WHEN RECORDED RETURN TO:
Prepared by
Name: MARTHA G. ELLIOTT
Address: ~~2901 Blair Boulevard, B3~~ 171 Charleston Park
Nashville, TN ~~37212~~ 37205

Karen Johnson Davidson County
Batch# 282982 **AFFIDAVITH**
09/09/2019 02:45:07 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20190909-0090946

Affidavit – Survivorship

I, MARTHA GOODE ELLIOTT, upon being duly sworn and upon oath do say and depose as follows:

That MARTHA GOODE ELLIOTT is one of the grantees in that certain Deed from LEO J. BOLSTER and wife, IRMA J. BOLSTER, to MAXWELL LANG ELLIOTT and wife, MARTHA GOODE ELLIOTT, recorded November 18, 1994, as Entry No. 09939 of Official Records, conveying the following described property situated in the County of Davidson, State of Tennessee, described as follows:

A certain building site BEING Lot No. 171 on the Plan of Sugartree, Phase III, of record in Book 5050, pages 67-71, as amended in Book 5191, page 412; Book 5222, page 468; Book 5238, page 93, and Book 5539, page 749, Register's Office of Davidson County, Tennessee, to which Plan reference is hereby made and together with an appurtenant, non-exclusive interest in the common and limited common areas as shown on said Plan and as provided in the Declaration of Covenants, Conditions and Restrictions refereed to hereinbelow.

This conveyance is subject to the following: All matters appearing on the plan of record in Book 5050, pages 67-71, as amended in Bok 5191, page 412, Book 5222, page 468, Book 5238, page 93 and Book 5539, page 749, Declaration of Covenants, Conditions and Restrictions of record in Book 4857 page 157, as supplemented and amended by instruments of record in Book 4874, page 463, Book 4996, page 126, Book 5003, page 688, Book 5087, page 220, Book 5152, page 401 and Book 4911, Page 356; all of record in the Reigster's office for Davidson County, Tennessee.

Being the same property conveyed to Leo J. Bolster and wife, Irma J. Bolster, by deed from Richard D. Bird, Trustee, of record in Book 5959, page 15, Register's Office for Davidson County, Tennessee.

Map/Parcel No.: 116-08-O-G-171.00/7DA-74944

2. That the said MAXWELL LANG ELLIOTT has died leaving MARTHA GOODE ELLIOTT as a surviving joint tenant.

3. That the evidence of death of the said MAXWELL LANG ELLIOTT is evidenced by that certain death certificate showing the date of death as 01-10-2011.

4. That MAXWELL LANG ELLIOTT is one and the same person as the person shown in the aforesaid death certificate as _____.

Executed this 16 day of May, 2019.

FURTHER THE AFFIANT SAYETH NAUGHT

Martha Goode Elliott
MARTHA GOODE ELLIOTT

STATE OF Tennessee
COUNTY OF Davidson

The foregoing instrument was acknowledged before me this 16 day of May, 2019, by MARTHA GOODE ELLIOTT the signor(s) of the within instrument, who duly acknowledged to me that he/she/they executed the same.

My commission expires 9-6-22. Witness my hand and official seal.

Notary Public

MARY TRINIDAD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

Amended by Affidavit of Funeral Director 3/3/11 jmr

1100076

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE NUMBER [redacted] 2011 000971

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Maxwell Lang Elliott
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 10, 2011
4. SOCIAL SECURITY NUMBER: 259-07-9991
5a. AGE-LAST BIRTHDAY: 92
6. DATE OF BIRTH: Aug. 21, 1918
7. BIRTHPLACE (City and State or Foreign Country): Washington, PA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [✓] Yes 2 [ ] No
9. PLACE OF DEATH: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [✓] Other (Specify) Hospice
9a. FACILITY NAME: Alive Hospice at St. Thomas 930
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 0994
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Martha Goode
12a. DECEDENT'S USUAL OCCUPATION: Analyst
12b. KIND OF BUSINESS/INDUSTRY: Investments
13a. RESIDENCE-STATE: ~~Tennessee~~ Florida
13b. COUNTY: ~~Davidson~~ Lee
13c. CITY, TOWN OR LOCATION: ~~Nashville~~ Bonita Springs
13d. STREET AND NUMBER OR RURAL LOCATION: ~~171 Charleston Park~~ 27271 Ridge Lake Court
13e. INSIDE CITY LIMITS? 1 [✓] Yes 2 [ ] No
13f. ZIP CODE: 34134 ~~37205~~
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [✓] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5+ DR; College (1-4 or 5+): [illegible]
17. FATHER'S NAME (First, Middle, Last): James M. Elliott
18. MOTHER'S NAME (First, Middle, Maiden Surname): Theo J. Lang
19a. INFORMANT'S NAME (Type/Print): Martha G. Elliott
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 27271 Ridge Lake Court, Bonita Springs, FL 34134 ~~171 Charleston Park, Nashville, Tennessee 37205~~
20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [✓] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Cremation Service
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ James M. Brewer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER: ▶ N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Avenue North, Nashville, Tennessee 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40
23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers RR
24. DATE FILED (Month, Day, Year): January 12, 2011
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 [✓] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 1-12-2011
26a. 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 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): David Trimble MD 1718 Patterson Street Nashville TN 37203
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive Heart Failure — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Ischemic Heart Disease — DUE TO (OR AS A CONSEQUENCE OF): c. — DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Healthcare Acquired Pneumonia
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
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)

FH-1080 (REV. 6/99) *13 a, b, c, d, f
hc

BIRTH NO.
RDA 1399

4627006

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

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

3/11/2011
Date Issued

CERTIFICATION OF VITAL RECORD