WHEN RECORDED, RETURN TO:
FIRST AMERICAN TITLE INSURANCE CO.
4795 REGENT BLVD, 1010-E
IRVING, TX 75063
ATTN: RLA - RECORDING

Bill Garrett Davidson County
Batch# 110270 AFFIDAVIT
06/28/2018 03:11:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20180628-0062757

Property Tax ID#: 151-10-0A-057.00
Order #: 11060-281757

AFFIDAVIT OF DEATH

(Bobby J. Johnson, Deceased)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **CHAROLETTE PRICE JOHNSON,** of legal age, being first duly sworn, deposes and says:

That **BOBBY JOE JOHNSON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **BOBBY J. JOHNSON**, named as one of the parties in that certain **DEED** dated **07/15/2005** executed by **Charles Hightower and wife Patricia J. Guffey** Grantor(s) to **Bobby J. Johnson and Charolette Price Johnson, husband and wife**, as Grantees, and recorded on **07/21/2005 as Instrument 20050721-0084743** of Official Records of **Davidson** County, TENNESSEE, covering the following described property situated in said Davison County, State of TENNESSEE:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

TAX ID#: 151-10-0A-057.00
PROPERTY ADDRESS: 820 Winchester Close, Antioch, TN 37013

That the Decedent departed this life at their residence Davidson County, State of Tennessee on or about June 24 2017, being 69 years of age at the date of death.

This instrument Prepared by:
National Deed Network, Inc.
25400 US Highway 19 North, Ste 236
Clearwater, Florida 33763

Witness my hand this the 6 day of April, 2018.

~~CHARLETTE~~ PRICE JOHNSON
CHAROLETTE

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within CHARLETTE PRICE JOHNSON, 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 4TH day of APRIL, ~~2017.~~ 2018

Notary Public
My Commission expires:

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.

See attached certificate

This Instrument Prepared by:
National Deed Network, Inc.
25400 US Highway 19 North, Suite 236
Clearwater, Florida 33763

INDIVIDUAL ACKNOWLEDGMENT

State/~~Commonwealth~~ of TENNESSEE
County of DAVIDSON } ss.

On this the 4TH day of APRIL, 2018, before me,
Day Month Year

CAROLE A. STALLINGS, the undersigned Notary Public,
Name of Notary Public

personally appeared CHARLOTTE P. JOHNSON,
Name(s) of Signer(s)

☐ personally known to me – **OR** –

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

CAROLE A. STALLINGS STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON My Comm. Expires Mar. 3, 2020

Carole A. Stallings
Signature of Notary Public

COMMISSION EXPIRES 3/3/2020

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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EXHIBIT A

File No.: **11060-281757 (BD)**
Property: **820 Winchester Close, Antioch, TN 37013**

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 274 ON THE PLAN OF VILLAGES OF LONG HUNTER, PHASE 1, A PLANNED UNIT DEVELOPMENT, AS OF RECORD IN INSTRUMENT NO. 20010123-0006894 AND AMENDED IN NO. 20040526-0061712, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION.

A.P.N. 151-10-0A-057.00

True Copy Certification

I, MELONY WITTHAUS, 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 Texas

County of Tarrant

Personally appeared before me, MELINDA SPINK, a notary public for this county and state, MELONY WITTHAUS who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

MELINDA SPINK
Notary Public, State of Texas
Comm. Expires 07-18-2018
Notary ID 12988996-8

Notary's Signature
MELINDA SPINK

My Commission Expires: 07/18/2018
Notary' Seal (if on paper)

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): Bobby Joe Johnson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 24, 2017
4. TIME OF DEATH (Approx.): 6:17pm
5a. AGE-Last Birthday (Years): 69
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 3, 1947
7. BIRTHPLACE (City and State or Foreign Country): Memphis, Tennessee

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): 820 Winchester Close
8c. CITY OR TOWN: Antioch
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Charolette Price
11a. DECEDENT'S USUAL OCCUPATION: Security Manager
11b. KIND OF BUSINESS/INDUSTRY: Security
12. SOCIAL SECURITY NUMBER: 3179
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 820 Winchester Close
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

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): William Conard Johnson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Jean Herring

DISPOSITION

20a. INFORMANT'S NAME: Charolette Johnson
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 820 Winchester Close Antioch, TN. 37013

21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Funeral and Cremation
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ J. Scott Keene
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER: ▶ No Embalming
22d. LICENSE NUMBER: N/A

23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation 210 McMillin St., Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 6/30/2017

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 34916
27c. DATE SIGNED (Month, Day, Year): 6/26/17
27d. NAME AND ADDRESS: [illegible]

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.	Non small cell lung cancer — Due to (or as a consequence of)	6 months
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-1658 (Rev 10/2011) RDA 1399

09316490

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

JUN 30 2017

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

093164900
Date Issued

CERTIFICATION OF VITAL RECORD