Prepared be Erika Mccullough
313 Blue Door rd
Portland TN 37148

Karen Johnson
Batch # 1131203
05/06/2024 09:47:30 AM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20240506-0032980

AFFIDAVIT OF HEIRSHIP

State of Tennessee
County of SUMNER

Thomas McCullough being first duly sworn, deposes and says as follows:

1. That I am a resident of SUMNER County, Tennessee.

2. That I am familiar with the family of Sharon I. Gates, who died on December 30, 2023, a resident of DAVIDSON County, TN

3. That I knew the decedent and have been familiar with the family for more than 80 years.

4. That at the time of her death, Sharon I. Gates was unmarried.

5. That Sharon I. Gates, had 1 Child.

6. That the following person(s) constitutes the heirs at law of Sharon I. Gates

   Son, Tyler K. Gates

7. That I have no interest in the estate of the deceased.

The facts stated above are relative to the inheritance of the following parcel of real estate commonly known as:

611 Rosebank Ave, Nashville, TN 37206

Further affiant saith not.

Thomas McCullough

SUBSCRIBED AND SWORN TO before me this 17 day of April 2024.

Notary Public

My Commission Expires: Nov. 21. 2026

ERIKA MCCULLOUGH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

STATE OF TENNESSEE
COUNTY OF Sumner

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, Thomas McCullough, the affiant(s), with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Sumner, Tennessee, this 17 day of April 2024.

Erika J M

Notary Public

My Commission Expires: Nov. 21. 2026

ERIKA MCCULLOUGH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

IN WITNESS WHEREOF, this Loan Agreement has been executed and delivered in the manner prescribed by law as of the date first written above.

Signed this 12th day of March, 2024, at 2:15 P.M.,
_____.

ERIKA MCCULLOUGH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

03/12/2024

The Borrower:

By: _____ Date: 03/12/2024
Thomas McCullough

The Lender:

By: _____ Date: 03/12/2024
Tyler Kent Gates

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 081338

1. Decedent's Legal Name			2. Sex	3. Date of Death
SHARON IRENE GATES			FEMALE	12/30/2023
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
05:05 AM	61	07/05/1962	YORK, PA	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		8c. City or Town		8d. County of Death
ALIVE HOSPICE		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
WIDOWED		CLINICAL RESEARCH EDUCATOR		HEALTHCARE
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
___-___-9181	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number	13e. Inside City Limits?	13f. Zip Code		14. Was Decedent ever in US Armed Forces?
611 ROSEBANK AVE	YES	37206		NO
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
RICHARD EUGENE BOSLEY		ETHEL JOANN BAILEY		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
TYLER GATES	SON	611 ROSEBANK AVE, NASHVILLE, TN 37206		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
CREMATION	WEST HARPETH CREMATORY	NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ MELINDA E CRAWFORD	5229	▶		
23a. Name and Address of Funeral Home				23b. License Number
NASHVILLE CREMATION CENTER, 7427 CHARLOTTE PIKE, NASHVILLE, TN 37209				1319
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		01/05/2024		

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/ JOEL SHACKSON	66385	01/03/2024

27d. Name and Address: JOEL SHACKSON 1718 PATTERSON ST, 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 listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. ACUTE MENINGOENCEPHALITIS	
	b.	
	c.	
	d.	

Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

MULTIPLE MYELOMA; CHRONIC LYMPHOCYTIC LEUKEMIA

29a. Was an Autopsy Performed? NO

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:
NATURAL	NO	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

PH-1659E RDA 10112

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.

115706587

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: Jan-11-2024

CERTIFICATION OF VITAL RECORD

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