Bill Garrett Davidson County
Batch# 118585 AFFIDAVIT
07/19/2018 02:14:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20180719-0070533

STATE OF TN

COUNTY OF Davidson

AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVORSHIP

Edna Thompson, being first duly sworn, deposes and says:

1) That we Edna Thompson and Gerald Allen Thompson are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.

2) Said property is known as 321 BONNAVUE Drive, Hermitage, TN 37076
Street Address
Davidson, State of TN , and is further

described as Permanent Parcel # **074 08 0 131.00** on the records of the Davidson County Auditor.

A full legal description of said property is stated in the survivorship or entireties deed which is recorded in the records of the Candler County Recorder in Book , Page , and a copy of the legal description which is attached hereto.*

3) That Gerald Allen Thompson died on or about 11/3/2012, and said certificate of death is attached hereto.

4) That by virtue of the death of the party listed in Item #3 above, she/he is the fee simple owner of the above described property.

*Excepting:

Edna Thompson

Sworn to and subscribed before me this 9 day of June 2018

Carol DiGiore
Notary Public

Rebekah Vidal

5716 Corsa Ave. Ste 102
Westlake Village, CA 91362

Prepared by: _____
Address: _____
_____

Rev 2'2000

CAROL DIGIORE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-2-2022

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
NOV 09 2012

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-12-143207

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Includes AKA's if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)	
GERALD ALLEN THOMPSON				NOVEMBER 3, 2012	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE Last Birthday (Years)	IF UNDER 1 YR: Mo / Days	IF UNDER 1 DAY: Hours / Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE	SEPTEMBER 22, 1933	79			CLINTON, OK
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
442-32-6408				EDNA INCE	
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
13909 BRIARWOOD				AZLE	
10d. COUNTY	10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
TARRANT	TEXAS		76020	☐ Yes ☒ No	
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
LEM LEE THOMPSON			ESTELLE STONE		

13. 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 ☒ Decedent's Home ☐ Other (Specify)

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	16. FACILITY NAME (If not institution, give street address)
TARRANT	AZLE, 76020	13909 BRIARWOOD

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)
EDNA THOMPSON - SPOUSE	13909 BRIARWOOD, AZLE, TX 76020

19. METHOD OF DISPOSITION	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21 ☒ Unknown
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)	JAMES ALEXANDER ,BY ELECTRONIC SIGNATURE - 112002	Section / Block / Lot / Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
AZLELAND MEMORIAL PARK	AZLE, TX
24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
ALEXANDER MIDWAY FUNERAL HOME	130 JAY BIRD LANE, SPRINGTOWN, TX 76082

26. CERTIFIER (Check only one)

☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.

☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
CHAD CURLEE , BY ELECTRONIC SIGNATURE	NOVEMBER 6, 2012	N2047	09:45 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER
CHAD CURLEE 2720 WESTERN CENTER BLVD STE 312, FORT WORTH, TX 76131			DO

WARNING

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1995)

CAUSE OF DEATH

33. PART 1 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. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)	a. COMPLICATIONS FROM METASTATIC CARCINOMA OF THE TONGUE	MONTHS
	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 2. ENTER OTHER CAUSE GIVEN IN PART 1. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY
☒ Natural	☐ Yes	☐ Not pregnant within past year	☐ Driver/Operator
☐ Accident	☐ No	☐ Pregnant at time of death	☐ Passenger
☐ Suicide	☐ Probably	☐ Not pregnant, but pregnant within 42 days of death	☐ Pedestrian
☐ Homicide	☒ Unknown	☐ Not pregnant, but pregnant 43 days to one year before death	☐ Other (Specify)
☐ Pending Investigation		☐ Unknown if pregnant within the past year	
☐ Could not be determined			

40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? ☐ Yes ☐ No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City, State, Zip Code)	40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR
06 6921	NOVEMBER 9, 2012	REGISTRAR - TARRANT COUNTY CLERK, ELECTRONICALLY FILED

VS-112 REV 1/2006

SCO

EDR NUMBER 000001223085

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

NOV 12 2012

Geraldine R. Harris

GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

20180719007053 3

EXHIBIT "A"

LEGAL DESCRIPTION

File No: 08-01654140

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LOCATED IN DAVIDSON COUNTY, TENNESSEE:

BEING LOT 714, PLAN OF HERMITAGE HILLS SUBDIVISION, SECTION 7, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 3300, PAGE 62 AND 63, IN THE REGISTER'S OFFICE, DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAID PROPERTY.

APN: 074 08 0 131.00

BEING THE SAME PROPERTY CONVEYED TO CRYSTAL YORK, MARRIED AND GERALD THOMPSON AND WIFE, EDNA THOMPSON BY DEED FROM AMY HOPPER AND CHARLES W. DEVIER, IV. RECORDED 04/03/2009 IN 200904030030755, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

True Copy Certification

I, MICHAEL MARTINEZ, 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, ANGELA HODGSON, a Notary Public for this county and state, MICHAEL MARTINEZ 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: 12/14/21

ANGELA HODGSON
COMM. #2225246
Notary Public - California
Los Angeles County
My Comm. Expires Dec. 14, 2021