Davidson County	AFFIDAVIT
Recvd: 04/26/13 11:07	3 pgs
Fees:17.00 Taxes:0.00	
20130426-0041767	

Prepared By: Dell Tandy
~~AFTER RECORDING RETURN TO:~~
LIBERTY TITLE COMPANY, LLC
1701 BARRETT LAKES BLV ST 210
KENNESAW, GA 30144

AFFIDAVIT OF FACTS

STATE OF TN §
§
COUNTY OF Davidson §

TN1328682

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is Arlesia Frelix, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, Harold J Frelix Jr., now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Instrument No. 200007060067053, among the land Records of Davidson County, Tennessee, to wit:

"3. That my spouse and I were married prior to June 30, 2000, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death, August 25, 2010.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his or her death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity National Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Fidelity National Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

Arlesia Frelix (SEAL)
Alesia Frelix

04/18/2013
Executed, subscribed and sworn to before me the day and year above written.

Dotty Harper
Notary Public

My Commission expires: 10-18-15

DOTTY HARPER
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Harold James Frelix Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 25, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): 8927
5a. AGE-LAST BIRTHDAY (Years): 43
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): November 17, 1966
7. BIRTHPLACE (City and State or Foreign Country): San Diego, CA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [✓] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify) Interstate Roadway
9b. FACILITY NAME (If not institution, give street and number): I-40, EB, MM 227
9c. CITY, TOWN, OR LOCATION OF DEATH: Mt Juliet
9d. COUNTY OF DEATH: Wilson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Arlesia Darlene Walker
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Entrepreneur
12b. KIND OF BUSINESS/INDUSTRY: Janitorial Service
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 5045 Countryside Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [✓] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [✓] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

NAME OF DECEDENT (If not typed by physician or institution): FRELIX HAROLD

PARENTS

17. FATHER'S NAME (First, Middle, Last): Harold James Frelix, Sr
18. MOTHER'S NAME (First, Middle, Maiden Surname): Iola Ann Williams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Arlesia Darlene Frelix
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5045 Countryside Drive, Antioch, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [✓] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle TN Veterans Cemetary
20c. LOCATION-City or Town, State: Pegram, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Tonya Scales Haynes
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5681
21c. SIGNATURE OF EMBALMER: Tonya Scales Haynes
21d. LICENSE NUMBER OF EMBALMER: 5682
22a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, TN 37013
22b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

23. REGISTRAR'S SIGNATURE: Teresa Boyd DR
24. DATE FILED (Month, Day, Year): September 1, 2010

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 44517
26c. DATE SIGNED (Month, Day, Year): August 26, 2010

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Bridget B Eutenier, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC10-1648

CAUSE OF DEATH

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, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pending further studies
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
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? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SEE INSTRUCTIONS ON OTHER SIDE

ANTI-FRAUD PROTECTION PATENT # 5157756, 5347593

1659 (REV. 8-09)

4222977

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Teresa S. Hendricks
STATE REGISTRAR

Teresa Boyd
Teresa Boyd, Deputy Registrar
Wilson County Health Department

September 1, 2010
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Benjamin D Farrar, Esq, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of GA

County of COBB

Personally appeared before me, ~~[Name of Notary]~~ Louise Tomcho, a notary public for this county and state, ~~[name of person making certification]~~ BENJAMIN D. FARRAR who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Louise Tomcho
Notary's Signature

My Commission Expires: _____
Notary' Seal (if on paper)

LOUISE TOMCHO
Notary Public, Cobb County, Georgia
My Commission Expires May 10, 2015