THIS INSTRUMENT PREPARED BY: Shannon L. Crutcher, Esq., 1600 Westgate Circle, Suite 275, Brentwood, Tennessee 37027

AFFIDAVIT OF HEIRSHIP OF CHARLEENE ROSS MURDOCK

STATE OF TENNESSEE)
)
COUNTY OF WILLIAMSON)

Karen Johnson Davidson County
Batch # 1235348 AFFIDAVITH
02/07/2025 02:28:48 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20250207-0009603

1. The Affiants are as follows:

Mischon Ramey
7206 Affirmed Court
Fairview TN 37062

Andrea Mixon
907 Rodney Drive
Nashville TN 37205

They are at least eighteen (18) years of age and are otherwise competent to testify.

2. Charleene Ross Murdock died intestate on October 22, 2024, at the age of 76. A copy of her death certificate is attached. She was a widow at the time of her death.

3. Her late husband, James Hillard Murdock, died on January 15 (14), 1998. A copy of his death certificate is attached.

4. Charleene Ross Murdock left surviving her one (1) adult child: Michael Hill Murdock.

5. This Affidavit is being provided to clarify title to all real property owned by Charleene Ross Murdock at the time of her death, **including but not exclusive to the property being described as follows:**

See attached Exhibit "A"

6. The Affiants were acquainted with Charleene Ross Murdock and her family and know the above-stated facts to be true and accurate.

7. This Affidavit is given freely and pursuant to the provisions of Tenn. Code Ann. § 30-2-712 for the purpose of providing facts concerning the heirs of Charleene Ross Murdock.

8. The Affiants are aware that Tenn. Code Ann. § 30-2-712(f) provides that whoever willfully, corruptly and falsely swears to any statement in any Affidavit of Heirship known by such person to be false, or about which such person does not have sufficiently definite knowledge to justify the making of such a sworn statement, and the statement is false, commits a Class E felony.

9. Further Affiants saith not.

Mischon Ramey

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, **Mischon Ramey**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who made oath that the statements contained in the foregoing Affidavit are true and acknowledged that she executed the within instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 7 day of February 2025.

AMANDA L. CRUTCHER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Notary Public

My Commission Expires: 3/29/2025

Andrea Mixon

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, **Andrea Mixon**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who made oath that the statements contained in the foregoing Affidavit are true and acknowledged that she executed the within instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 7 day of February 2025.

AMANDA L. CRUTCHER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Notary Public

My Commission Expires: 3/29/2025

Exhibit "A"

Tax Map 173, Parcel 220.00

That certain parcel of real estate located in Davidson County, State of Tennessee, within the corporate limits of the City of Antioch, and being as follows, to-wit:

Being all of Lot No. 220 (Two Hundred Twenty) on the Plan of Barnes Crossing Planned Unit Development, as shown by Master Deed of record in Instrument Number 20050721-0084791 and Amended of record in Instrument Number 20051114-0136938, of Register's Office, to which plat reference is hereby made for a more complete description of said property.

Being the same property conveyed to Charleene Murdock by Warranty Deed from Natasha D. Lane and James N. Lane, wife and husband, dated October 10, 2014, and recorded on November 5, 2014, in Instrument Number 20141105-0102289, Register's Office for Davidson County, Tennessee. (Value or consideration shown in aforementioned deed: $125,000.00)

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2024 067510

1. Decedent's Legal Name			2. Sex	3. Date of Death
CHARLEENE ROSS MURDOCK			FEMALE	10/22/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
02:53 PM	76	05/09/1948	CLARKSVILLE, TN	
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		SUBSTITUTE TEACHER	EDUCATION	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
0386	TENNESSEE	DAVIDSON	ANTIOCH	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
1776 RED JACKET DRIVE	YES	37013	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
GEORGE SMITH		VIOLA MARGARET HARRISON		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
MICHAEL HILL MURDOCK	SON	7206 AFFIRMED COURT, FAIRVIEW, TN 37062		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREEN BRIER UNITED METHODIST	GREEN BRIER, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ GRACE ANNE DEAL	20481	▶ /e/ BRIANNA HAZEN	20027	
23a. Name and Address of Funeral Home			**23b. License Number**	
HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER 9090 HIGHWAY 100, NASHVILLE, TN 37221-			849	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		11/05/2024		

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/ MARY-ELLEN EDMISTON	5916	10/28/2024

27d. Name and Address

MARY-ELLEN EDMISTON 1718 PATTERSON STREET, 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. MYOCARDIAL INFARCTION	UNKNOWN
	b. CORONARY ARTERY DISEASE	UNKNOWN
	c. HYPERTENSION	UNKNOWN
	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? 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	YES	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 certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Date Issued: Nov-05-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 98-006445

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Hillard Murdock
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Jan. 14, 1998
4. SOCIAL SECURITY NUMBER: -3615
5a. AGE LAST BIRTHDAY (Years): 54
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): Dec. 15, 1943
7. BIRTHPLACE (City and State or Foreign Country): Warren, Mich.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 5956 Greenbrier Rd. 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Franklin 000
9d. COUNTY OF DEATH: Williamson 94
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Charleene Smith
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Navy
12b. KIND OF BUSINESS/INDUSTRY: U. S. Navy
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Williamson
13c. CITY, TOWN OR LOCATION: Franklin
13d. STREET AND NUMBER OR RURAL LOCATION: 5956 Greenbrier Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37064
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 99; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Joe Murdock
18. MOTHER'S NAME (First, Middle, Maiden Surname): Esther Henry
19a. INFORMANT'S NAME (Type/Print): Charleene S. Murdock
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5956 Greenbrier Rd. Franklin, Tn 37064
NAME OF DECEDENT (Last, First, Middle, if Maiden)
006445 1998

DISPOSITION

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): Greenbrier Cemetery
20c. LOCATION-City or Town, State: Franklin, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3296
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 3663
22a. NAME AND ADDRESS OF FUNERAL HOME: Franklin Memorial Chapel, 1009 W. Main St., Franklin, Tn 37064
22b. LICENSE NUMBER OF FUNERAL HOME: 902

REGISTRAR

23. REGISTRAR'S SIGNATURE: Diane Bradford
24. DATE FILED (Month, Day, Year): Jan. 30, 1998

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred on the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 19061
25c. DATE SIGNED (Month, Day, Year): 1-27-98
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. John Christman Med Service I I D 1310 24th Ave S Nashville, Tn 3721

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. respiratory failure
DUE TO (OR AS A CONSEQUENCE OF):
b. chronic obstructive lung disease
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death:
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

PH-1659
REV: 2-93

RDA 1393

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Date Issued: Feb-07-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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

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