THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

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Karen Johnson Davidson County
Batch# 975451 AFFIDAVITH
03/01/2023 09:15:55 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20230301-0014412

AFFIDAVIT OF HEIRSHIP FOR SHIRLEY 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 Shirley Allen.
2. Shirley Allen was married to Thomas D. Allen until his death on November 10, 2000. She never remarried and died a widow on July 26, 2020. They did not have, or adopt, any children together. She did not have any children of her own, and she never adopted any children after Thomas D. Allen's death. Both certified death certificates are attached hereto as **Exhibit A**.
3. Both Shirley Allen and Thomas D. Allen died intestate.
4. I have personal knowledge of Shirley Allen's life and her family and hereby state with certainty that Shirley's Allen's heirs-at-law were the children of her brother, Jesse L. Randolph: **Victor Randolph** and **Tracy Randolph.**
5. Victor Randolph resides at 717 Work Drive, Nashville, TN 37207. He is over the age of 18 and does not suffer from a disability.
6. 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.

7. 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.
8. 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
Notary Public

My Commission Expires: 7/3/2023

TERESA MORGAN
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
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

2000 048540

STATE I

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]1	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 043	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

TRACT	13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (If Yes, 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+)
	[X]	37208	[ ] Yes [X] No; Specify, if yes:	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)
▶ 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. SIGNATURE AND TITLE OF MEDICAL EXAMINER	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
2 [ ] ▶		

MED. EX. NAME AND ADDR. 48

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

BATH 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.

148287-27

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

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			2. Sex	3. Date of Death
SHIRLEY ALLEN			FEMALE	07/26/2020
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
12:16 PM	70	10/24/1949	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		8c. City or Town		8d. County of Death
2401 UNDERWOOD STREET		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
WIDOWED		EDUCATOR		PUBLIC SCHOOL SYSTEM
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
[redacted]	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
2401 UNDERWOOD STREET		YES	37208	YES
15. Decedent's Education	16. Decedent of Hispanic Origin?		17. Decedent's Race	
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		BLACK OR AFRICAN AMERICAN	
18. Father's Name		19. Mother's Name Prior to First Marriage		
ROBERT RAY RANDOLPH SR		ARLINE WATKINS		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
VICTORIA RANDOLPH MITCHELL	NIECE	1813 PALLAS DR, MADISON, TN 37115		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
CREMATION	MUSIC CITY CREMATORY	NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number	
▶ /e/ ELISSANNE C HAMMONDS	6733	▶		
23a. Name and Address of Funeral Home			23b. License Number	
LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1060			812	
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		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	27b. License Number	27c. Date Signed
▶ /e/ ERIN M CARNEY, M.D.	50160	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 the 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	31. Did Tobacco Use Contribute to Death?	32. If Female:
PENDING INVESTIGATION		

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

VH-1650 (Rev 8-2017) RDA 10112

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

COMPUTER WORK PRODUCT