PREPARED BY AND PLEASE RETURN TO AFTER RECORDING:
ROCHELLE, MCCULLOCH & AULDS, PLLC
109 North Castle Heights Ave.
Lebanon, TN 37087
File No.: (bjt)

Karen Johnson Davidson County
Batch # 1334399 AFFIDAVITH
10/15/2025 02:11:53 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20251015-0082171

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned Notary Public, **MEREDITH BURGER**, who after being duly sworn according to law, deposes and states as follows:

I am over the age of 18 years old. I am a resident of Wilson County, Tennessee, with an address of 129 Castle Heights, Lebanon TN. I have intimate knowledge of the life and activities of Owen S. Carroll, III, having known him and his family for over 25 years as a family friend. I know of my own personal knowledge that Owen S. Carroll, III acquired title to 1313 Cardinal Avenue, Nashville, Tennessee 37216 as an unmarried man. I know of my own personal knowledge that Owen S. Carroll, III died unmarried, intestate and without issue in Davidson County, Tennessee on August 21, 2025. I also know of my own personal knowledge that Owen S. Carroll, III never had any children nor adopted any children in his lifetime. I also know of my own personal knowledge that both of Owen S. Carroll, III's parents predeceased him. I also know of my own personal knowledge that Owen S. Carroll, III's only sibling, a sister, Connie Marie Carroll Allen, predeceased him on June 19, 2025. I also know of my own personal knowledge that Owen S. Carroll, III's only sibling, Connie Marie Carroll Allen, had two children in her lifetime, **Cerrie Allen Gammons** and **Clifford Maurice Allen**, both of whom survived her and Owen S. Carroll, III. I also know of my own personal knowledge that Mary M. Carroll, who held a life estate in the property referenced herein, predeceased both Owen S. Carroll, III and Connie Marie Carroll Allen on February 2, 2012.

This affidavit is made and delivered to evidence and to establish that **Cerrie Allen Gammons and Clifford Maurice Allen** are the sole heirs-at-law of Owen S. Carroll, III. This affidavit is executed and intended for the express purpose of being an Affidavit of Heirship pursuant to the provisions of Section 30-2-712, Tennessee Code Annotated. I make this Affidavit of my own personal knowledge for the purpose of explaining the title to the property described in **Instrument No. 20050512-0053961**, in the Register's Office for Davidson County, Tennessee. Any party possessing this affidavit may file the same for recording in the Office of the Register of Deeds for Davidson County, Tennessee. I am aware that there has been no administration of an estate for Owen S. Carroll, III and there is no intention to probate his estate. Owen S. Carroll, III did leave a Last Will and Testament; however, it was not necessary to probate Owen S. Carroll, III's Last Will and Testament because the devisees thereunder were his niece, Cerrie Allen Gammons; and his nephew, Clifford Maurice Allen.

FURTHER AFFIANT SAITH NOT.

Meredith Burger
MEREDITH BURGER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15 DAY OF October, 2025.

My commission expires:
11/27/27

Elizabeth Stovall
Notary Public

ELIZABETH STOVALL
STATE OF TENNESSEE
NOTARY PUBLIC
WILSON COUNTY

STATE OF Tennessee

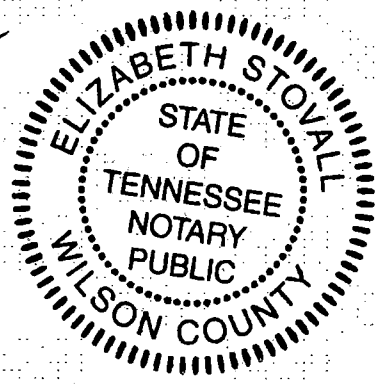
COUNTY OF Wilson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named bargainor, **MEREDITH BURGER**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 15 day of October, 2025.

My commission expires:
11/27/27

Elizabeth Stovall
Notary Public



STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 052798

1. Decedent's Legal Name			2. Sex	3. Date of Death
OWEN STALEY CARROLL III			MALE	08/21/2025
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
10:18 AM	73	02/23/1952	NASHVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		8c. City or Town		8d. County of Death
TRISTAR SKYLINE MEDICAL CENTER		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to last marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
NEVER MARRIED		PIPEFITTER		PLUMBERS AND PIPEFITTERS
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
4-0140	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
1313 CARDINAL AVE		YES	37216	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		
OWEN STALEY CARROLL JR		MARY MARIE HASSELL		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
JOHN ALLEN JR	BROTHER-IN-LAW	2421 MANSKER DR, MADISON, TN 37115		
21a. Method of Disposition	21b. Place of Disposition		21c. Location	
CREMATION	AFFILIATED CREMATORY		NASHVILLE, TN	
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ RACHEL M. KNOTT	5775	▶		
23a. Name and Address of Funeral Home				23b. License Number
PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216				331
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		08/23/2025		

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/ JAHRUL ISLAM	67439	08/22/2025

27d. Name and Address: JAHRUL ISLAM 3443 DICKERSON PIKE, NASHVILLE, TN 37207

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. ACUTE LIMB ISCHEMIA	
Sequentially list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	b. PERIPHERAL ARTERIAL DISEASE	
	c. ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RESPONSE	
	d. DIABETES MELLITUS	

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	PROBABLY	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-1659E

RDA 10112

File Copy

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.

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

Date Issued: Aug-25-2025

0 1 7 4 5 4 0 7 4

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

October 6, 2025

Elizabeth Thompson
137 Public Square
Lebanon, TN 37087

RE: Carroll, III, Owen Stanley Date of Death: 6/21/2025 SSN: xxx-xx-0140
Our File Number: 169844

Elizabeth Thompson:

The referenced decedent did not receive TennCare Long-Term Services and Supports and/or is not subject to estate recovery. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to annuities, Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust or annuity, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust or annuity when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit