Davidson County AFFIDAVIT
Recvd: 06/30/15 15:06 3 pgs
Fees:17.00 Taxes:0.00
20150630-0063261

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF **Tennessee**,

COUNTY OF **Davidson**, to-wit:

BEFORE ME, the undersigned authority, personally appeared **Davis Preston Hunt** (Affiant), who after having been duly sworn according to law, deposed and stated as follows:

1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

Property Address: 811 Chadwell Drive
Madison, Tennessee 37115
Tax/Parcel ID No.: 051 03 0 078.00

2. At the time Affiant acquired title to the Property, Affiant was married to **Joann Barbara Hunt** and remained continuously married to him/her without interruption up to the date of his/her death.

3. Affiant states and acknowledges that he/she is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this affidavit and understands its context.

4. Affiant acknowledges that this affidavit is made for the purpose of providing title insurance and shall be relied upon by FNC Title Services, LLC.

Davis Preston Hunt 6/17/15

Davis Preston Hunt

STATE OF TN, COUNTY OF DAVIDSON, to wit:

Subscribed and sworn to before me this 17 day of JUNE, 2015.
by **Davis Preston Hunt** who is personally known to me.

Notary

My commission expires: 11/6/2017

ALVIN JOHNSON, SR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

201503-891

Prepared By: FNC Title Services, LLC

STATE OF TENNESSEE
Office of Vital Records

0907464

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): **Joan Barbara Hunt**
2. SEX: **Female**
3. DATE OF DEATH (Month, Day, Year): **December 31, 2009**
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]0108
5a. AGE-LAST BIRTHDAY (Years): **79**
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): **Aug 7, 1930**
7. BIRTHPLACE (City and State or Foreign Country): **Ann Arbor, MI**
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): **Hospice**
9b. FACILITY NAME (If not institution, give street and number): **Alive Hospice Skyline Madison**
9c. CITY, TOWN, OR LOCATION OF DEATH: **Madison**
9d. COUNTY OF DEATH: **Davidson**
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): **Married**
11. SURVIVING SPOUSE (If wife, give maiden name): **Davis Hunt**
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Hotel Reservationist**
12b. KIND OF BUSINESS/INDUSTRY: **Hotel Industry**
13a. RESIDENCE STATE: **TN**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **Madison**
13d. STREET AND NUMBER OR RURAL LOCATION: **811 Caldwell Dr.**
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: **37115**
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): **12**; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): **unknown**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **unknown**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **Davis Hunt**
19b. RELATIONSHIP TO DECEASED: **Husband**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City, or Town, State, Zip Code): **811 Caldwell Dr. Madison, TN 37115**

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): **Music City Crematory**
20c. LOCATION-City or Town, State: **Nashville, TN**
21a. SIGNATURE OF FUNERAL DIRECTOR: Rick Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **5194**
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: **Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203**
22b. LICENSE NUMBER OF FUNERAL HOME: **1136**

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda S Bowers DR
24. DATE FILED (Month, Day, Year): January 4, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Melinda S Henderson MD
25b. LICENSE NUMBER: **39361**
25c. DATE SIGNED (Month, Day, Year): Jan 4, 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)

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): Melinda Henderson M.D. 1718 Patterson St Nash Tn 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	Chronic Obstructive Pulmonary Disease	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): 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 [ ] Yes 2 [✓] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [✓] No

30. MANNER OF DEATH: 1 [✓] 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)

BIRTH NO

FH-1659 (REV. 6/99)

RDA 1399

8055514

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

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8055514
Date Issued
5/26/2015

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, MELINDA ALBAN, 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.

Melinda Alban
Signature

State of MARYLAND

County of MONTGOMERY

Personally appeared before me, Stacy A. Casey, a notary public for this county and state, Melinda Alban who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Stacy A. Casey
Notary's Signature

My Commission Expires: 4/20/17
Notary' Seal (if on paper)

Stacy A. Casey
NOTARY PUBLIC
Baltimore County, Maryland
My Commission Expires 4/20/17