Davidson County	AFFIDAVIT
Recvd: 06/22/15 15:47	5 pgs
Fees:27.00 Taxes:0.00	
20150622-0059674	

Return to:
Rita J Moreland
2548 Jordan Ridge Drive
Nashville, TN 37215

Property Tax ID#: 058090A206.00
Order #: NTN-1248640

AFFIDAVIT OF DEATH

(Ricky C Moreland, Deceased)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **RITA J MORELAND,** of legal age, being first duly sworn, deposes and says:

That **RICKY C MORELAND**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **RICKY C MORELAND**, named as one of the parties in that certain **DEED** dated 04/04/2008, executed by NVR Inc, a Virginia Corporation T/A Fox Ridge Homes Grantor(s) to **Ricky C Moreland and Rita J Moreland, husband and wife,** as Grantees, and recorded on 04/08/2008 **as Document 20080408-0035366**, of Official Records of **Davidson** County, TENNESSEE, covering the following described property situated in said County, State of TENNESSEE:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

TAX ID#: 058090A206.00
PROPERTY ADDRESS: 2548 Jordan Ridge Drive, Nashville, TN 37215

That the Decedent departed this life at Skyline Medical Center Davidson County, State of Tennessee, on or about 01/31/2010, being 57 years of age at the date of death.

Witness my hand this the 09 day of JUNE, 2015.

Rita J Moreland
RITA J MORELAND

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within RITA J MORELAND, the Grantor, with whom I am personally acquainted (or who has proven to me on the basis of satisfactory evidence), and who has acknowledged and executed the within Affidavit of Death for the purposes therein contained.

Witness my hand and official seal this the 09 day of JUNE, 2015.

Susan M. Jones
Notary Public
My Commission expires: FEB. 26, 2017

No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and /or their agents; no boundary survey was made at the time of this conveyance.

SUSAN M. JONES
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

This Instrument Prepared by: Aaron Curry
Curphey & Badger PA
28100 US Highway 19 North, Suite 300
Clearwater, Florida 33761

EXHIBIT "A"

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO 197, PHASE 7, SECTION 1, AS SHOWN ON THE PLAT OF JORDAN RIDGE AT EASTON'S CREEK, PHASE 7, SECTION, OF RECORD IN INSTRUMENT NUMBER 20070824-0101605, REGISTERS OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION.

BEING THE SAME PROPERTY OR A PORTION OF THE SAME PROPERTY CONVEYED TO RICKY C MORELAND AND RITA J MORELAND, HUSBAND AND WIFE BY INSTRUMENT DATED APRIL 04, 2008 FROM NVR INC, A VIRGINIA CORPORATION T/A FOX RIDGE HOMES FILED ON APRIL 08, 2008 AS DOCUMENT NUMBER 20080408-0035366 IN THE DAVIDSON COUNTY RECORDS.

COMMONLY KNOWN AS: 2548 JORDAN RIDGE DRIVE, NASHVILLE, TN 37215
PARCEL NUMBER: 058090A206.00

STATE OF TENNESSEE
Office of Vital Records

I 0 0 0 5 2 8

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ricky Craig Moreland
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 31, 2010
4. SOCIAL SECURITY NUMBER: [redacted]-5532
5a. AGE-LAST BIRTHDAY (Years): 57
5b. UNDER 1 YEAR — MOS. / DAYS / HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): December 26, 1952
7. BIRTHPLACE (City and State or Foreign Country): Martinsville, IN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rita Brewer
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dental Hygienist
12b. KIND OF BUSINESS/INDUSTRY: Dentistry
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2548 Jordan Ridge Drive
GENSUS TRACT
14e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): [ ] College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Moreland
18. MOTHER'S NAME (First, Middle, Maiden Surname): Esther Sink

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Rita Moreland
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2548 Jordan Ridge Drive, Nashville, TN 37218

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Whitley, Don
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: ▶ Marshall, Justin D.
21d. LICENSE NUMBER OF EMBALMER: 6269
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Brown, DR
24. DATE FILED (Month, Day, Year): February 2, 2010

CERTIFIER

25a. 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.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Thomas Y. Xiong M.D.
25b. LICENSE NUMBER: MD 8714
25c. DATE SIGNED (Month, Day, Year): 2-2-2010
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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

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. Acute Myocardial Infarction — immediate
DUE TO (OR AS A CONSEQUENCE OF):
b. Coronary artery disease — 20yrs
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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

SEE INSTRUCTIONS ON OTHER SIDE

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: M
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)

H-1559 (REV. 6/99)

BIRTH NO.

RDA 1369

3793396

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.

FEB 02 2010

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, ____Owen Conway_____, 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
Owen Conway

State of ___AZ_____
County of __Maricopa _____
Personally appeared before me, Ryan Welch, a notary public for this county and state, Owen Conway who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

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

Notary Public State of Arizona
Maricopa County
Ryan J Welch
My Commission Expires 06/05/2017