Karen Johnson Davidson County
Batch# 1032920 AFFIDAVITH
08/01/2023 10:32:33 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20230801-0059212

AFFIDAVIT OF DEATH AND HEIRSHIP

Deborah R. Kelley (the "Affiant"), being duly sworn upon oath, deposes and states that the Affiant resides at 520 Rosedale Ave, Nashville, Tennessee 37211 located in the County of Davidson. The Affiant is the daughter to Mr. Milton Calvin Millraney (the "Decedent").

The Decedent died on 04/03/2013 in the County of Davidson in the State of Tennessee. A copy of the Official Death Certificate is attached.

When the Decedent passed he or she owned an interest in the property legally described below:

Property Owned:

A TRACT of land in the 6th Civil District of Davidson County, Tennessee, being known as Tract No. 6 on the Map of a Re-Subdivision of Lots 1 to 6 inclusive of a part of the J.W. Russwuwn Property on Rosedale Avenue, and described according to a copy of a survey made by Hal R. Swarm Jr. surveyor, March 8, 1948

BEGINNING at a point in the northerly margin of Rosedale Avenue at the common corner of Lots Not. 5 and 6; thence northerly along the line between said lots 184.4 feet to an iron pin at the common rear corners of said lots; thence westerly 58 feet to an iron pin at the common corners of Lots Nos 6 and 7; thence southerly along the line between said Lots 199.5 feet to the northerly margin of Rosedale Avenue; thence easterly along said Avenue 59 feet to the beginning.

BEING the same property conveyed to Mary Ruth Millraney by Warranty Deed from Ernest McAloy Powers, unmarried, of record in Book 3437 Page 583, Register's Office for Davidson County, Tennessee and under the authority of the Will of Mary Ruth Millraney, deceased, under Docket Number 98P-1323 of the Probate Court of Nashville, Davidson County, Tennessee

Address: 520 Rosedale Ave
Nashville, Tennessee 37211

County: Davidson

Personal Property Owned: 2003 Toyota 4d
Location: 520 Rosedale Avenue

Personal Property Owned:
Location:

Personal Property Owned:
Location:

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

The following children were born to or adopted by the Decedent:

Name of Child	Birth Date	Status
Deborah Renee Kelley	08/22/1962	Living
Tracey Lynn Millraney	04/19/1970	Living

The estimated approximate total value of the estate of the Decedent, including the taxable interest in the aforesaid property, is $150,000.00.

No claims have been filed against the Decedent and all expenses related to medical and/or funeral expenses have been paid in full.

The Affiant will ensure that the Federal Estate Tax shall be prepared and pay in full any said amount which may be due and

payable.

I declare that the information contained herein is true and correct to the best of my knowledge.

Deborah R. Kelley
(AFFIANT SIGNATURE)

8-1-23
(DATE SIGNED)

Deborah R. Kelley
(AFFIANT NAME)

State of Tennessee

ss.

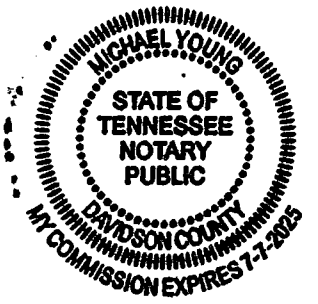
County of Davidson

This instrument was subscribed and sworn to before me on by Deborah R. Kelley.

Michael Young
(NOTARY PUBLIC SIGNATURE)

MICHAEL YOUNG
(NOTARY PRINTED NAME)

My Commission Expires: 7-7-2025



Prepared by Cindy Wenham
229 Hillcrest Drive
Ashland City TN 37015

STATE OF TENNESSEE
Office of Vital Records

130197

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STAT 2013 015620

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Milton Calvin Millraney
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 3, 2013
4. TIME OF DEATH (Actual):
5a. AGE-Last Birthday (Years): 74
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 8, 1939
7. BIRTHPLACE (City and State or Foreign Country): Warren Co., TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
8c. CITY OR TOWN: 075 Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Indep. Contractor
11b. KIND OF BUSINESS/INDUSTRY: Self-Employed
12. SOCIAL SECURITY NUMBER: [redacted] 3797
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 520 Rosedale Ave.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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
[X] 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)
[X] 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)
[X] 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): William Hershel Millraney, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Sophie Cole

DISPOSITION

20a. INFORMANT'S NAME: Tracey Millraney
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 13010 SW Kingsway Cr., Lake Suzy, FL 34269
21a. METHOD OF DISPOSITION: [ ] Burial [ ] Cremation [ ] Donation [X] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Tiffany C. Widener
22b. LICENSE NUMBER: 6231
22c. SIGNATURE OF EMBALMER: Jeff Plunk
22d. LICENSE NUMBER: 4353
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: Jeff Harrison DR
25. DATE FILED (Month, Day, Year): April 9, 2013

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: Mary McElaney MD
27b. LICENSE NUMBER: MD019786
27c. DATE SIGNED (Month, Day, Year): 4/9/13
27d. NAME AND ADDRESS: 347 Wallace Rd Suite 415 Nashville, TN

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Adenocarcinoma of the Lung — Due to (or as a consequence of):
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. — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.
Approximate interval: Onset to death: a. 2 months

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: HTN, COPD

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

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [X] 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):

PH-1659 (Rev. 10/2011) RDA 1399

14654837

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

Morgan McDonald, MD, FAAP, FACP
Commissioner

14654837
Date Issued: Jan-04-2023

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

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