This Instrument Prepared By:
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Karen Johnson
Batch # 1249415
03/24/2025 09 40 19 AM
Fees $12 00 Taxes $0 00
Davidson County
AFFIDAVITH
2 pgs
20250324-0021715

AFFIDAVIT OF HEIRSHIP

I, ALYSSA MILLER, hereinafter referred to as Affiant, being first duly sworn according to law, and being of lawful age and a resident of Franklin County, North Carolina and pursuant to Tenn Code Ann § 30-2-712, make oath as follows

1 I personally knew Sandra Pitcock (the "Decedent"), who died on October 12, 2022

2 I personally knew the Decedent and had knowledge of her family The Decedent was widowed at the time of her death and had one child, Steven Pitcock

3 It's my understanding that the Decedent died with a Last Will and Testament, but that the document was not able to be located

4 At the time of her death, the Decedent owned property located at 2925 Twin Lawn Drive, Nashville, Tennessee, 37214

5 This affidavit will confirm the passing of title to property located at 2925 Twin Lawn Drive, Nashville, Tennessee, 37214, in Davidson County, Tennessee, from Sandra Pitcock to her child, Steven Pitcock

FURTHER AFFIANT SAITH NOT

Alyssa Miller
AFFIANT

STATE OF North Carolina
COUNTY OF Warrenton

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, **ALYSSA MILLER**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge

WITNESS my hand and official seal this the 29 day of January, 2025

MICHELLE M HINTON
NOTARY PUBLIC
Warren County, North Carolina
My Commission Expires November 6, 2028

Michelle M Hinton
Notary Public
My commission expires November 6, 2028

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 067330

1 Decedent's Legal Name			2 Sex	3 Date of Death
SANDRA ROSE PITCOCK			FEMALE	10/12/2022
4 Time of Death (Hours)	5a. Age	6 Date of Birth	7 Birthplace	
03:25	65	10/04/1957	NASHVILLE, 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		HOUSEKEEPER		SPECIAL NEEDS FACILITY
12. Social Security Number	13a. Residence-State or Foreign Country	13b County		13c City or Town
3380	TENNESSEE	DAVIDSON		NASHVILLE
... and Number		13e. Inside City Limits?	13f Zip Code	14. Was Decedent ever in US Armed Forces?
2925 TWIN LAWN DRIVE		YES	37214	NO
15 Decedent's Education	16. Decedent of Hispanic Origin?	17 Decedent's Race		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18 Father's Name		19. Mother's Name Prior to First Marriage		
WILLIAM B MARLIN SR		PEARL ROSE MANNISI		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
STEVEN PITCOCK	SON	2925 TWIN LAWN DRIVE, NASHVILLE, TN 37214		
21a. Method of Disposition	21b. Place of Disposition	21c Location		
BURIAL	WOODLAWN MEMORIAL PARK	NASHVILLE TN		
22a Signature of Funeral Director	22b. License Number	22c Signature of Embalmer		22d. License Number
④ /e/ BRIAN S DAVIDSON	5814	⑥ /e/ KELSEY LEANN POWERS		6665
23a Name and Address of Funeral Home				23b. License Number
WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407				933
24. Registrar's Signature		25. Date Filed		
④ /e/ EDWARD G BISHOP III		10/14/2022		

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
④ /c/ JANE HWANG	60901	10/14/2022

27d. Name and Address

JANE HWANG 1718 PATTERSON ST NASHVILLE, TN 37208

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 b. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. STERCORAL COLITIS	
	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? 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

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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

1 4 5 4 3 3 2 5

Date Issued Oct-14-2022

CERTIFICATION OF VITAL RECORD