, 2021.

[SEAL]

Jana Drury
Notary Public

My Commission Expires: December 19, 2023



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 069811

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME (Include AKA's if any) RANDALL EDWARD MITCHELL						2. SEX MALE	3. DATE OF DEATH 12/11/2018
4. TIME OF DEATH 00:23	5. AGE 64	5a. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH 10/06/1954	7. BIRTHPLACE EL DORADO, KS
8. PLACE OF DEATH INPATIENT							
8b. FACILITY NAME VANDERBILT UNIVERSITY MEDICAL CENTER			8c. CITY OR TOWN NASHVILLE				8d. COUNTY OF DEATH DAVIDSON
9. MARITAL STATUS MARRIED	10. SURVIVING SPOUSE (name prior to first marriage) ROBIN JEAN KUFNER			11a. DECEDENT'S USUAL OCCUPATION NURSING MANAGEMENT			11b. KIND OF BUSINESS/INDUSTRY VA HOSPITAL
12. SOCIAL SECURITY NUMBER ***-**-9814	12a. RESIDENCE-STATE OR FOREIGN COUNTRY TENNESSEE			13b. COUNTY DAVIDSON			13c. CITY OR TOWN HERMITAGE
13d. STREET AND NUMBER 117 WINDCHASE RUN			13e. INSIDE CITY LIMITS? YES	13f. ZIP CODE 37076			14. WAS DECEDENT EVER IN US ARMED FORCES? YES
15. DECEDENT'S EDUCATION MASTER'S DEGREE		16. DECEDENT OF HISPANIC ORIGIN NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE WHITE			
18. FATHER'S NAME LELAND EDWARD MITCHELL			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE DONNA BEA GRISWOLD				
20a. INFORMANT'S NAME ROBYN JEAN MITCHELL		20b. RELATIONSHIP TO DECEDENT WIFE		20c. MAILING ADDRESS 117 WINDCHASE RUN, HERMITAGE, TN 37076			
21a. METHOD OF DISPOSITION CREMATION		21b. PLACE OF DISPOSITION MUSIC CITY CREMATORY SERVICE			21c. LOCATION NASHVILLE, TN		
22a. SIGNATURE OF FUNERAL DIRECTOR ▶ /s/ CHARLES TIMOTHY BAILEY		22b. LICENSE NUMBER 5958	22c. SIGNATURE OF EMBALMER ▶			22d. LICENSE NUMBER	
23a. NAME AND ADDRESS OF FUNERAL HOME TRISTAR CREMATION, 4982 LEBANON ROAD, OLD HICKORY, TN 37138						23b. LICENSE NUMBER 1365	
24. REGISTRAR'S SIGNATURE ▶ /s/ EDWARD G. BISHOP III				25. DATE FILED 12/18/2018			

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

26. CERTIFIER
26a. IF 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. IF 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 ▶ /s/ MELISSA A WARREN	27b. LICENSE NUMBER 56801	27c. DATE SIGNED 12/18/2018

27d. NAME AND ADDRESS MELISSA A WARREN 1211 MEDICAL CENTER DR, NASHVILLE, TN 37232

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. ACUTE HYPOXEMIC RESPIRATORY FAILURE	2 WEEKS
	DUE TO (OR A CONSEQUENCE OF)	
	b. BILATERAL PLEURAL EFFUSIONS	6 WEEKS
	DUE TO (OR A CONSEQUENCE OF)	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting directly) Last	c. METASTATIC BLADDER CARCINOMA	UNKNOWN-WEEKS
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

28a. WAS AN AUTOPSY PERFORMED? NO
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

29. MANNER OF DEATH NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	32. IF FEMALE: N/A

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-1650 (Rev. 4/2017) RDA 10112

10607882

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10607882

Date Issued DEC 19 2018

CERTIFICATION OF VITAL RECORD

202106150080836

Certificate of Authenticity

I, **Bryan C. De Cuir**, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

STATE OF TENNESEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a notary public for this county and state, **Bryan C. De Cuir**, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

[SEAL]

Notary's Signature

My Commission Expires: 11/25/20

DARYL HENRY
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY, TN

(3) All electronic documents eligible for registration pursuant to this subsection are validly registered when accepted for recording by the county register. Electronic documents registered by county registers prior to July 1, 2007 shall be considered validly registered with or without the certification provided in subsection (2).