This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Harrington Law Office
1215 Seventh Avenue North
Nashville, Tennessee 37208-2605
Telephone: (615) 320-9977
Facsimile: (615) 320-9929

Map & Parcel: 061 06 0 130.00
Address Owner: Michael E. Rooks
Send Tax Bill: 2446 Sugar Grove Valley Rd, Harriman, TN 37748

AFFIDAVIT OF HEIRSHIP

Karen Johnson Davidson County
Batch# 958032 **AFFIDAVITH**
01/05/2023 10:04:56 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20230105-0000906

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That to the best of my knowledge Harrison Collum Donnelly (hereinafter "the Decedent") died intestate on June 22, 2012 leaving no spouse, and two children whose names, relationships, and addresses are as follows:

    i. Harrison Craig Donnelly, Son (Deceased), 4122 Saunders Ave Nashville, TN 37216; and
    ii. Michael E. Rooks, Son, 2446 Sugar Grove Valley Rd, Harriman, TN 37748.

3. That the Death Certificate of Harrison Collum Donnelly is attached hereto in Attachment A.

4. That at the time of his death, Harrison Collum Donnelly was the sole owner of fee simple interest in the property located at 4122 Saunders Ave Nashville, TN 37216 and more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 36 on the Plan of Maplewood Heights Subdivision of record in Plat Book 547, Page (s) 77 and 78, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.
>
> Said Lot No. 36 fronts 100 feet on the Easterly side of Saunders Avenue and runs back between parallel lines 300 feet to the Westerly margin of the Louisville and Nashville Railroad right-of-way. The rear line measures 99.9 feet.

This is improved property known as 4122 Saunders Ave Nashville, TN 37216.

5. That to the best of my knowledge the above referenced children of the Decedent were the heirs-at-law of the Decedent and were those entitled to the above referenced property in fee simple interest as tenants in common.

6. That *Tenn. Code Ann.*§ 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 18th day of August, 2022.

Deborah Sims

DEBORAH SIMS

OATH

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **DEBORAH SIMS,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 18th day of August, 2022.

Charles Robinson

NOTARY PUBLIC

My Commission Expires: 11-6-24

CHARLES MICHAEL ROBINSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-6-2024

STATE OF TENNESSEE
Office of Vital Records

120395

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): HARRISON C. DONNELLY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 22, 2012
4. TIME OF DEATH (Approx.): 6:00AM
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 6, 1929
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one):
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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 institution, give street and number): Imperial Gardens
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Book Binder
11b. KIND OF BUSINESS/INDUSTRY: Printing
12. SOCIAL SECURITY NUMBER: 7755
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4122 Saunders Ave.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ 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
☐ 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)
☒ 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)
☒ 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): Joseph Donnelly
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Cecil White

DISPOSITION

20a. INFORMANT'S NAME: Harrison Craig Donnelly
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4122 Saunders Ave. Nashville, TN 37216
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mid-Tenn State Veterans Cemetery
21c. LOCATION – City or Town and State: Nashville, TN.
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
22b. LICENSE NUMBER: 4935
22c. SIGNATURE OF EMBALMER: ▶ [signature]
22d. LICENSE NUMBER: 4934
23a. NAME AND ADDRESS OF FUNERAL HOME: PHILLIPS-ROBINSON FUNERAL HOME, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): July 2, 2012

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 15539
27c. DATE SIGNED (Month, Day, Year): 6/29/12
27d. NAME AND ADDRESS: 166 R. Main Hendersonville TN 37075

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.	Peptide CVA	3-5d
Due to (or as a consequence of): b.	ASCVA	10-20yr
Due to (or as a consequence of): c.		
Due to (or as a consequence of): d.		

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Diabetes Mellitus / Peripheral Vascular Disease

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

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. 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)

RDA 1399

PH-1659 (Rev. 10/2011)

5089424

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 Department of Health. Alteration or erasure voids this certification.

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

JUL 02 2012

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Fuhrman, Local Registrar
Davidson County, Tennessee

Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD