Recording Requested by
WFG National Title

Return to:
Linda A. Hardy
376 Kingview Drive
Nashville, TN 37218

Davidson County AFFIDAVIT
Recvd: 08/17/16 09:27 5 pgs
Fees:27.00 Taxes:0.00
20160817-0085670

Property Tax ID#: 058160124.00
Order #:1302848

AFFIDAVIT OF DEATH

(Wilfren Hardy, Deceased)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **LINDA A. HARDY,** of legal age, being first duly sworn, deposes and says:

That **LINDA A. HARDY**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Wilfren Hardy**, named as one of the parties in that certain **DEED** dated 01/24/2006, executed by Jones Company of Tennessee, L.L.C. Grantor(S) To Linda Hardy and husband, Wilfren Hardy, as Grantees, and recorded on 05/17/2007 **as Instrument 20070517-0058849**, of Official Records of **Davidson** County, TENNESSEE, covering the following described property situated in said Davidson County, State of TENNESSEE:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

TAX ID#: 058160124.00
PROPERTY ADDRESS: 376 Kingview Drive, Nashville, TN 37218

That the Decedent departed this life at Their Residence, Davidson County, State of Tennessee, on or about 02/16/2013, being 53 years of age at the date of death.

Witness my hand this the 1 day of Feb., 2016.

Linda Hardy
LINDA A. HARDY

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within LINDA A. HARDY, 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 1 day of FEBRUARY, 2016.

Notary Public
My Commission expires: 11/6/2017

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

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.

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

EXHIBIT "A"

ALL THAT CERTAIN REAL PROPERTY IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS:

LOT NO. 143 ON THE PLAN OF SECTION 4-A HAYES PARK, OF RECORD IN BOOK 4860 PAGE 39, REGISTER'S OFFICE FOR SAID COUNTY. SAID LOT NO. 143 FRONTS 76.39 FEET ON THE NORTHWESTERLY MARGIN OF KINGVIEW DRIVE AND EXTENDS BACK 150.00 FEET ON THE NORTHWESTERLY LINE AND 156.89 FEET ON THE SOUTHWESTERLY LINE TO A DEAD LINE IN THE REAR, MEASURING 58.94 FEET THEREON.

BEING THE SAME PREMISES WHICH REGINAL T. SIMS AND HUSBAND SHARON D. BIRDSONG - SIMS BY WARRANTY DEED DATED APRIL 26, 2007, AND RECORDED MAY 17, 2007 IN THE RECORDER'S OFFICE OF AFORESAID COUNTY, IN INSTRUMENT NO. 20070517-0058849, GRANTED AND CONVEYED UNTO LINDA HARDY AND HUSBAND, WILFREN HARDY, IN FEE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Wilfred Hardy
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 2/16/2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 53
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 9/13/1959
7. BIRTHPLACE (City and State or Foreign Country): Prentiss, MS

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 376 Kingview Drive
8c. CITY OR TOWN: Nashville, TN 37218
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Linda Booker
11a. DECEDENT'S USUAL OCCUPATION: CNA
11b. KIND OF BUSINESS/INDUSTRY: Hospice

12. SOCIAL SECURITY NUMBER: [redacted]-4079
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Nashville
13b. COUNTY: Davidson
13c. CITY OR TOWN: Tennessee
13d. STREET AND NUMBER: 376 Kingview Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

Wilfred Hardy
NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Joseph Hardy
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Herdicene Hardy Hawthrone

DISPOSITION

20a. INFORMANT'S NAME: Linda Hardy
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 376 Kingview Drive Nashville, TN 37218
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Heavenly Rest Cemetery
21c. LOCATION – City or Town and State: Lyon, MS 38645
22a. SIGNATURE OF FUNERAL DIRECTOR: Henry Espy
22b. LICENSE NUMBER: 1048
22c. SIGNATURE OF EMBALMER: [signature]
22d. LICENSE NUMBER: FS-242
23a. NAME AND ADDRESS OF FUNERAL HOME: 506 Ashton Avenue Clarksdale, MS 38614
23b. LICENSE NUMBER OF FUNERAL HOME: FE 0310

REGISTRAR

24. REGISTRAR'S SIGNATURE: Suzette Clay (D.R.)
25. DATE FILED (Month, Day, Year): March 28, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: Richard W. Garmon
27b. LICENSE NUMBER: MD 013402
27c. DATE SIGNED (Month, Day, Year): 3/4/13
27d. NAME AND ADDRESS: Richard Garmon MD 300 20th Ave North Nashville Tenn 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congestive Heart Failure	
	Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	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? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

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.

5811230

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued 2013 MAR 28 PM 1:52

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

COPY BAR CAPTURE ANTI-FRAUD PROTECTION

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Celia Grose, do hereby make oath that I am 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.

Celia Grose

Celia Grose

State of CALIFORNIA

County of ORANGE

Personally appeared before me, SARA SPANGLER, a notary public for this county and state, Celia Grose 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: APRIL 17, 2018
Notary' Seal (if on paper)

SARA SPANGLER
Commission # 2064997
Notary Public - California
Orange County
My Comm. Expires Apr 17, 2018