PREPARED BY AND RETURN TO:
MATTHEW FORBES
FORBESGALLAGHER LLC
30 MAN MAR DRIVE, SUITE 1
PLAINVILLE, MA 02760

Karen Johnson Davidson County
Batch# 1438270 AFFIDAVIT
06/25/2026 01:54:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20260625-0057600

CONTINUOUS MARRIAGE AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF Davidson

Before me, the undersigned authority, personally appeared Charles N. Morehead ("Affiant"), who, being first duly sworn, deposes and states as follows:

1. Affiant was lawfully married to Mildred B Morehead.
2. Mildred B Morehead passed away on December 9, 2013.
3. Affiant and Mildred B Morehead were continuously married to one another from October 1, 1964 until the date of her death, and no divorce, separation, or dissolution proceedings were filed or pending between them during the marriage.
4. Affiant understands that WFG National Title Insurance Company will rely upon this Affidavit in connection with the issuance of its policy(ies) of title insurance.

Charles N. Morehead

The foregoing instrument was sworn to and subscribed before me this 16th day of June 2026, by Charles N. Morehead who are personally known to me or produced Drivers License as identification, and who did take an oath.

Notary Public

MICHELLE MATTHEWS-DAVIS
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 05/23/2028
ROBERTSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1377561

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mildred Diane Morehead
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 09, 2013
4. TIME OF DEATH: 8:30 PM
5a. AGE-Last Birthday (Years): 63
6. DATE OF BIRTH (Month, Day, Year): May 12, 1950
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

8a. PLACE OF DEATH (Check only one)
8b. IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient
8c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility; Nursing home/Long term care facility; Decedent's home; Other residence; Other (Specify)

8d. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
8e. CITY OR TOWN: Nashville
8f. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Charles N. Morehead
11a. DECEDENT'S USUAL OCCUPATION: Vending
11b. KIND OF BUSINESS/INDUSTRY: Womeco

12. SOCIAL SECURITY NUMBER: [redacted]
12a. RESIDENCE STATE OR FOREIGN COUNTRY: Tennessee
12b. COUNTY: Davidson
12c. CITY OR TOWN: Goodlettsville

12d. STREET AND NUMBER: 104 Monticello Avenue
12e. INSIDE CITY LIMITS: [X] Yes
12f. ZIP CODE: 37072
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] No

13. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): [X] High school graduate or GED completed

15. DECEDENT OF HISPANIC ORIGIN? [X] No, not Spanish/Hispanic/Latino

16. DECEDENT'S RACE: [X] White

17. FATHER'S NAME: Robert Eugene Bratcher
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: Mildred Watts

19a. INFORMANT'S NAME: Charles N. Morehead
19b. RELATIONSHIP TO DECEDENT: Spouse
19c. MAILING ADDRESS: 104 Monticello Ave, Goodlettsville 37072

21a. METHOD OF DISPOSITION: [X] Cremation
21b. PLACE OF DISPOSITION: Sellars Cremation Service
21c. LOCATION: Lebanon, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: Randolph R. Nash, Jr.
22b. LICENSE NUMBER: 6177
23a. SIGNATURE OF EMBALMER: N/A
23b. LICENSE NUMBER: N/A

23c. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Rd, Nashville, TN 37216
23d. LICENSE NUMBER OF FUNERAL HOME: 1046

24. REGISTRAR'S SIGNATURE: Tony B Kirby Jr OR
25. DATE FILED: Dec 12, 2013

26. CERTIFIER (Check only one)
[X] 26b. MEDICAL EXAMINER

27a. SIGNATURE OF CERTIFIER: Thomas Deering MD
27b. LICENSE NUMBER: 28360
27c. DATE SIGNED: December 10, 2013
27d. NAME AND ADDRESS: Thomas Deering, M.D.; 840 R.S. Gass Boulevard, Nashville, TN 37216; MEC13-254T

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pending
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
Approximate interval: Onset to 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? [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] No

30. MANNER OF DEATH: [X] Pending Investigation
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [X] Unknown
32. IF FEMALE: [X] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? [ ] No
34d. PLACE OF INJURY (e.g. home, farm, street, factory, office, public bldg., etc.):
34e. DESCRIBE HOW INJURY OCCURRED:
34f. LOCATION OF INJURY (Street and Number, City or Town, State):

RDA 1358

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.

6431935

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

6431935 2/27/2014
Date Issued

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD

202606250057600

Tennessee Certification of Electronic Document

I, Matthew Forbes 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 6/15/2026 (date of document).

Affiant Signature

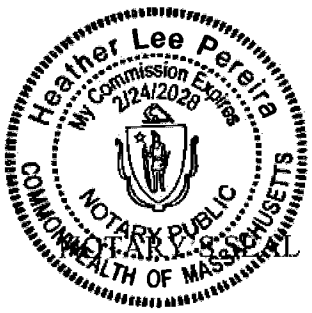
6/15/2026
Date

State of MA

County of Norfolk

Sworn to and subscribed before me this 15 day of JUNE, 2026.

Notary's Signature



MY COMMISSION EXPIRES: 2/24/28