| Davidson County | AFFIDAVIT |
|---|---|
| Recvd: 10/14/14 08:48 | 4 pgs |
| Fees:22.00 Taxes:0.00 | |
| **20141014-0094515** | |

# AFFIDAVIT OF CONTINUOUS MARRIAGE

Returned to & Prepared by:
Ronna Tate of
ServiceLink
400 Corporation Dr.
Aliquippa PA 15001

**ORDER No. 21392968**

State of TN

County of DAVIDSON

BEFORE ME, the undersigned Notary Public, on this 8 day of August ~~2014~~, 2014, personally appeared **Samuel E Steele** who being first duly sworn, depose(s) and say(s):

1) THAT AFFIANT is over the age of eighteen years and resides at 110 Spring Valley Road Nashville TN 37214

2) THAT AFFIANT has executed a Deed of Trust/Mortgage with US Bank NA and/or conveyed title to the following described property, to wit:

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

3) THAT AFFIANT was married to **Barbara Janie Hagar Steele** at the time of the acquisition of title in November of 1973 to the attached property description; and did remain continuously married to **Her** without interruption of divorce, from that time up until /her death, **on September 23rd 1978.**

4) THAT AFFIANT gives this Affidavit for the purpose of inducing National Title Insurance of New York, Inc./Chicago Title Insurance Company/ServiceLink , to insure the title to the aforesaid described property.

Signature of Affidant: Samuel E Steele

Printed name of Affiant: Samuel E Steele

Sworn to and subscribed before me this 8th day of August, 2014.

Notary Public
Printed name of Notary: Robert H. Getts
My Commission Expires: 9-3-18

ROBERT H GETTS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

4164

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

**DECEASED**

1. DECEASED—NAME (FIRST, MIDDLE, LAST): BARBARA JANIE HAGAR STEELE
2. DATE OF DEATH (MONTH, DAY, YEAR): SEPTEMBER 23, 1978
3a. AGE—LAST BIRTHDAY (YEARS): 40
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): July 21, 1938
5. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Donelson Hospital
7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Samuel E. Steele
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): No
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Home

**PARENTS AND INFORMANT**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. →

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 2512 David Dr.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.: 151
15. FATHER—NAME: James H. Hagar
16. MOTHER—MAIDEN NAME: Obal Wolfe
17. INFORMANT—NAME / MAILING ADDRESS: Samuel Steele, - Same

**DISPOSITION**

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Sept. 25, 1978
18c. CEMETERY OR CREMATORY—NAME: Binkley
18d. LOCATION—CITY OR TOWN, STATE: Hermitage, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): Doug Raines
19b. LICENSE NO.: 2300
19c. EMBALMER (SIGNATURE): Doug Raines
19d. LICENSE NO.: 3060
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hibbett & Hailey, Donelson, Tenn. 37214
21a. REGISTRAR—SIGNATURE: Esther D. Groff
21b. DATE RECEIVED BY LOCAL REGISTRAR: 10-6-78

**CERTIFICATION**

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: Gerald R. Burns MD — DEGREE
22b. DATE SIGNED (MONTH, DAY, YEAR): 10-4-78
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE — TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR)
24a. CERTIFIER—NAME (TYPE OR PRINT): Gerald R. Burns, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2760 Lebanon Rd., Donelson, Tennessee 37214

**CAUSE**

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): (1) Widespread carcinoma of colon
DUE TO, OR AS A CONSEQUENCE OF: (b)
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (2)
DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. OTHER SIGNIF. CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO) 26.

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
27g. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

PHLH FORM NO. 56.10
REVISED 1-78 CRC

COPYRIGHT CAPTURE - ANTI-FRAUD PROTECTION

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.

5533039

Teresa S. Hendricks
STATE REGISTRAR

Mrs. Joseph Groff
Mrs. Joseph Groff, Local Registrar
Davidson County, Tennessee

Date Issued

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

CERTIFICATION OF VITAL RECORD

## LEGAL DESCRIPTION

## EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF **DAVIDSON**, STATE OF **TENNESSEE** AND IS DESCRIBED AS FOLLOWS:

**ALL THAT PARCEL OF LAND IN THE CITY OF NASHVILLE, DAVIDSON COUNTY, STATE OF TENNESSEE, AS MORE FULLY DESCRIBED IN DEED BOOK 4760, PAGE 838, ID# 09504019100, BEING KNOWN AND DESIGNATED AS LOT 36, BLOCK 99, ON THE MAP OF BLUEFIELDS, FILED IN PLAT BOOK 843, PAGE 16, METES AND BOUNDS PROPERTY.**

**BEING THE SAME PROPERTY AS CONVEYED TO SAMUEL E. STEELE AND WIFE, JANIE H. STEELE, BY FEE SIMPLE DEED FROM JOHN B. STEELE AS SET FORTH IN BOOK 4760 PAGE 838 DATED 11/01/1973 AND RECORDED 11/01/1973, DAVIDSON COUNTY RECORDS, STATE OF TENNESSEE.**

# True Copy Certification

I, Terri Baker, 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 Pennsylvania

County of Beaver

Personally appeared before me, *Lissette Anne Moree [Name of Notary], a notary public for this county and state, *[name of person making certification] who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

*Terri Baker

Notary's Signature

My Commission Expires: 5/4/2018

Notary' Seal (if on paper)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Lissette Anne Moree, Notary Public
Hopewell Twp., Beaver County
My Commission Expires May 4, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES