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
20230105-0000907

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 Craig Donnelly (hereinafter "the Decedent") died intestate on July 21, 2021 leaving no spouse, no children, no parents surviving him, and one brother, whose name, relationship, and address are as follows:

    i. Michael E. Rooks, Son, 2446 Sugar Grove Valley Rd, Harriman, TN 37748.

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

4. That at the time of his death, Harrison Craig Donnelly was the part owner, with Michael E. Rooks, of 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.

    Being the same property inherited by Harrison Craig Donnelly and Michael E. Rooks at the death of their father, Harrison Collum Donnelly, as evidenced in the Affidavit of Heirship being instrument

number _____, Register's Office for Davidson County, Tennessee.

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

5. That to the best of my knowledge the above referenced brother of the Decedent is the heir-at-law of the Decedent.

6. That to the best of my knowledge the above referenced brother of the Decedent owns the above referenced property in fee simple interest.

7. 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.

Chas Robinson

NOTARY PUBLIC

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

My Commission Expires: 11-6-24

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 049327

1. Decedent's Legal Name: HARRISON CRAIG DONNELLY			2. Sex: MALE	3. Date of Death: 07/21/2021
4. Time of Death (Approx.): 04:44 AM	5a. Age: 61	6. Date of Birth: 09/30/1959	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: PRINTING CUTTER		11b. Kind of Business/Industry: PRINTING
12. Social Security Number: 413-02-8938	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	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: WHITE	
18. Father's Name: HARRISON CRAIG DONNELLY		19. Mother's Name Prior to First Marriage: MARY WILLIAMS		
20a. Informant's Name: DIANE STRAIGHT	20b. Relationship to Decedent: SIGNIFICANT OTHER	20c. Mailing Address: 4122 SAUNDERS AVE, NASHVILLE, TN 37216		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: HHFH & CREMATORY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ JANET MONTGOMERY	22b. License Number: 6245	22c. Signature of Embalmer: ▶		22d. License Number
23a. Name and Address of Funeral Home: ALTERNATIVE CREMATION AND FUNERAL SERVICE, 206B COOL SPRINGS BLVD. STE 201. FRANKLIN, TN 37067				23b. License Number: 1292
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 07/28/2021		

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 07/26/2021
27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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)	a. METASTATIC COLON CANCER	
	b.	
UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c.	
	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: 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-1659E RDA 10112

13327022

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 3 2 7 0 2 2

Date Issued: Aug-02-2021

CERTIFICATION OF VITAL RECORD