Karen Johnson Davidson County
Batch# 1032943 AFFIDAVITH
08/01/2023 10:51:30 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20230801-0059246

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

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Morgan Law Group, PLLC
PO Box 60711
Nashville, Tennessee 37206
(615) 975-9174

AFFIDAVIT OF HEIRSHIP FOR FRED MORROW
STATEMENT OF KAFRISHA MORROW

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

1. My name is Kafrisha Morrow. I am over the age of 18 and not under any disability. My permanent residence is 1515 Demonbreun Street, Apt. 813, Nashville, TN 37203. I am the only child of Fred and Lena Morrow.
2. Fred Morrow's wife, Lena Mai Morrow, died on March 14, 2018. Fred Morrow never remarried and died a widow on November 20, 2020. Both certified death certificates are attached hereto as **Exhibit A**.
3. Lena Mai Morrow and Fred Morrow both died intestate.
4. Fred Morrow and Lena Mai Morrow did not have any other children; and he did not have any children with any other person. I am the sole heir at law of Fred Morrow.
5. Fred Morrow owned real property in Davidson County, Tennessee known as 2600 Vance Avenue, Nashville, Tennessee 37208.
6. 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.
7. 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 JULY, 2023.

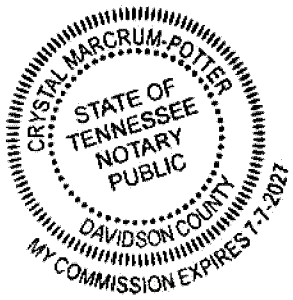
Kafrisha Morrow

KAFRISHA MORROW

NOTARY ACKNOWLEDGEMENT

On this 28th day of July, 2023, before me, the undersigned, personally appeared Kafrisha Morrow, 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.



Notary Public

My Commission Expires: July 7, 2027

EXHIBIT A

Certificates of Death of Fred Morrow and Lena Mai Morrow

(Attached)

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 083222

1. Decedent's Legal Name: FRED MORROW				2. Sex: MALE	3. Date of Death: 11/20/2020
4. Time of Death (Approx): 13:00	5a. Age: 86	6. Date of Birth: 12/24/1933	7. Birthplace: SOMERVILLE, TN		
8a. Place of Death: INPATIENT					
8b. Facility Name: SAINT THOMAS WEST HOSPITAL		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: SYSTEM OPERATIONS MGR		11b. Kind of Business/Industry: INDUSTRIAL	
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 2600 VANCE AVE		13e. Inside City Limits? YES	13f. Zip Code: 37208	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN			
18. Father's Name: GEORGE W MORROW		19. Mother's Name Prior to First Marriage: BETTIE SUE CAMPBELL			
20a. Informant's Name: KAFRISHA MORROW	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 2600 VANCE AVE., NASHVILLE, TN 37208			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: GREENWOOD MAIN CEMETERY	21c. Location: NASHVILLE, TN			
22a. Signature of Funeral Director: ▶ /e/ RICHARD A LEWIS SR	22b. License Number: 3633	22c. Signature of Embalmer: ▶ /e/ Patrick Lamont Tucker		22d. License Number: 5072	
23a. Name and Address of Funeral Home: LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1060				23b. License Number: 812	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 12/28/2020			

26. Certifier

28a. ☒ PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
28b. ☐ 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/ DOUGLAS ADKISSON	42193	12/01/2020

27d. Name and Address: DOUGLAS ADKISSON 4230 HARDING ROAD SUITE 330, NASHVILLE, TN 37205

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 listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. [redacted]	[redacted]
	b. [redacted]	[redacted]
	c. [redacted]	[redacted]
	d. [redacted]	[redacted]

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ACUTE ON CHRONIC DIASTOLIC HEART FAILURE; NON ST SEGMENT ELEVATION MYOCARDIAL INFARCTION; CORONARY ARTERIAL SCLEROSIS IN NATIVE ARTERY

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-1558E RDA 10112

12627889

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

1 2 6 2 7 8 8 9

Edward G. Bishop III, State Registrar — Lisa Piercey, MD, MBA, FAAP, Commissioner

Date Issued: Dec 29, 2020

CERTIFICATION OF VITAL RECORD

202308010059246

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 018588

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			2. SEX	3. DATE OF DEATH (Month/Day/Year)
LENA MAI MORROW			FEMALE	03/14/2018

4. TIME OF DEATH (24hr)	5a. AGE (Years)	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH (Month/Day/Year)	7. BIRTHPLACE (City and State or Foreign Country)
06:52	71					01/17/1947	NASHVILLE, TENNESSEE

8a. PLACE OF DEATH (Check only one)	8b. FACILITY NAME (If not institution, give street address)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
DECEDENT'S HOME	2600 VANCE AVE	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	FRED MORROW	ADMINISTRATIVE ASSISTANT	MEHARRY MEDICAL

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?
2600 VANCE AVE	YES	37208	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
LAWRENCE HOGGETT	KATIE MAE MCDONALD

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
FRED MORROW	HUSBAND	2600 VANCE AVE, NASHVILLE, TENNESSEE 37208

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	GREENWOOD MAIN CEMETERY	NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ JEFFREY RUTLEDGE	16216	▶ /e/ Patrick Lamont Tucker	5072

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TENNESSEE 37208-1060	812

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	04/05/2018

CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ ANH THI MEADOWS	045572	04/05/2018

27d. NAME AND ADDRESS
ANH THI MEADOWS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 37203

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. [redacted]	
	DUE TO (OR A CONSEQUENCE OF)	
	b.	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR A CONSEQUENCE OF)	
UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	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?
NO	

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	PROBABLY	NOT PREGNANT WITHIN PAST YEAR

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

TPH-1659 [Rev. 8/2017] RDA 10112

10051188

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.

APR 06 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10051188
Date Issued

CERTIFICATION OF VITAL RECORD

202308010059246

TRUE COPY CERTIFICATION

Pursuant to Tenn. Code Ann. § 66-24-101(d)(3) – As Amended on July 1, 2021

I, **Teresa Morgan**, Tennessee BPR No. 033448, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on July 28, 2023.

Teresa M Morgan 7/28/23

TERESA MORGAN **DATE**

PO BOX 60711
NASHVILLE, TN 37206
Phone: (615) 975-9174
Fax: (615) 577-3649
Email: teresa@morganlawgroup.us

State of Tennessee)
County of Davidson)

Sworn and subscribed before me on July 28, 2023.

Notary's Signature

My Commission Expires: July 7, 2027

Notary's Seal:

