Karen Johnson Davidson County
Batch# 975451 AFFIDAVITH
03/01/2023 09:15:55 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20230301-0014411

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

TERESA M. MORGAN
Morgan Law Group, PLLC
1103 Holly Street
PO Box 60711
Nashville, Tennessee 37206
(615) 975-9174

AFFIDAVIT OF HEIRSHIP FOR THOMAS D. ALLEN
STATEMENT OF VICTORIA MITCHELL

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. § 30-2-712, I, the undersigned Victoria L. Mitchell, after being duly sworn, hereby state as follows:

1. My name is Victoria LaShae Mitchell. I am over the age of 18 and not under any disability. My permanent residence is 250 Mark Circle, Gallatin, TN 37066. I am the great-niece of Thomas D. Allen.
2. Thomas D. Allen was married to Shirley Allen until his death on November 10, 2000. They did not have, or adopt, any children together. To the best of my knowledge and recollection, he did not have any children from a prior marriage or outside of the marriage.
3. Thomas D. Allen died intestate.
4. I have personal knowledge of Thomas D. Allen's life and his family and hereby state with certainty that his wife, Shirley Allen, was his only heir-at-law. All of his property vested in her at the time of his death.
5. Shirley Allen died intestate on July 26, 2020. The certified death certificates of Shirley Allen and Thomas D. Allen are attached hereto as **Exhibit A**.
6. I have personal knowledge of Shirley Allen's life and hereby state that she did not remarry after Thoma D. Allen's death; nor did she have any children or adopt any children before her death.
7. Shirley Allen's heirs-at-law are the issue of her brother Jesse L. Randolph: **Victor Randolph** and **Tracy Randolph.**
8. Victor Randolph resides at 717 Work Drive, Nashville, TN 37207. He is over the age of 18 and does not suffer from a disability.

9. Tracy Randolph is over the age of 18, but is a disabled adult. Her mother, Brenda Randolph, has been appointed to serve as the conservator over her person and property by the Seventh Circuit Court of Davidson County, Tennessee, Docket No. 21P873. Tracy Randolph also resides at 717 Work Drive, Nashville, TN 37207.
10. I understand that this Affidavit is being used to convey real property and affirm that everything herein is true to the best of my knowledge.
11. I further state that I have not executed this document under the undue influence of any individual and do so of my own free will and have received no benefit from the execution of the same.

FURTHER, AFFIANT SAITH NOT.

DATED THIS THE 28th DAY OF FEBRUARY, 2023.

VICTORIA MITCHELL

NOTARY ACKNOWLEDGEMENT

On this 28 day of February, 2022, before me, the undersigned, personally appeared Victoria LaShae Mitchell, known to me known to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be her free act and deed, and that she has personal knowledge of the facts contained therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

TERESA MORGAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-3-2023

Notary Public

My Commission Expires: 7/3/2023

EXHIBIT A

Certificates of Death of Thomas D. Allen and Shirley Allen

(Attached)

STATE OF TENNESSEE
Office of Vital Records

0006129

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE 2000 046540

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Thomas Allen	Male	11-10-2000

4. SOCIAL SECURITY NUMBER (of Decedent)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR - MOS. / DAYS	5c. UNDER 1 DAY - HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	52			05-31-1948	Nashville, TN

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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Centennial Medical Center 093	Nashville	Davidson

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Shirley Randolph	Operations Manager	Roadway Express

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	2401 Underwood Street

13e. INSIDE CITY LIMITS? (Yes / No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if not, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)
1 [X] Yes 2 [ ] No	37208	Specify, if yes: [ ] Yes [X] No	Black	5+ 05

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
David Allen	Mary Alice Carr

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Shirley Allen	wife	2401 Underwood Street Nashville, TN 37208

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)	20c. LOCATION-City or Town, State
	Middle Tennessee State Veterans Cemetery	Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Linda D. Johnson	4063	▶ Eric M. Johnson	3829

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Johnson's House of Atena 1107 Buchanan Street	704

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Robert W. Rhodes Jr	November 16, 2000

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated

25a. SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
[X] ▶ Darrell Arnett MD	MD 15873 UL	11/16/00

26a. 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 as stated

26a. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
▶		

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Darrell G. Arnette, M.D. 2400 Patterson St., Suite 500 Nashville, TN 37203

MED EX RATE AND TRANS 48

BIRTH NO

RDA 1399

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.

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Feb 27 2023

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 045899

1. Decedent's Legal Name: SHIRLEY ALLEN			2. Sex: FEMALE	3. Date of Death: 07/26/2020
4. Time of Death (Approx): 12:16 PM	5a. Age: 70	6. Date of Birth: 10/24/1949	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: DECEDENTS HOME				
8b. Facility Name: 2401 UNDERWOOD STREET		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: EDUCATOR		11b. Kind of Business/Industry: PUBLIC SCHOOL SYSTEM
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2401 UNDERWOOD STREET		13e. Inside City Limits?: YES	13f. Zip Code: 37208	14. Was Decedent ever in US Armed Forces?: YES
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: ROBERT RAY RANDOLPH SR		19. Mother's Name Prior to First Marriage: ARLINE WATKINS		
20a. Informant's Name: VICTORIA RANDOLPH MITCHELL	20b. Relationship to Decedent: NIECE	20c. Mailing Address: 1813 PALLAS DR, MADISON, TN 37115		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ ELISSANNE C HAMMONDS	22b. License Number: 6733	22c. Signature of Embalmer: ▶	22d. License Number	
23a. Name and Address of Funeral Home: LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1000			23b. License Number: 812	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25. Date Filed: 08/04/2020			

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/ ERIN M CARNEY, M.D.	27b. License Number: 50160	27c. Date Signed: 07/30/2020
27d. Name and Address: ERIN M CARNEY, M.D. 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)	a. PENDING	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	b.	
	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?

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: PENDING INVESTIGATION	31. Did Tobacco Use Contribute to Death?	32. If Female:		
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-1650 (Rev. 02/17) RDA 10172

11858145

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 1 8 5 8 1 4 5
Date Issued: Aug-10-2020

CERTIFICATION OF VITAL RECORD