Affidavit of Heirship

I Donnie Ray Robertson ("Affiant"), residing at 681 Wolfeboro Lane, Nashville, Tennessee 37221, duly sworn, and state:

I am over the age of 18 years and have personal knowledge of the following facts.

I knew the decedent, Linda Robertson, who died on August 19, 2026, from October 11, 1974 to August 19, 2026. Linda Robertson was my Aunt. Linda Robertson's place of death was Nashville, Tennessee.

No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

Linda Robertson left the following items of real property and did not leave a Last Will and Testament:

> 425 East Bend Drive, Nashville, Tennessee, 37209, located in Davidson county and legally described as *LAND IN Davidson County, Tennessee being Lot No. 8 of Block (K) on the Map of Croleywood Subdivision of record in Book 1130 page 65 Registers Office for said County.
>
> *Said Lot No. 8 fronts 60 feet on the west side of East Bend Drive and runs back between lines 202 feet on the north line and 180 feet on the south line to a dead line on which it measures 62 feet.
>
> *Being the same property conveyed to Claude E. Robertson and wife, Dorothy Jean Robertson by deed from Virgil Tomes and wife, Johnnie Ellis Tomes of record in Book 1758 page 173 said Registers Office.
>
> *Dorothy Jean Robertson have predeceased Claude E. Robertson on December 13, 1998. .

Linda Robertson never married.

At the time of death, Linda Robertson's sole surviving heirs were as follows:

Jeanie Marie Rye, 5 Deerhaven Lane, Gordonsville, Tennessee 38563, Sister, born June 6, 1952

Affiant declares by signature that, subject to the penalty for perjury, this affidavit is not false or misleading and that the Affiant is mindful of all duties imposed upon the Affiant.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete as of 9/18/2026, the date I affixed my signature to this Affidavit.

Donnie Ray Robertson

Karen Johnson Davidson County
Batch # 1474929 AFFIDAVITH
09/18/2026 01:24:06 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20260918-0087102

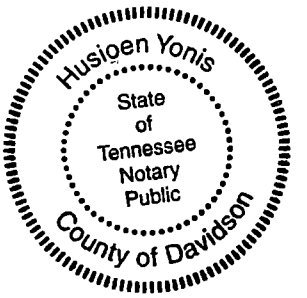
State of Tennessee, County of Davidson, ss:

On this 18th day of September, 2026, before me personally appeared Donnie Ray Robertson, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Public

Notary Public
Title (and Rank)

My commission expires 09105128



This Instrument Prepared By:
Melissa T. Robertson
~~5~~681 Wolfesboro Ln
Nashville, TN 37221
615-969-7465

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2026 051333

1. Decedent's Legal Name: LINDA SUE ROBERTSON			2. Sex: FEMALE	3. Date of Death: 08/19/2026
4. Time of Death (Approx.): 03:08 AM	5a. Age: 78	6. Date of Birth: 08/11/1948	7. Birthplace: WAVERLY, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: THE RESIDENCE/ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: ELEMENTARY TEACHER		11b. Kind of Business/Industry: EDUCATION
12. Social Security Number: 409-84-0163	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 425 E BEND DR		13e. Inside City Limits?: YES	13f. Zip Code: 37209	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: CLAUDE EARLDON ROBERTSON		19. Mother's Name Prior to First Marriage: DOROTHY JEAN PERKINS		
20a. Informant's Name: DONNIE RAY ROBERTSON	20b. Relationship to Decedent: NEPHEW	20c. Mailing Address: 681 WOLFEBORO LN, NASHVILLE, TN 37221		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MCEWEN CEMETERY		21c. Location: MC EWEN, TN	
22a. Signature of Funeral Director: ▶ /e/ MARLENA BROOKE DAVIS	22b. License Number: 20206	22c. Signature of Embalmer: ▶ /e/ MARLENA BROOKE DAVIS		22d. License Number: 20153
23a. Name and Address of Funeral Home: LUFF-BOWEN FUNERAL HOME - MCEWEN LOCATION, 9729 HWY 70 EAST, MCEWEN, TN 37101				23b. License Number: 476
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 08/25/2026	

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: ▶ /e/ DAVID L ZIMMERMAN, MD	27b. License Number: 046030	27c. Date Signed: 08/21/2026

27d. Name and Address: DAVID L ZIMMERMAN, MD 850 R.S. GASS BLVD, NASHVILLE, TN 37216

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. FEMUR FRACTURE	
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: SEPSIS, OVARIAN MASS, HYPERTENSION, CORONARY ARTERY DISEASE

29a. Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: ACCIDENT	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: NOT PREGNANT WITHIN PAST YEAR		
33. If Transportation Injury, Specify:	34a. Date of Injury: 07/06/2026	34b. Time of Injury: UNKNOWN	34c. Injury at Work?: NO	34d. Place of Injury: OUTDOORS
	34e. Describe How Injury Occurred: FELL			34f. Location of Injury: 425 E BEND DR, NASHVILLE, TN

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: Aug-26-2026

0 1 8 4 6 4 5 6 7

void void void

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

0306202

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2003 046538

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Claude Raddon Robertson
2. SEX: Male
3. DATE OF DEATH (month, day, year): October 18, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): 411-32-8033
5. AGE - Last Birthday (Years): 78
6. DATE OF BIRTH (month, day, year): June 15, 1925
7. BIRTHPLACE (City and State or Foreign Country): McEwen, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify) Hospice
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Civil Engineer
12b. KIND OF BUSINESS/INDUSTRY: Metro Public Works
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 425 East Bend Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Wilbon Lyndell Robertson
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Nelbe Mae Boone
19a. INFORMANT'S NAME (Type/Print): Linda Sue Robertson
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 425 East Bend Drive Nashville, TN 37209
20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): McEwen Cemetery
20c. LOCATION - City or Town, State: McEwen, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Rita G. Oliphant
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5120
21c. SIGNATURE OF EMBALMER: Claude Robertson
21d. LICENSE NUMBER OF EMBALMER: 3139
22a. NAME AND ADDRESS OF FUNERAL HOME: Luff Bowen Funeral Home, 9725 Hwy 70 East, McEwen, TN, 37101
22b. LICENSE NUMBER OF FUNERAL HOME: 476
23. REGISTRAR'S SIGNATURE: Marsha B. Jones
24. DATE FILED (Month, Day, Year): November 14, 2003

25. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated
C SIGNATURE AND TITLE OF PHYSICIAN: Larry Woodall MD
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 10/23/03

26. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF ATTENDING PHYSICIAN OR MEDICAL EXAMINER (Type/Print):

28. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval: Onset to Death

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.