Batch # 1451137
07/23/2026 09:50:41 AM
Fees: $17.00 Taxes: $0.00
AFFIDAVITH
3 pgs
20260723-0066835

This Instrument was prepared by:
Marshall & Associates, PLLC
10574 Lebanon Road
Mt. Juliet, TN 37122
(615) 885-4335

AFFIDAVIT OF HEIRSHIP IN FURTHERANCE OF TITLE

Address New Owner:	Sent Tax Bills to:	Map-Parcel Numbers
Carlyn Morrow 907 Ronnie Road Madison, TN 37115	Carlyn Morrow 907 Ronnie Road Madison, TN 37115	042 03 0 060.00

On this the 16th day of July, 2026, personally appeared, VIKKI MITCHELL ("Affiant"), being first duly sworn according to law, and being of lawful age and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. My name is Vikki Mitchell. I reside at 409 Wauford Drive, Nashville, Tennessee, 37211.
2. Dana A. Morrow ("decedent") died on May 3, 2026.
3. I was personally acquainted with Dana A. Morrow for over five years. I have personal knowledge of his family and property. I have no vested interest in any property owned by decedent or the Estate of Dana A. Morrow.
4. The decedent died single without a surviving spouse.
5. The decedent died leaving one child and issue, Carlyn Morrow. The decedent never adopted any other child or children. He has no deceased children.
6. At the time of his death, the decedent owned real property located at 907 Ronnie Road, Madison, Davidson County, Tennessee, 37115, being more particularly described in Book 9878, Page 351, of record, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.
7. This affidavit will confirm the vesting of title to the real property located at 907 Ronnie Road, Madison, Davidson County, Tennessee, 37115 after the death of Dana A. Morrow in fee simple to Carlyn Morrow, an unmarried woman.

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8. That all persons above named are at least eighteen (18) years of age.

9. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiant acknowledges that his execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose.

10. That the Affiant acknowledges that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

FURTHER AFFIANT SAYETH NOT.

Vikki Mitchell
VIKKI MITCHELL, AFFIANT

SWORN TO AND SUBSCRIBED before me this the 16 day of July, 2026.

William S. Corley (Seal) STATE OF TENNESSEE NOTARY PUBLIC Williamson COUNTY

NOTARY PUBLIC

My Commission Expires: 7/30/29

STATE OF TENNESSEE)
)
COUNTY OF Williamson)

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

Witness my hand and official seal at Williamson County, Tennessee this 16 day of July, 2026.

William S. Corley (Seal) STATE OF TENNESSEE NOTARY PUBLIC Williamson COUNTY

NOTARY PUBLIC

My Commission Expires: 7/30/29

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 027462

1. Decedent's Legal Name			2. Sex	3. Date of Death
DANA ANDREW MORROW			MALE	05/03/2026
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
15:35	73	05/28/1952	ROSE POINT, PA	
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**	
DIVORCED		ELECTRICIAN	ELECTRIC COMPANY	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
361	TENNESSEE	DAVIDSON	MADISON	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
907 RONNIE RD		YES	37115	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
ERNIE MORROW		ELNO VOGAN		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
CARLYN MORROW	DAUGHTER	907 RONNIE RD, MADISON, TN 37115		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	TENNESSEE MORTUARY&CREMATORY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
► /e/ HEIDE B CRAWFORD	4114	►		
23a. Name and Address of Funeral Home			**23b. License Number**	
CRAWFORD FUNERAL HOME, 2714 GRANDVIEW AVE, NASHVILLE, TN 37211-2225			713	
24. Registrar's Signature		**25. Date Filed**		
► /e/ EDWARD G BISHOP III		05/06/2026		

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/ LAURA THARPE	048448	05/06/2026

27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203

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. METASTATIC GASTRIC CANCER	
	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	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 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: May-08-2026

0 1 8 1 8 0 7 0 8

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE