Karen Johnson Davidson County
Batch# 1380748 AFFIDAVITH
02/13/2026 12:40:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20260213-0011749

Prepared By:
Metropolitan Escrow, Inc.
217 Pineway Drive
Nashville, TN 37217

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes now, Hazel Dortch, (hereinafter referred to as "Affiant") being first duly sworn, make oath as follows:

1. I am over the age of eighteen (18) and have personal knowledge of the facts stated herein.

2. I reside at: 215 Kingdom Hall Rd., Madisonville, KY 42431

3. I personally knew Gilbert Dortch, deceased (hereinafter referred to as "Decedent"), and have personal knowledge of the family of Decedent by reason of the following (e.g., kinship-describe relationship, neighbor, business relationship, etc.): Spouse

4. Gilbert Dortch (the "decedent") died 9/02/22.

5. Decedent died with a Will, see attached. The Will was filed for Probate File #23-P00084, Hopkins County, Kentucky.

6. At the time of his death, the decedent owned real property located at 125 & 127 Marie St, Nashville, TN 37207 in Davidson County, Tennessee.
TRACT 1: A certain tract or parcel of land in Davidson County, Tennessee, described as follows to wit: Being part of Lot "C" in the Subdivision of the Betsey E. Maddux Estate Plan of record in Book 161, Page 108, Register's Office for said County, described as follows:
BEGINNING at a point in the northern margin of Marie Street and being the southeast corner of Lot of Mrs. Sarah E. Hunt, thence eastwardly with the northern margin of Marie Street 103.5 feet, more or less to a point, the southwest corner of Lot "D", owned by Mittie Morrison; thence northwardly and with Mrs. Morrison's west line 153 feet, more or less, to a point in the boundary line of Lot "B", owned by G.L. Maddux; thence westwardly with said Maddux's line 99 feet, to the Northeast corner of the said lot of Sarah E. Hunt; thence southwardly with Hunt's Lot 156.5 feet more or less to the beginning.
TRACT 2: Being the westerly parts of Lots "B" and "D" on the Plan of the Subdivision of the Betsy A. Maddux Estate, of record in Book 161, Page 108, Register's Office for Davidson County, Tennessee, described together as follows:
BEGINNING on the northerly margin of Marie Street at the southwest corner of the property conveyed to Amos Dortch and wife, by deed from C.P. Shaw, et al, Trustees of Nashville Company of Jehovah's Witnesses of record in Book 1631, Page 177, said Register's Office; thence with Dortch's westerly line north 3° east 284.6 feet; thence north 85° west 116.1 feet to corner of lots "A" and "B"; thence with line between said lots south 2° west 131.2 feet to the northerly line of lot "C"; thence with the line between lots "B" and "C" south 85° east 53 feet to the corner of lots "C" and "D"; thence with the line between said two lots south 2° west 156.5 feet to the northerly margin of Marie Street; thence with the same south 87° east 62.5 feet to the beginning.

Being the same property conveyed to Lottie Dortch, by deed, from F.N. Dortch, of record in Book 3027, Page 603, Register's Office for Davidson County, Tennessee. Lottie Dortch having since died leaving six (6) children Amos Dortch, Ray Dortch, Gilbert Dortch, Nancy Grason, Jennie Lentz and Pattie Oller as her solo heirs. Being the same property conveyed to Amos Dortch, Ray Dortch, and Gilbert Dortch, by deed, from Nancy Grason, of record in Book 7441, Page 604, Register's Office for Davidson County, Tennessee. Being the same property conveyed to Amos Dortch, Ray Dortch, and Gilbert Dortch, by deed, from Pattie Oller, of record in Book 7441, Page 607, Register's Office for Davidson County, Tennessee. Being the same property conveyed to Amos Dortch, Ray Dortch, and Gilbert Dortch, by deed, from Jennie Lentz, of record in Book 7441, Page 610, Register's Office for Davidson County, Tennessee.
That Affiant acknowledges and agrees that all statements and representations in this Affidavit will be relied upon by and First American Title Insurance Company, and Affiant agrees to indemnify the aforesaid title companies against any loss or damage if the information provided herein is fraudulent and/or false.

The undersigned certifies under penalty of perjury that the foregoing is true and correct.

Dated this 12th, February, 2026.

Hazel Dortch

Hazel Dortch

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn and subscribed before me this 12th, day of February, 2026, as being executed by Hazel Dortch.

My commission expires: 1/24/28

Notary Public

PATRICIA NICHOLLS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

SEAL

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for the State and County aforesaid, Hazel Dortch, to me known to be the person described herein with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

Witness my hand and seal at office, this 12th, day of February 2026.

My Commission Expires: 1/24/28

Notary Public

PATRICIA NICHOLLS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

SEAL

TCA 30-2-712 (f)
Whoever willfully, corruptly and falsely swears to any statement in any such affidavit known by the person to be false, or about which the 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.

LAST WILL AND TESTAMENT

OF

GILBERT DORTCH

I, Gilbert Dortch, 215 Kingdom Hall Road, Madisonville, Hopkins County, Kentucky 42431, being of sound mind and disposing memory, and knowing the nature and extent of my estate and the natural objects of my bounty, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all other Wills by me heretofore made.

ARTICLE I: I direct that all of my just debts and funeral expenses be paid as soon as practicable after my death.

ARTICLE II: I give, bequeath and devise all of the rest, residue and remainder unto my wife, Hazel Dortch for the term of her natural life. Upon the death of my wife, Hazel Dortch, I give, bequeath and devise all of the rest, residue and remainder of my estate, real, personal or mixed, unto my nephew, David Strahl, in fee simple.

ARTICLE II: I hereby name, nominate and appoint David Strahl of Madsionville, Kentucky, to be the Executor of this my Last Will and Testament and I direct that he be permitted to qualify without bond. In the event David Strahl does not survive me or is unable or unwilling to act as Executor, then I name, nominate and appoint my friend, Susan Cantrell, of Nashville, Tennessee as Executrix, and I direct that she be permitted to qualify without bond.

In addition to the powers conferred by law and without limitation thereon, my Executrix/Executor shall have full authority to sell estate assets, including real estate, upon such terms and conditions as he/she deems reasonable and appropriate and in the best interest of the beneficiaries named herein with the purchasers thereof having no responsibility to look to the application of the proceeds therefrom.

IN TESTIMONY WHEREOF, witness my signature to this my Last Will and Testament on this the 25th day of July, 2022.

Gilbert Dortch

Gilbert Dortch, Testator

202602130011749

Subscribed to and acknowledge by Gilbert Dortch to be his Last Will and Testament in our presence and in the presence of each other; and we, at his request and in her presence and in the presence of each other, have hereunto affixed our signatures as attesting witnesses on this the 25 day of July, 2022.

Witness

Witness

Prepared by: Randall C. Teague
FRYMIRE, EVANS, PEYTON,
TEAGUE & CARTWRIGHT, PLLC
P. O. Box 695,
Madisonville, KY 42431
270-821-6165

Attorney at Law

REP.mea.2022Wills.0722GilbertDortch.Will

202602130011749

COMMONWEALTH OF KENTUCKY

6935715

REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY

KENTUCKY CERTIFICATE OF DEATH 116 202237890

Case #: E202209130079

To Be Completed By: Funeral Director (Must Be Typed)

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any)	GILBERT F DORTCH
1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE	N/A
2. SEX	MALE
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month)	September 02, 2022
4. SOCIAL SECURITY NUMBER	[redacted]
5a. AGE-LAST BIRTHDAY (Years)	93
5b. UNDER 1 YEAR: Months / Days	
5c. UNDER 1 DAY: Hours / Minutes	
6. DATE OF BIRTH (MM/DD/YYYY)	11/11/1928
7. COUNTY OF DEATH	HOPKINS
8. PLACE OF DEATH (Check only one)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] Dead on Arrival OTHER: [ ] Hospice Facility [ ] Nursing Home/Long Term Care Facility [ ] Residence [ ] Other (Specify) — Decedent's
9. FACILITY NAME (If not institution, give street and number)	BAPTIST HEALTH MADISONVILLE, INC
10. CITY OR TOWN, STATE AND ZIP CODE	MADISONVILLE, KY 42431
11. BIRTHPLACE (City and State or Foreign Country)	BEAR SPRINGS, TENNESSEE
12. MARITAL STATUS	[X] Married [ ] Married but Separated [ ] Widowed [ ] Divorced [ ] Never Married [ ] Unknown
13. SURVIVING SPOUSE (If wife, give name prior to first marriage)	HAZEL DORTCH
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired)	SELF EMPLOYED
15. KIND OF BUSINESS/INDUSTRY	AUTO BODY WORK
16. WAS DECEDENT EVER IN U.S. ARMED FORCES?	[ ] Yes [X] No
17a. RESIDENCE - State	KENTUCKY
17b. COUNTY	HOPKINS
17c. CITY OR TOWN	MADISONVILLE
17d. STREET AND NUMBER	215 KINGDOM HALL ROAD
17e. ZIP CODE	42431
17f. INSIDE CITY LIMITS?	[ ] Yes [X] No
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)	[X] 8th Grade or Less; [ ] 9th -12th Grade; No Diploma; [ ] High School Graduate or GED Completed; [ ] Some College Credit but No Degree; [ ] Associates Degree (e.g., AA, AS); [ ] Bachelor's Degree (e.g., BA, AB, BS); [ ] Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA); [ ] Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)
19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.)	[X] No, not Spanish/Hispanic/Latino; [ ] Yes, Mexican, Mexican American, Chicano; [ ] Yes, Puerto Rican; [ ] Yes, Cuban; [ ] Yes, other Spanish/Hispanic/Latino (Specify)
20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)	[X] White; [ ] Black or African American; [ ] Native Hawaiian; [ ] Asian Indian; [ ] Chinese; [ ] Filipino; [ ] Japanese; [ ] Guamanian or Chamorro; [ ] Korean; [ ] Vietnamese; [ ] Samoan; [ ] Other Asian (Specify); [ ] Other Pacific Islander (Specify); [ ] American Indian or Alaska Native (Name of the enrolled or principal tribe); [ ] Other (Specify)
21. FATHER'S NAME (First, Middle, Last)	FRED N DORTCH
22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	LOTTIE B RICE
23a. INFORMANT'S NAME	HAZEL DORTCH
23b. RELATIONSHIP TO DECEDENT	SPOUSE
23c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	215 KINGDOM HALL ROAD, MADISONVILLE, KY 42431
24. METHOD OF DISPOSITION (Check only one):	[ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	BURTON MORTUARY SERVICE
26. LOCATION - City, Town, and State	MADISONVILLE, KY
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such)	TRAVIS G. AUSTIN
DATE SIGNED (MM/DD/YYYY)	09/13/2022
28. KY LICENSE NUMBER (of licensee)	7186
29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	DOGWOOD FUNERALS & CREMATIONS OF CROFTON, 145 E. PRINCETON STREET, CROFTON, KY 42217

(Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.113

To Be Completed By: Medical Certifier

30. DATE PRONOUNCED DEAD (MM/DD/YYYY)	09/02/2022
31. ACTUAL OR PRESUMED TIME OF DEATH	0222
32. WAS MEDICAL EXAMINER OR CORONER CONTACTED?	[ ] Yes [X] No
33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. CAUSE OF DEATH	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) -> a. CARDIOGENIC SHOCK	OTHER
Sequentially list conditions, if any, leading to the cause listed on line a. DUE TO (OR AS A CONSEQUENCE OF): b. NON ST ELEVATION MYOCARDIAL INFARCTION	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): c.	
d.	
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I	CHRONIC KIDNEY DISEASE, PANCREATIC HEAD ADENOCARCINOMA
34. MANNER OF DEATH	[X] Natural [ ] Accident [ ] Homicide [ ] Pending Investigation [ ] Suicide [ ] Could not be Determined
35. WAS AN AUTOPSY PERFORMED?	[ ] Yes [X] No
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	[ ] Yes [ ] No
37. DID TOBACCO USE CONTRIBUTE TO DEATH?	[ ] Yes [ ] Probably [ ] No [X] Unknown
38. IF FEMALE:	[ ] Not pregnant within past year; [ ] Not pregnant, but pregnant within 42 days of death; [ ] Not pregnant, but pregnant 43 days to 1 year before death; [ ] Pregnant at time of death; [ ] Unknown if pregnant within past year
39. DATE OF INJURY (Month/Day/Year) (Spell Month)	
40. TIME OF INJURY	
41. INJURY AT WORK?	[ ] Yes [ ] No
42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
43. IF TRANSPORTATION INJURY, SPECIFY:	[ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other (Specify)
44. DESCRIBE HOW INJURY OCCURRED:	
45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)	
46. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.	
47. DATE CERTIFIED (MM/DD/YYYY)	09/15/2022
SIGNATURE: KEVIN L. WILLIAMS, M.D. (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.113	
48. LICENSE NUMBER	40654
49. TITLE OF CERTIFIER	PHYSICIAN
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33)	KEVIN WILLIAMS, BAPTIST HEALTH MADISONVILLE, INC, 900 HOSPITAL DRIVE, MADISONVILLE, KY 42431
51. REGISTRAR'S SIGNATURE	Christina S. Stewart
52. DATE FILED (MM/DD/YYYY)	09/16/2022

This is to certify that this is a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered at the Kentucky Office of Vital Statistics under the file number shown.

DATE ISSUED 09/16/2022

Christina S. Stewart
State Registrar

COMMONWEALTH OF KENTUCKY — UNITED WE STAND DIVIDED WE FALL

FORM VS NO. 1-A
(REVISED 08/2015)

DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW

202602130011749

Certification of Recorded Documents

I, Anita Lester, 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 February 12, 2026.

(AFFIANT) – Anita Lester

February 12, 2026
Date

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn and subscribed before me February 12, 2026.

My commission expires: 11/2/26

Notary Public

JAMIE C POLK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY