Bill Garrett Davidson County
Batch# 23348 AFFIDAVIT
11/07/2017 03:38:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20171107-0114746

Prepared by: PREMIER TITLE & ESCROW
165 SILVER LAKE AVENUE
PROVIDENCE, RI 02909

AFFIDAVIT OF DEATH OF JOINT TENANT

Record & return to:
PREMIER TITLE & ESCROW
165 SILVER LAKE AVENUE
PROVIDENCE, RI 02909

STATE OF TN) SS.
COUNTY OF Davidson

Now on this 26 day of October, 2017, Lisa G. Puckett of lawful age, being duly sworn, state as follows:

On the 4 day of June, 2011, this interest was conveyed by document to Lillie A Fletcher as Joints Tenants, and not as Tenants in Common, with the right of survivorship, the following real property situated in DAVIDSON County, Tennessee, to wit: 059 15 0 063.00 Town of NASHVILLE, Range Which document was recorded in the records of the County Clerk of the County of DAVIDSON, State of Tennessee, Book 3979, at Page 452. We have reviewed a certified copy of the Death Certificate of James Lee Fletcher deceased, issued by the Department of Health for the State of Tennessee, showing that the deceased Joint Tenant died on the 4 day of June, 2011.

Affiant further states that husband is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth. Affiant further states that we have confirmed that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse. And further affiant saith not.

Signed Lisa G Puckett
Affiant

LISA G PUCKETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires JULY 6, 2020

Subscribed and sworn to before me this 26, day of October, 2017.

My Commission Expires: July 6, 2020

Lisa G Puckett Notary Public

ACKNOWLEDGMENT STATE OF _____:
SS. COUNTY OF _____:

Before me, the undersigned, a Notary Public, in and for said County and State on the _____ day of _____, _____ personally appeared to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that _____ executed the same as _____ free and voluntary act and deed for the uses and purposes therein set forth. IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires: _____

_____ Notary Public

STATE OF TENNESSEE
Office of Vital Records

1103448

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): James Lee Fletcher
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 4, 2011
4. SOCIAL SECURITY NUMBER:
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): May 30, 1932
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
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): Lilli Nall
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Postal Worker
12b. KIND OF BUSINESS/INDUSTRY: US Post Office
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 734 Ringgold Dr
CENSUS TRACT: 173.17
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Felix James Fletcher
18. MOTHER'S NAME (First, Middle, Maiden Surname): Clemie Mitchell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lilli Fletcher
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 734 Ringgold Dr Nashville, TN 37207

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): Nashville National Cemetery
20c. LOCATION-City or Town, State: Madison, TN 37115
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard A Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: Delmas C. Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Home, 2500 Clarksville Highway, Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L Bowers
24. DATE FILED (Month, Day, Year): June 16, 2011

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.
[X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: TN
25c. DATE SIGNED (Month, Day, Year): 6/16/11
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.
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CO poisoning ATHEROSCLEROSIS — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No
30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] 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. 8/99)
BIRTH NO.
RDA 1369

ANTI-FRAUD PROTECTION FEATURES ARE PRESENT

4620986

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

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

6/20/2011
Date Issued

THE SEAL OF THE STATE OF TENNESSEE 1796 — AGRICULTURE COMMERCE

DEPARTMENT OF HEALTH — AGRICULTURE COMMERCE TENNESSEE

20171107011474 6

True Copy Certification

I, Kayla Scungio, 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.

Kayla Scungio
Signature

State of RI

County of Providence

Personally appeared before me, Christine Guy, a notary public for this county and state, Kayla Scungio 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: 7/7/21
Notary' Seal (if on paper)

CHRISTINE M. GUY
Notary Public, State of Rhode Island
My Commission Expires July 7, 2021

CHRISTINE M. GUY NOTARY PUBLIC RHODE ISLAND