BILL GARRETT, Davidson County
Trans:T20140091820 AFFIDAVITH
Recvd: 12/08/14 16:11 3 pgs
Fees:17.00 Taxes:0.00
20141208-0112439

# Affidavit of Survivorship

State of Tennessee

County of Davidson

I Tabitha Lea Rodriguez, residing at 1307 Chopin Court S., Murfreesboro, Tennessee 37128, being of legal age, depose and say that:

1. On September 02, 2009, by Executors' Deed recorded in Book/Volume 4298, Page 284, of the Davidson County records as document number ~~20060510-0055041~~ 20100409-0026895 ('the Deed'), the Affiant and George L. Montgomery become owners of the following legally described property:

   'Being the northerly one-half of Lot No. 192 on the Map of McGavock, Wetmore and Others' Second Addition called the addition to the Town of McGavock, as of record in Book 21, Page 41, Register's Office for Davidson Counth, Tennessee. Said northerly part of Lot No. 192 fronts fifty (50) feet on the easterly side of Fourteenth Ave N., formerly Alberta Ave. and runs back between parallel lines 170 feet to an alley. Being the same property conveyed to Sadie I. Norman by deed from Rubye Green Bass, of record in Book 4298, Page 284, Register's Office for Davidson County, the said Sadie I. Norman having since died. The Last Will and Testament of Sadie I. Norman dated September 10, 1991, and filed with the Register's Office for Davidson County on May 10, 2006, as Instrument No. 20060510-0055041, devised the subject property to Franklin D. Norman.

2. Affiant and George L. Montgomery own the property in joint tenancy with right of survivorship.

3. On September 01, 2010, George L. Montgomery, died, thereby terminating George L. Montgomerys interest in the above-described real property. A certified copy of the death certificate of George L. Montgomery is attached hereto as Exhibit A.

**Oath or Affirmation**

I certify under penalty of perjury under Tennessee law that I know the contents of this affidavit signed by me and that the statements are true and correct.

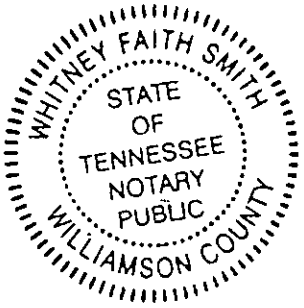
Tabitha Lea Rodriguez
Tabitha Lea Rodriguez

12/08/14
Date

Prepared by Tabitha Rodriguez

STATE OF TENNESSEE, COUNTY OF ~~DAVIDSON~~ Rutherford, ss:

On this 8th day of December, 2014, before me personally appeared Tabitha Lea Rodriguez, 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.




Whitney Faith Smith
Notary Public

Notary Public
Title (and Rank)

My commission expires Jan. 24, 2017

# STATE OF TENNESSEE
## Office of Vital Records

Amended by affidavit of funeral director on 10/6/10/jks

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 039029

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): George Lyndale Montgomery
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 1, 2010
4. SOCIAL SECURITY NUMBER: [redacted]-4498
5a. AGE-LAST BIRTHDAY (Years): 67
6. DATE OF BIRTH (Month, Day, Year): Sept. 30, 1942
7. BIRTHPLACE (City and State or Foreign Country): Etowah, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1307 Chopin Court South 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro 093
9d. COUNTY OF DEATH: Rutherford 75
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Never Married
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.): Laborer
12b. KIND OF BUSINESS/INDUSTRY: Retail
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1732 14th Avenue North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Native American White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or examiner

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): James W. Montgomery
18. MOTHER'S NAME (First, Middle, Maiden Surname): Naomi Lynch

**INFORMANT**

18a. INFORMANT'S NAME (Type/Print): Vincent Rodriguez
19b. RELATIONSHIP TO DECEASED: Great-Nephew
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1307 Chopin Court South Murfreesboro, Tennessee 37128

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wade, Sarah
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5884
21c. SIGNATURE OF EMBALMER: ▶ No Embalming
21a. LICENSE NUMBER OF EMBALMER: ——
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Belva Smith, DF
24. DATE FILED (Month, Day, Year): 09-02-2010

**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: MD 35429
25c. DATE SIGNED (Month, Day, Year): 9/2/10
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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

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):

**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. Hepato cellular Carcinoma
DUE TO (OR AS A CONSEQUENCE OF):
b. Cirrhosis
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] 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):

PH-1659 (REV. 6/99)
BIRTH NO
RDA 1388

4415303

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

Lisa G Kilgore, Local Registrar
Rutherford Co Health Department

Date Issued 10-14-10

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD