Karen Johnson Davidson County
Batch# 194662 AFFIDAVIT
02/12/2019 02:59:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20190212-0013231

Prepared By:
Michael R McNamara
First Source Title Agency, Inc.
12000 Snow Road Unit 8 Parma, OH 44130

incidental to the issuance of a title insurance policy.
File Number: 17-08-047fst

CONTINUOUS MARRIAGE AFFIDAVIT

THIS IS AN AFFIDAVIT MADE UNDER OATH. THE MAKING OF A FALSE STATEMENT WILL SUBJECT THE AFFIANT TO SEVERE CRIMINAL PENALTIES.

BEFORE ME, the undersigned authority, personally appeared Affiant, **Thomas Eaton**, whose post office address is , **836 Forest Hills Drive Nashville, TN 37220**, and who being by me first duly sworn on oath, deposes and says:

1. Affiant is of legal age to testify to the following matters and perform any and all duties required under this affidavit.
2. Affiant has full and complete knowledge of and is competent to testify to the following matters.

3. Affiants are the owners of the following described property:

A certain tract or parcel of land in Davidson County, Tennessee, described as follows: To Wit:
Land in Davidson County, Tennessee, being Lot No. 168 on the plan of Oak Hill Estates Section Two, of record in Book 4460, Pages 36, 37 & 38, Register's Office for Davidson County, Tennessee.
Said Lot No. 168 fronts 175.00 feet on the northerly margin of Forest Hills Drive and extends back between parallel lines 394.30 feet to a dead line.

Being all the premises conveyed to Thomas E. Eaton and spouse, Anne S. Eaton, from William N. Riley, Jr. and wife, Ruth E. Riley, by deed dated April 30, 1990, recorded May 01, 1990, in Book 8167, Page 60, and re-recorded on August 03, 1990, in Book 8099, Page 960, in the Official Public Records of Davidson County, State of Tennessee.

Tax ID No. 16001002300

4. Affiants were husband and wife at the time they acquired title to the above described property and that their marriage to each other was continuous and uninterrupted from 5/1960 until **The Death of Anne S Eaton on** 12/10/1991.

5. Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of **TN** for falsely swearing to statements in an instrument of this nature. Affiant has read the foregoing affidavit and fully understands the facts contained herein.

Further, Affiants sayeth naught.

Thomas E. Eaton
Thomas Eaton,

_____

STATE OF ~~IL~~ TN
COUNTY OF Davidson

THE FOREGOING AFFIDAVIT was sworn and subscribed before me this 7th day of January 2019, by **Thomas Eaton**,, who is/are personally known to me or who has/have produced TN Driver License as identification.

(SEAL)

TUWANA J. BRYANT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 05-02-2022

Tuwana J. Bryant
Notary Public
Print Name: Tuwana J. Bryant
My Commission Expires: 05-02-2022

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9106156 — STATE FILE NUMBER: 91 045747

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ann Lartie Eaton
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 10, 1991
4. SOCIAL SECURITY NUMBER (of Deceased): -8345
5a. AGE – LAST BIRTHDAY (Years): 52
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): JAN 17 1939
7. BIRTHPLACE (City and State or Foreign Country): Lawrence County, Tennessee
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 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Hospital 075
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Thomas E. Eaton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Med. Administrator Asst.
12b. KIND OF BUSINESS/INDUSTRY: Hospital
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 094-
13d. STREET AND NUMBER OR RURAL LOCATION: 836 Forest Hills Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37220
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Everett Slagle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Oradean Pettus

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Thomas E. Eaton
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 836 Forest Hills Dr., Nashville, Tennessee 37220

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): Pleasant Grove Cemetery
20c. LOCATION—City or Town, State: Lawrence County, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Don Neal
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2301
21c. SIGNATURE OF EMBALMER: ▶ Charles L. Crawford
21d. LICENSE NUMBER OF EMBALMER: 3775
22a. NAME AND ADDRESS OF FUNERAL HOME: NORTH FUNERAL HOME, 231 N Military Ave Lawrenceburg, TN 38464
22b. LICENSE NUMBER OF FUNERAL HOME: 36

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): December 23, 1991

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: C McKay MD
25b. LICENSE NUMBER: MD 11776
25c. DATE SIGNED (Month, Day, Year):
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Dr. Charles McKay, 342 21st Ave. N., Nashville, Tennessee 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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): 1629
a. Small cell lung cancer
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

SEE INSTRUCTIONS ON OTHER SIDE

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: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. 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):

BIRTH NO.

PH-1659 REV. 1/88

10582842

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.

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 5 8 2 8 4 2

Date Issued DEC 14 2018

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

201902120013231

True Copy Certification

I, Megan McNamara, 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 Ohio

County of Cuyahoga

Personally appeared before me, Heidi Meehan, a notary public for this county and state, Megan McNamara 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: _____
Notary' Seal (if on paper)

NOTARIAL SEAL
STATE OF OHIO

HEIDI A. MEEHAN
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Cuyahoga County
My Comm. Exp. 7/22/19