Davidson County AFFIDAVIT
Recvd: 05/30/14 13:18 4 pgs
Fees:22.00 Taxes:0.00
20140530-0046630

AFFIDAVIT OF DEATH

After Recording Return to/Prepared by:
Stewart Lender Services
Howard Hipp
9700 Bissonnet St STE 1500
Houston, Tx 77036

STATE OF TENNESSE

COUNTY OF DAVIDSON

BEFORE ME, the undersigned authority, personally appeared ANNE L. BASKETTE, who, after being duly sworn as required by law, deposes and says:

1. That affiant legally owns that certain real property described as follows:
SEE EXHIBIT A
2. That affiant held title to the above described property with her spouse and that said spouse died on January 8, 2012 as evidenced by the certified copy of said spouse's death certificate presented to Stewart Lender Services.

3. That affiant certifies that she and RONDALE BASKETTE were husband and wife on the date of taking title to the above described property and remained continuously married until the date of his death.

4. That this affidavit is made for the express purpose of inducing Stewart Title Guaranty Company to issue a policy of title insurance on the above described property and made under the full apprehension of the law, with the intent that full faith and credit is to be given to the contents thereof by Stewart Title Guaranty Company, its agents or its attorneys.

ANNE L. BASKETTE-AFFIANT

STATE OF Tennessee
COUNTY OF Davidson

The foregoing instrument was acknowledged before me this 21 day of May, 20 14, by Anne L. Baskette, who is personally known to me or who has produced Drivers License as identification and who did take an oath.

Notary Public
My Commission Expires: May 8, 2017

THOMAS D. LARSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Comm. Expires May 8, 2017

EXHIBIT "A"

ALL THAT PARCEL OF LAND IN COUNTY OF DAVIDSON, STATE OF TENNESSEE AS MORE FULLY DESCRIBED IN BOOK/PAGE 8789/695 AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEING LOT NO. 4 OF BLOCK "L" ON THE MAP OF BROADMOOR, SECTION II, AS OF RECORD IN BOOK 547, PAGE 174, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION OF SAID LOT.

BEING THE SAME PROPERTY CONVEYED TO RONDALE L. BASKETTE AND WIFE, ANNA L. BASKETTE FROM TERRY L. MCDOWELL AND WIFE, DONA RENEE MCCORMICK MCDOWELL BY DEED DATED NOVEMBER 10, 1992, AND RECORDED NOVEMBER 18, 1992, IN BOOK 8789, PAGE 695, AMONG THE LAND RECORDS OF DAVIDSON COUNTY, TENNESSEE.

APN: 61-7-5.00

For Informational Purposes Only:
Property Address:
4607 Grinstead Place
Nashville, TN 37216

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Rondale Lebaldane Baskette
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 8, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 5, 1930
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Hillcrest Healthcare Center
8c. CITY OR TOWN: Ashland City
8d. COUNTY OF DEATH: Cheatham

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Anna Baggett
11a. DECEDENT'S USUAL OCCUPATION: Singer
11b. KIND OF BUSINESS/INDUSTRY: Entertainment

12. SOCIAL SECURITY NUMBER: [redacted]802
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 4607 Grindstead Place
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT, (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is of Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☒ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Henry Baskette
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lena Hatley

DISPOSITION

20a. INFORMANT'S NAME: Anna Baskette
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4607 Grindstead Place, Madison, TN 37216
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mary Waddell
22b. LICENSE NUMBER: 6471
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St., Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Suzette Clay (D.R.)
25. DATE FILED (Month, Day, Year): January 10, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature] Rmc Court Jump
27b. LICENSE NUMBER: 43521 TN
27c. DATE SIGNED (Month, Day, Year): 1-10-2012
27d. NAME AND ADDRESS: 264 NW Shackelford Rd #107 Hendersonville TN 37075

MEDICAL CERTIFICATION

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. Chronic Obstructive Pulmonary Disease
Due to (or as a consequence of)
b.
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

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

Approximate Interval: Onset to death
a. yrs mths
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? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1398

5100758

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

Date Issued: JAN 10 2012

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, JOANNE BUI, 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.

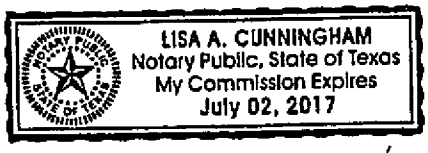


Signature

State of TEXAS

County of HARRIS

Personally appeared before me, ~~[Name of Notary]~~ LISA CUNNINGHAM, a notary public for this county and state, JOANNE BUI who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.



Lisa A. Cunningham

Notary's Signature

My Commission Expires: 07/02/2017

Notary' Seal (if on paper)