Bill Garrett Davidson County
Batch# 96765 AFFIDAVIT
05/25/2018 09:30:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20180525-0050165

64447089-45486029 **Affidavit of Death**

340451489Q4

Date: 5-15, 2018

Affiant: Cynthia A. Falk

Property:

See attached Exhibit "A"

Commonly known as: 781 Dry Creek Road, Goodlettsville, TN 37072

Date of Acquisition: October 24, 2007, of record in Deed Instrument/Case No. 20071128-0138040, in the County Clerk's Office

Name of Decedent: Betty A. Falk

Date of Death: 11-1-16

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant:

I, Cynthia A Falk residing at 781 Dry Creek Rd Goodlettsville TN being of legal age, and am otherwise competent to make this Affidavit of Death.

That Betty Falk, hereinafter referred to as "Decedent", died on 11-1-16 resided at Fresno CA at the time of death, as evidenced by a certified copy of the Certificate of Death, attached hereto;

That I am the successor to the estate of the decedent and to the decedent's interest in funds held by various institutions and no other person has a superior right to the interest of the decedent in the described property;

Than no proceeding is being or has been conducted for administration of the decedent's estate;

That all debts and liens relating to the Real Property have been, or will be, paid at closing.

Cynthia A. Falk

STATE OF TENNESSEE §
COUNTY OF Robertson §

On this day of May 21, 2018, before me personally appeared **Cynthia A. Falk** to me known to be the person (or persons) described in and who executed in my presence the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed.

Eddie N. Morthel
Signature of Notary Public

Eddie N. Morthel
Printed Name of Notary Public

My Commission Expires: 9-16-2020

(NOTARY SEAL OR STAMP)

☐ Personally Known OR
☒ Produced Identification [Type of Identification Produced]: Driver's License

THIS INSTRUMENT PREPARED BY:
Phillip G. Hord III, 017760
Phillip G. Hord III, Attorney at Law
6509 Brantford Ct.
Plano, TX 75093

WHEN RECORDED RETURN TO:
Cynthia A. Falk
781 Dry Creek Road
Goodlettsville, TN 37072

SEND TAX BILLS TO:
Amrock, Inc.
662 Woodward Avenue
Detroit, MI 48226-1906

EDDIE N. MORTHEL
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

Exhibit "A"

LAND IN THE 10TH CIVIL DISTRICT OF DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS:

BEGINNING IN THE CENTER OF DRY CREEK ROAD, AT THE SOUTHWEST CORNER OF THE PROPERTY CONVEYED TO H.L. REDDING, SR. AND WIFE, BY DEED IN BOOK 1877, PAGE 165, REGISTER'S OFFICE FOR SAID COUNTY; THENCE SOUTH 62 DEGREES EAST 191.75 FEET WITH THE CENTERLINE OF DRY CREEK ROAD; THENCE LEAVING SAID ROAD, NORTH 29 DEGREES 08 MINUTES EAST 230.7 FEET TO AN IRON PIN; THENCE NORTH 71 DEGREES 54 MINUTES WEST 170.6 FEET TO AN IRON PIN IN THE WEST PROPERTY LINE OF H.L. REDDING, SR. AND WIFE; THENCE SOUTH 36 DEGREES WEST 203.2 FEET WITH SAID PROPERTY LINE TO THE BEGINNING, ACCORDING TO A SURVEY MADE BY SOLON E. DAVIS, CONSULTING ENGINEER DATED SEPTEMBER 12, 1961.

Map-Parcel Number(s): 024 00 0 073.00

True Copy Certification

I, Betsy Lanzotti, 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 Michigan

County of Wayne

Personally appeared before me, Jessica N Johnson, a notary public for this county and state, Betsy Lanzotti who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Signature

Jessica N Johnson

My Commission Expires: April 25, 2022

Notary' Seal (if on paper)

JESSICA N. JOHNSON
Notary Public, State of Michigan
County of Wayne
My Commission Expires Apr. 25, 2022
Acting in the County of Wayne

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH

FRESNO, CALIFORNIA

3052016215009 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 5/2003)

3201610005798 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
BETTY	ANNE	FALK

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	If UNDER ONE YEAR Months	Days	If UNDER 24 HOURS Hours	Minutes	6. SEX
02/07/1934	82					F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at time of death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CALIFORNIA	[redacted]	☐ YES ☒ NO ☐ UNK	WIDOWED	11/01/2016	1835

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work (for most of life. DO NOT USE RETIRED)	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
HOMEMAKER	OWN HOME	65

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)
381 EAST NEES #127

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
FRESNO	FRESNO	93720	82	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
ROBERT SCOTT FALK, SON	2860 EAST EL PASO, FRESNO, CA 93720

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT – FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
CECIL	OTIS	GREEN	CA
35. NAME OF MOTHER/PARENT – FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
MARJORIE	-	GOODPASTURE	CA

FUNERAL DIRECTOR / LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
11/07/2016	BELMONT MEMORIAL PARK 201 NORTH TEILMAN AVENUE, FRESNO, CA 93706

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
BU	▸ JOAQUIN OLGIN	EMB9069

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
LISLE FUNERAL HOME	FD-176	▸ KENNETH D BIRD, MD MPH	11/04/2016

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
COMMUNITY REGIONAL MEDICAL CENTER	☐ IP ☒ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
FRESNO	2823 FRESNO STREET	FRESNO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) ACUTE HEMORRHAGIC STROKE	(dd) HRS	☐ YES ☒ NO
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) CEREBRAL VASCULAR DISEASE	(dd) YRS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(c) ARTERIOSCLEROTIC VASCULAR DISEASE	(dd) YRS	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(d)	(dd)	111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
HYPERTENSION, HYPERLIPIDEMIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CAROTID ARTERIOSCLEROSIS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
NO	☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since / Decedent Last Seen Alive	▸ THOMAS EDWARD GRIFFIN M.D.	G37512	11/03/2016
(a) mm/dd/ccyy: 07/18/1991 / (b) mm/dd/ccyy: 11/01/2016	118. TYPE OR PRINT PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: THOMAS EDWARD GRIFFIN M.D. 1515 EAST ALLUVIAL SUITE 101, FRESNO, CA 93720		

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▸		

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						01000100338670		

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

001162551

NOV 07 2016
DATE ISSUED

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

20180525005016S