THIS DOCUMENT PREPARED BY:

Barbara J. Moss
Elder Law of Nashville PLC
162 Woodmont Blvd
Nashville, TN 37205

OWNERS: Kathy Moran
5422 Knob Rd.
Nashville, TN 37209

Tax Parcel: 103 07 0 032.00

SEND TAX NOTICE TO: **Same**

Karen Johnson Davidson County
Batch# 926958 **AFFIDAVITH**
10/07/2022 11:23:20 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20221007-0110651

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Rhonda Brown, being duly sworn, deposes and says:

Phyllis M. Moran, a resident of Davidson County, Tennessee, died on August 7, 2022 (death certificate attached). Mrs. Moran's husband, Sanford S. Moran, preceded his wife, Phyllis M. Moran, in death (death certificate attached). Accordingly, Phyllis M. Moran died owning the following real estate:

> Land in the 8th, formerly the 12th, Civil District of Davidson County, Tennessee, being lot No. 61 on the Plan of Richland Meadows, Section 1, as of record in Book 2083, page 40, Register's Office for said County, described as follows:-
>
> Beginning at a point on the northerly margin of Meadow Crest Road at the southeast corner of Lot No. 60 on said plan; thence with the northerly margin of said Road southeastwardly 49.24 feet to the beginning of a curve; thence around said curve in an easterly direction 35.2 feet to a point on the northerly margin of Knob Road; thence with the northerly margin of said Knob Road northeastwardly 43.95 feet to the southwest corner of Lot No. 62 on said plan; thence with the line between said Lots Nos. 61 and 62, northwestwardly 124.7 feet to the common corner of Lots Nos. 60, 61, and 62; thence with the line between said Lots Nos. 60 and 61, southwestwardly 119.3 feet to the beginning.
>
> ***DERIVATION***: Being the same real property conveyed to Sanford S. Moran and wife, Phyllis M. Moran, by deed from Tennessee Title Company, recorded in Book 2962, page 87. This property is known as 5422 Knob Rd., Nashville, TN 37209.

At the time Phyllis M. Moran died, she was not married and had one daughter, Kathy Moran.

The undersigned, Rhonda Brown, was a friend of Phyllis M. Moran. She knew the family for more than 40 years.

Signed this 20th day of September, 2022.

Rhonda Brown

Rhonda Brown

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Rhonda Brown, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 20th day of September, 2022.

TERI S. BROWN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Teri S Brown

Notary Public

My Commission Expires: 9-8-2025

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 71-006692

OK RM
24-50-42 1994
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED. 25 1994
BIRTH NO.

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK. 2623

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

PARENTS AND INFORMANT

CAUSE

0066921X971

Page 3 of 6

1. DECEASED — NAME (First) Sanford	(Middle) Slayton	(Last) Moran		2. DATE OF DEATH (MONTH, DAY, YEAR) 3-13-71	
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	4. SEX Male	5a. AGE — LAST BIRTHDAY (YEARS) 42	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 16, 1929
7a. COUNTY OF DEATH Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes			7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Baptist Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Tennessee	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married			11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mrs. Phyllis Ayers Moran
12a. SOCIAL SECURITY NUMBER -0335	12b. SERVICE (IN ARMED FORCES) (SPECIFY WAR OR DATES OF SERVICE) Korea	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Policeman			13b. KIND OF BUSINESS OR INDUSTRY Metro
14a. RESIDENCE — STATE Tennessee	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		14e. STREET AND NUMBER 5422 Knob Road
15. FATHER — NAME Marshal S. Moran	16. MOTHER — MAIDEN NAME Mary M. Hammer	17. INFORMANT — NAME Mrs. Phyllis Moran			MAILING ADDRESS 5422 Knob Rd.

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute interstitial pulmonary edema 162	24 hrs.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Post-operative R.T. pneumonectomy. 519	48 hrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)	Bronchogenic Carcinoma -	3 Months

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 1

19a. AUTOPSY (YES OR NO) Yes

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH Yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

420 CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE Robert L. McCrea DEGREE M.D.

21b. DATE SIGNED (MONTH, DAY, YEAR) 3-17-71

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE TITLE

22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT) ROBERT L. McCRACKEN MD

23b. MAILING ADDRESS (STREET OR R.F.D. NO.) 915 CHURCH ST. CITY OR TOWN NASHVILLE STATE TENN ZIP 37203

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. DATE (MONTH, DAY, YEAR) 3-15-71	24c. CEMETERY OR CREMATORY — NAME Mt. Olivet	24d. LOCATION CITY OR TOWN Nashville	STATE Tennessee
25a. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Pettus-Owen & Wood, Inc. Nashville, Tenn.		25c. REGISTRAR — SIGNATURE Esther D. Groh		26b. DATE RECEIVED BY LOCAL REGISTRAR 3-19-71

FORM 120 REV. 1-68

3-24-71 @ #25

CVD

APR 22 1971

ADDITIONAL INFORMATION BY PHYSICIAN
COUNTY

~~FUNERAL DIRECTOR'S~~ SIGNATURE	L. M. Eagon	LICENSE NUMBER	327
EMBALMER'S SIGNATURE	L. M. Eagon	LICENSE NUMBER	2065

REC'D BY STATE MAR 22 1971

I hereby certify this document to be a true and exact copy of the original document as it appears on the state server and accessed by the Tennessee State Library and Archives.

Director, Public Services, TSLA

August 30, 2022
Date

VITAL RECORDS
COUNTY Davidson
ROLL NO.
BOOK 1971
PAGE 6692
BIRTH:
DEATH: X
TENNESSEE STATE LIBRARY AND ARCHIVES

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 052036

1. Decedent's Legal Name: PHYLLIS MARGARET MORAN			2. Sex: FEMALE	3. Date of Death: 08/07/2022
4. Time of Death (Approx.): 12:54 AM	5a. Age: 92	6. Date of Birth: 02/17/1930	7. Birthplace: CANADA	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: ALIVE HOSPICE		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: REGISTERED NURSE		11b. Kind of Business/Industry: HEALTH CARE
12. Social Security Number: -4692	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 5422 KNOB ROAD		13e. Inside City Limits?: YES	13f. Zip Code: 37209	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: ASSOCIATE DEGREE		16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE
18. Father's Name: ROMIE AYERS			19. Mother's Name Prior to First Marriage: EDNA ARGRAVES	
20a. Informant's Name: KATHY MORAN		20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 5422 KNOB ROAD, NASHVILLE, TN 37209	
21a. Method of Disposition: CREMATION		21b. Place of Disposition: MOUNT OLIVET	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ BRIANNA HAZEN		22b. License Number: 20051	22c. Signature of Embalmer: ▶	22d. License Number: 23b. License Number: 1016
23a. Name and Address of Funeral Home: WEST HARPETH FUNERAL HOME AND CREMATORY, 6962 CHARLOTTE PIKE NASHVILLE, TN 37209-4208				
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 08/09/2022	

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/ CHRISTOPHER GEFFRE	27b. License Number: 64177	27c. Date Signed: 08/09/2022
27d. Name and Address: CHRISTOPHER GEFFRE 850 R.S. GASS BLVD, NASHVILLE, TN 37216		

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. COMPLICATIONS OF PELVIC FRACTURE
b.
c.
d.

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: PARKINSON'S DISEASE; HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

29a. Was an Autopsy Performed?: NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: ACCIDENT	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: 08/03/2022	34b. Time of Injury: UNKNOWN	34c. Injury at Work?: NO	34d. Place of Injury: RESIDENCE
	34e. Describe How Injury Occurred: FALL			34f. Location of Injury: 5422 KNOB RD, NASHVILLE TN

RDA 10112

PH-1659E

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.

14362227

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

Edward G. Bishop III
State Registrar

1 4 3 6 2 2 2 7
Date Issued: Aug-09-2022

CERTIFICATION OF VITAL RECORD