Prepared by: Suzan Tadros
Timios, Inc.
5716 Corsa Ave., Suite 102
Westlake Village, CA 91362
Phone: (877) 884-6467
AND WHEN RECORDED MAIL TO:
RONALD E. HARDING
3117 WINDSOR GREEN DR
ANTIOCH, TN 37013-1044

Bill Garrett Davidson County
Batch# 74587 AFFIDAVIT
03/29/2018 09:01:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20180329-0029257

Deal No.: 1600385
APN: 15004003000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

R# 1630313

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF TENNESSEE)
) SS.
COUNTY OF DAVIDSON)

RONALD E. HARDING of legal age, being first duly sworn, deposes and says:

TOMMIE C. SWEENEY is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as TOMMIE C. SWEENEY, named as one of the parties in that certain deed dated 12/22/2006, executed by TOMMIE C. SWEENEY to RONNIE E. HARDING, JACQUELINE E. HARDING AND TOMMIE C. SWEENEY as **joint tenants with the right of survivorship**, recorded on 06/18/2007, as Instrument No. 20070618-0072531, Official Records of DAVIDSON County, TENNESSEE describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 3117 WINDSOR GREEN DR, ANTIOCH, TN 37013-1044

Dated: March 10, 2018

Ronald E. Harding
RONALD E. HARDING

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 10th day of March, 2018

Signature Jasper Tollett

JASPER TOLLETT
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON

(This area for official notarial seal) My Commission Expires: May 24, 2021

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

EXHIBIT "A"

LEGAL DESCRIPTION

File No: 08-01600384

THE FOLLOWING DESCRIBED TRACT OF LAND IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 529, ON THE PLAT OF KENSINGTON OF PRIEST LAKE, SECTION ONE-B, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 6250, PAGE 150, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION.

FOR INFORMATIONAL PURPOSES ONLY PROPERTY ADDRESS AS FOLLOWS: 3117 WINDSOR GREEN DRIVE, ANITOCH, TN 37013

APN: 15004003000

BEING THE SAME PROPERTY CONVEYED TO RONNIE E. HARDING, JACQUELINE E. HARDING, AND TOMMIE C. SWEENEY, AS JOINT TENANTS WITH THE RIGHT OF SURVIVORSHIP BY DEED FROM TOMMIE C. SWEENEY, AN UNMARRIED PERSON RECORDED 06/18/2007 IN DEED BOOK 20070618 PAGE 0072531, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Tommie C. Sweeney
2. SEX: female
3. DATE OF DEATH (Month, Day, Year): Sept. 22, 2007
4. SOCIAL SECURITY NUMBER (If Deceased): 413-30- 3576
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR (Months, Days)
5c. UNDER 1 DAY (Hours, Min.)
6. DATE OF BIRTH (Month, Day, Year): Feb. 12, 1921
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. 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): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cook
12b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3117 Windsor Green Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hal Harding
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Almanda Unknown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ronald E. Harding, Sr.
19b. RELATIONSHIP TO DECEASED: Nephew
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3117 Windsor Green Dr. Antioch, TN 37013

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): Hills of Calvery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 450
21c. SIGNATURE OF EMBALMER: ▶ Rick Greene
21d. LICENSE NUMBER OF EMBALMER: 4256
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature] D.R.
24. DATE FILED (Month, Day, Year): October 1, 2007

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Michael E. Niedermeyer M.D.
25b. LICENSE NUMBER: 13364
25c. DATE SIGNED (Month, Day, Year): 9/24/07
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): Michael E. Niedermeyer, M.D. 2010 Church St Ste 710 Nashville, TN 37203

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. End Stage Pulmonary Fibrosis — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Pulmonary Hypertension — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death: Months Days / Months Days

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
31c. 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-1859 (REV. 6/99)

BIRTH NO

RDA 1399

he above to be a true and correct copy of the original document on file in this department. This certified copy is valid only security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. sure voids this certification.

Annotated 68-3-[redacted] Vital Records Act of 1977

[redacted]
Local Registrar

Tonya Y Foreman
Local Registrar

OCT 01 2007
Date Issued

CERTIFICATION OF VITAL RECORD

20180329002925?

True Copy Certification

I, Suzan Tadros, 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 California

COUNTY OF Los Angeles

Personally appeared before me, Kristen A. Martinez, a Notary Public for this county and state, Suzan Tadros 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: 5.29.21

KRISTEN A. MARTINEZ
Notary Public - California
Los Angeles County
Commission # 2199504
My Comm. Expires May 29, 2021