Karen Y Johnson Davidson County
Batch# 150669 AFFIDAVITH
10/11/2018 09:29:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20181011-0100749

Commitment Number:
1808104

After Recording Return To:
TerraTitle, LLC, 7601 Paragon Road – Suite 300, Centerville, Ohio 45459

This Instrument Prepared By:
Jay A. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 3805 Edwards Road, Suite 550, Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866) 611-0170 and Thomas Granville McCroskey, Esq., Tennessee Bar Number: 015569

New Property Owner/Mail Tax Statements To:
278 Ocala Drive, Nashville, Tennessee 37211

Property Appraisal (Tax/APN) Parcel Identification Number:
16205018500

AFFIDAVIT OF TRANSFER TO SURVIVOR

ANGELA L. WARD ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and states that she represents **TERRATITLE, LLC,** and as such was the Title Agent in a refinance transaction dated on or about September 21, 2018, between **LUCILLE BUTLER,** an unmarried woman (Mortgagor) and **FIDELITY MORTGAGE, INC.** (Mortgagee). Affiant further sayeth:

1. **EARLIE BUTLER,** formerly of Davidson County, Tennessee, died January 18, 2018, a legal resident of the State of Tennessee.

2. A certified copy of the Death Certificate for **EARLIE BUTLER,** is attached to this Affidavit.

3. The Decedent, **EARLIE BUTLER,** was a Grantee in a certain Deed dated August 19, 1991, and recorded August 30, 1991, in Book 8431, Page 953, of the Deed Records of Davidson County, Tennessee, (the "Deed"), with respect to the property legally described as follows:

   SITUATE IN THE COUNTY OF DAVIDSON AND STATE OF TENNESSEE:

   BEING LOT NUMBER ONE HUNDRED SIXTY TWO (162) ON THE PLAN OF FAIR OAKS SUBDIVISION, SECTION 2, OF RECORD IN BOOK 4460, PAGE 52, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION.

   SUBJECT TO ALL EASEMENTS AND RESTRICTIONS OF RECORD.

   COMMONLY KNOWN AS: 278 OCALA DRIVE, NASHVILLE, TENNESSEE 37211

   PARCEL NUMBER: 16205018500

4. In the Deed, the Grantees designated are **"EARLIE BUTLER and wife, LUCILLE BUTLER . . .** their heirs and assigns."

5. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to **"LUCILLE BUTLER,** an unmarried woman" on the records of the Register of Deeds in Davidson County, Tennessee.

Prior Instrument Reference: Book 8431, Page 955

Executed by the undersigned on September 21st, 2018:

ANGELA L. WARD VP
LICENSED AGENT
TERRATITLE, LLC

STATE OF OHIO
COUNTY OF MONTGOMERY

The foregoing instrument was acknowledged before me on September 21st, 2018, by **ANGELA L. WARD of TERRATITLE, LLC,** who is personally known to me or has produced ——— as identification, and furthermore, the aforementioned person has acknowledged that her signature was her free and voluntary act for the purposes set forth in this instrument.

PAULA STACY
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 2/14/2021

NOTARY PUBLIC

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

VOID VOID VOID

This is a true and exact copy of the record on file with the Dallas County Health Department.

Signature of Local Registrar — Date Signed: January 23, 2018

ANY ALTERATIONS VOID THIS DOCUMENT

ALABAMA CERTIFICATE OF DEATH

TYPE IN PERMANENT DARK INK — STATE FILE NO. 101

1. DECEASED LEGAL NAME (First, Middle, Last) (Type last name all capitals)	2. LAST NAME PRIOR TO FIRST MARRIAGE	3. COUNTY OF DEATH
Earlie Edward BUTLER		Dallas

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS?	6. PLACE OF DEATH (Facility Name) – Hospital or Other Institution – (if not in either, give street and number)
Selma 36701	☒ Yes ☐ No	Vaughan Medical Center

7. IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA)	8. SEX	9. SOCIAL SECURITY NUMBER	10. BIRTHPLACE (State or Foreign Country)
ER	☐ Unknown ☐ Female ☒ Male	-5954	Alabama

11. AGE – Last Birthday (Years)	UNDER 1 YEAR: Months	Days	UNDER 1 DAY: Hours	Minutes	12. DATE OF BIRTH (Month, Day, Year)	13. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)
66					Nov. 27, 1951	Married

14. EVER IN US ARMED FORCES?	15. SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE)	16. DECEASED RESIDENCE-STATE	17. COUNTY
☐ Yes ☒ No	Lucille Tolbert	Tennessee	Davidson

18. CITY, TOWN, OR LOCATION AND ZIP CODE	19. STREET ADDRESS (Apt. Lot, Unit - if applicable)	20. INSIDE CITY LIMITS?
Nashville 37211	278 Ocala Drive	☒ Yes ☐ No

21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Julius Butler	Inez Rayford

23. INFORMANT NAME AND RELATIONSHIP TO DECEASED	24. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt, Lot)
Lucille Butler Wife	278 Ocala Dr. Nashville, Tn. 37211

25. DATE OF DISPOSITION (Month, Day, Year)	26. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Hospital Disposal ☐ Medical Donation ☐ Other (Specify):
January 27, 2018	

27. CEMETERY OR CREMATORY (Name)	28. LOCATION (City or Town, State)
Woodlawn-Roesch-Patton Memorial Park	Nashville, Tn.

29. FUNERAL HOME (Name and Address)	30. FUNERAL HOME (License Number)
Lewis Brothers Funeral Home 1140 Minter Ave. Selma, Al. 36703	0160

31. FUNERAL DIRECTOR – SIGNATURE	32. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year)	33. FUNERAL DIRECTOR (License Number)
Marion E. Chasen	01/23/2018	05792

34. ☒ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated."
☐ Medical Examiner ☐ Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated."
Signature: √

35. DATE SIGNED (Month, Day, Year): √ 1/23/18

36. DATE OF DEATH (Month, Day, Year)	37. TIME OF DEATH	38. DATE PRONOUNCED DEAD (Month, Day, Year)	39. TIME PRONOUNCED DEAD
JAN 23, 2018	4:57PM		

40. NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 44)	41. LICENSE NUMBER
JONES KING, M.D., 1015 MEDICAL CENTER PKWY, SELMA, AL 36701	36351

42. REGISTRAR – Signature	FOR STATE OR COUNTY USE ONLY	43. FOR REGISTRAR ONLY: DATE FILED (Month, Day, Year)
Linda D. Edwards		January 23, 2018

MEDICAL CERTIFICATION

44. PART I. **CAUSE OF DEATH** 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. √ Cardiopulmonary Arrest — 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. —

45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

46. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Undetermined

47. DID TOBACCO USE CONTRIBUTE TO DEATH?	48. IF FEMALE:	49. DATE OF INJURY (Month, Day, Year)	50. TIME OF INJURY	51. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	52. INJURY AT WORK?
☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year				☐ Yes ☐ No

53. LOCATION OF INJURY: (Street or R.F.D. No., City or Town, County, State)	54. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

55. DESCRIBE HOW INJURY OCCURRED:	56. AUTOPSY/TOXICOLOGY PERFORMED?	57. WERE FINDINGS CONSIDERED?
	Autopsy ☐ Yes ☒ No ☐ Unknown; Toxicology ☐ Yes ☐ No ☐ Unknown	Autopsy ☐ Yes ☐ No; Toxicology ☐ Yes ☐ No

NAME OF DECEASED: EARLIE E. BUTLER

THIS IS A LEGAL RECORD AND MUST BE FILED WITHIN FIVE (5) DAYS AFTER DEATH

ADPH-HS-2 Rev. 011116

ANY ALTERATIONS VOID THIS DOCUMENT

201810110100749

TRUE COPY CERTIFICATION

I, **ANGELA L. WARD**, Vice President of TerraTitle, LLC, do hereby make oath that I am the custodian of the original 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.

ANGELA L. WARD VP
TERRATITLE, LLC

State of Ohio }
}
County of Montgomery }

The foregoing instrument is acknowledged before me, **PAULA STACY, NOTARY PUBLIC**, on ~~July~~ Sept 21st, 2018, by **ANGELA L. WARD, VICE PRESIDENT OF TERRATITLE, LLC**, who is personally known to me, and the aforementioned person further acknowledges that her signature is her free and voluntary act for the purposes set forth in this instrument.

PAULA STACY
NOTARY PUBLIC
COMMISSION EXPIRES FEBRUARY 14, 2021

PAULA STACY
NOTARY PUBLIC, STATE OF OHIO

PAULA STACY
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 2/14/2021