Karen Johnson
Batch # 1399072
03/30/2026 02:44:50 PM
Fees: $12.00 Taxes: $0.00
Davidson County
AFFIDAVIT
2 pgs
20260330-0025153

Prepared by and return to:
Barbara J. Moss, Attorney
Elder Law of Nashville PLC
4235 Hillsboro Pike, Suite 300
Nashville, TN 37215

Scrivener's Error Affidavit

Comes now Barbara J. Moss, who is over eighteen (18) years of age and whose address is 4235 Hillsboro Pike, Suite 300, Nashville, TN 37215, and states as follows:

I drafted and recorded a Quitclaim Deed, Instrument No. 20260309-0018693, in the Register's Office of Davidson County, Tennessee. The Quitclaim Deed stated correctly that Mike Cronic died on February 26, 2023, as shown by his death certificate attached hereto. The death certificate, however, was not attached.

The error was unintentional. The death certificate is attached to this affidavit.

This affidavit is made of my personal knowledge to correct the error described above.

Executed this 24th day of March, 2026.

Barbara J. Moss

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn and subscribed before me this 24th day of March, 2026.

My Commission Expires May 3, 2027

Notary Public

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 013160

1. Decedent's Legal Name			2. Sex	3. Date of Death
MICHAEL DOUGLAS CRONIC			MALE	02/26/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
13:17	69	08/22/1953	ATHENS, GA	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
VANDERBILT UNIVERSITY MEDICAL CENTER		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	SARAH GATES	ENGINEER	COLLIER ENGINEERING	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-7955	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
2949 PRIMROSE CIRCLE	YES	37212	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**		
DOYLE CRONIC		NEIL HOLMES		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
SARAH GATES	SPOUSE	2949 PRIMROSE CIRCLE, NASHVILLE, TN 37212		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
ENTOMBMENT	HARPETH HILLS MEMORY GARDENS	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ JACOB BINH MORRIS	20262	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
WEST HARPETH FUNERAL HOME AND CREMATORY, 6962 CHARLOTTE PIKE, NASHVILLE, TN 37209-4208			1016	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		03/06/2023		

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/ ADAM GREGORY HARTMAN	65332	02/28/2023

27d. Name and Address
ADAM GREGORY HARTMAN 1211 MEDICAL CENTER DR, NASHVILLE, TN 37232

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. CARDIOPULMONARY ARREST	
	b. NON-SMALL CELL LUNG CANCER, METASTASIZED	
	c. CEREBRAL INFARCTION	
	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	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

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.

14804329

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar-07-2023

CERTIFICATION OF VITAL RECORD