Davidson County AFFIDAVIT
Recvd: 01/12/16 10:58 4 pgs
Fees:22.00 Taxes:0.00
20160112-0003142

This instrument prepared by Vidmar & Hardesty, Ltd., John Vidmar (TN Bar#032525), 1971 West Fifth Avenue, Suite 4, Columbus, Ohio 43212

~~Return~~ To: First American Title Insurance Company, Attn: National Recording
1100 Superior Avenue, Suite 200, Cleveland, OH 44114

Order No. 8657567N

AFFIDAVIT OF CONTINUOUS MARRIAGE – DECEASED SPOUSE

BEFORE ME the undersigned notary, personally appeared Pat Bowling, a widow ("Affiant"), who being first duly sworn upon oath, deposes and says:

1. That Affiant and Robert G. Bowling were husband and wife upon obtaining title to the following described property situated in Davidson County, State of Tennessee and described as follows:

> Being Lot No. 20, Greenwood Subdivision, Phase Two, a Planned Unit Development, as of record in Instrument No. 20020116-0006350, Register's Office for Davidson County, Tennessee.
>
> Parcel No. 162 13 0A 020.00
> Property Address: 2316 Green Trails Court, Antioch, TN 37013

2. The Affiant and Robert G. Bowling took title to above described property through a Warranty Deed recorded as Instrument Number 20021120-0143987 on or about November 20, 2002.

3. The Affiant and Robert G. Bowling were married prior to November 15, 2002 and remained married to each other continuously, without interruption from the date of taking title to subject property until the date of death of Robert G. Bowling, a/k/a Robert Gene Bowling on February 3, 2015.

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BOWLING
50940460
FIRST AMERICAN ELS
AFFIDAVIT OF DEATH

TN

WHEN RECORDED, RETURN TO:
FIRST AMERICAN TITLE INSURANCE CO.
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING

FURTHER AFFIANTS SAYETH NOT.

Signed this 31 day of DEC, 2015.

Pat Bowling

STATE OF ~~TENNESSEE~~ ARIZONA, COUNTY OF Maricopa, SS:

BE IT REMEMBERED That on this 31 day of DEC, 2015 before me, the subscriber, a Notary Public in and for said state, duly commissioned and qualified, personally came Pat Bowling, known to me, or proved to me on the basis of satisfactory evidence, to be the Affiant in the foregoing affidavit, and acknowledged by the signing thereof to be her free and voluntary act and deed.

In testimony whereof, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Notary Public

DAVID B. RUPE
NOTARY PUBLIC ARIZONA
MARICOPA COUNTY
MY COMMISION EXPIRES
OCTOBER 10, 2017

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2015-004504

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST)	2. AKA'S (IF ANY)	3. DATE OF DEATH
ROBERT GENE BOWLING		FEBRUARY 03, 2015

4. SEX	5. SOCIAL SECURITY NUMBER:	6. DATE OF BIRTH	7. AGE	UNDER 1 YEAR		UNDER 1 DAY	
				8. MONTHS	9. DAYS	10. HOURS	11. MINUTES
MALE		03/17/1931	83				

12. PLACE OF DEATH - HOSPITAL: ☐ INPATIENT ☐ E.R./OUTPATIENT ☐ DEAD ON ARRIVAL

13. PLACE OF DEATH - OTHER THAN HOSPITAL: ☐ NURSING HOME OR LONG TERM CARE FACILITY ☒ RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER

14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY):	15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH:	16. COUNTY OF DEATH:
18383 W ESTES WAY	GOODYEAR 85338	MARICOPA

17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	18. MARITAL STATUS AT TIME OF DEATH:	19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
COVINGTON, KENTUCKY	MARRIED	PATSY CLAIRE DARLING

20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS:	21. CITY AND COUNTY:	22. STATE	23. ZIP CODE	24. EVER IN THE ARMED FORCES
18383 W ESTES WAY	GOODYEAR, MARICOPA	ARIZONA	85338	YES

25. WAS DECEDENT OF HISPANIC ORIGIN?
☒ NO, NOT SPANISH, HISPANIC OR LATINO
☐ YES, MEXICAN, MEXICAN AMERICAN, CHICANO
☐ YES, PUERTO RICAN
☐ YES, CUBAN
☐ YES, OTHER (SPECIFY)
☐ UNKNOWN

26. DECEDENT'S RACE(S):
☒ WHITE
☐ BLACK, AFRICAN AMERICAN
☐ NATIVE HAWAIIAN
☐ ASIAN INDIAN
☐ CHINESE
☐ FILIPINO
☐ JAPANESE
☐ GUAMANIAN OR CHAMORRO
☐ KOREAN
☐ VIETNAMESE
☐ SAMOAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ OTHER ASIAN (SPECIFY)
☐ OTHER PACIFIC ISLANDER (SPECIFY)
☐ OTHER (SPECIFY)
☐ UNKNOWN

27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES.
PRIMARY OR ENROLLED TRIBE:
ADDITIONAL TRIBE:
ADDITIONAL TRIBE:
ADDITIONAL TRIBE:

28. OCCUPATION: FEDERAL MEDIATOR

29. FATHER'S NAME (FIRST, MIDDLE, LAST)	30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE)
GEORGE WASHINGTON BOWLING	HASSIE LOUISE ROWE

31. INFORMANT'S NAME	32. RELATIONSHIP	33. INFORMANT'S MAILING ADDRESS:
PATSY CLAIRE BOWLING	SPOUSE	18383 W ESTES WAY, GOODYEAR, ARIZONA 85338

34. NAME AND ADDRESS OF FUNERAL FACILITY:	35. FUNERAL DIRECTOR:	36. LICENSE NUMBER:
THOMPSON FUNERAL CHAPEL 926 S. LITCHFIELD RD., GOODYEAR, AZ	SEAN THOMPSON, FUNERAL DIRECTOR	F1179

37. METHOD(S) OF DISPOSITION:	38. NAME AND LOCATION OF 1st DISPOSITION FACILITY:	39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:
CREMATION	LIFEPLAN CREMATORY, PHOENIX, ARIZONA	NONE

MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART 1

IMMEDIATE CAUSE OF DEATH	40. A: ISCHEMIC HEART DISEASE	41. APPROXIMATE INTERVAL: UNKNOWN
DUE TO OR AS A CONSEQUENCE OF:	42. B: CORONARY ARTERY DISEASE	43. APPROXIMATE INTERVAL: UNKNOWN
DUE TO OR AS A CONSEQUENCE OF:	44. C	45. APPROXIMATE INTERVAL:
DUE TO OR AS A CONSEQUENCE OF:	46. D	47. APPROXIMATE INTERVAL:

CAUSE OF DEATH PART II

48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:	49. INJURY?	50. INJURY AT WORK?	51. MANNER OF DEATH	52. TIME OF DEATH
	NO	NO	NATURAL DEATH	0630

53. WAS AN AUTOPSY PERFORMED?	54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

CAUSE AND MANNER OF DEATH CERTIFICATION

☒ Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

55. NAME OF PERSON COMPLETING CAUSE OF DEATH:	56. DATE CERTIFIED:
ALICIA ACEVEDO-URCUYO, M.D.	02/05/2015

57. CERTIFIER'S ADDRESS:	58. NAME OF REGISTRAR:	59. DATE REGISTERED
9305 W THOMAS RD PHOENIX, AZ 85037	MICHELE CASTANEDA-MARTINEZ	02/07/2015

DATE ISSUED: 02/19/2015

C8390837

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
Revised 12/2012.

KHALEEL HUSSAINI
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona Department of Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

True Copy Certification

I, Caitlin Matthias ,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 Ohio

County of Cuyahoga

Personally appeared before me, Tiffany E. Washington, a notary public for this county and state, Caitlin Matthias who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Signature

My Commission Expires: Dec 16, 2016

Notary' Seal

