Karen Johnson Davidson County
Batch# 288866 AFFIDAVITH
09/20/2019 01:20:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20190920-0095837

Prepared by:
Opendoor Title, LLC
2170 Satellite Blvd, Suite 200
Duluth, GA 30097
Re: OD-NAS-186962

Cross Reference, Warranty deed recorded as Instrument No. 20180424-0038454, Register's Office for Davidson County, Tennessee

AFFIDAVIT OF SURVIVING JOINT TENANTS
MONUMENT OF TITLE

STATE OF TN
COUNTY OF Davidson

In re: Property of Barbara Johnson and Don Ignatz (Deceased) as recorded in Instrument No. 20180424-0038454 Register's Office for Rutherford County, Tennessee, records and more particularly described as:

Land in Davidson County, Tennessee, being Lot No. 138 on the Plan of Final Plat of Farmingham Woods, Phase III of record in Plat Book 7900, Page 554, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being the same property conveyed to Don Ignatz and Barbara Johnson by Warranty deed from Fidel J. Vasquez and wife, Ivon E. Vasquez of record in Instrument No. 20180424-0038454 Register's Office for Davidson County, Tennessee, dated April 17, 2018 and recorded on April 24, 2018.

Property Address: 5620 Royal Court, Hermitage, TN 37076

BEFORE ME, THE UNDERSIGNED attesting authority, came the undersigned Deponent, who being duly sworn deposes and says on oath that this affidavit relates to the property of the owner designated in the caption hereof as the same is described in the deed book and page herein referred to. Deponent makes the following statement(s) under oath as being relevant and material to the ownership of said property:

1. That no person other than Barbara Johnson or those persons claiming under and through Don Ignatz claim the right to ownership or possession of the said property;
2. That Barbara Johnson is the surviving Tenant by the Entirety, because that certain former owner and joint tenant Don Ignatz is deceased; and
3. Barbara Johnson and Don Ignatz were married continuously from the time they acquired title on 4/17/2018 until the death of Don Ignatz; and
4. That Don Ignatz died on 1/17/2019 in Davidson County, Tennessee, as shown in the vital records of Davidson County, Tennessee.
5. A true and correct copy of the death certificate of Ronald Warren Brethen is attached hereto as Exhibit "A".

Barbara Johnson (SEAL)
Barbara Johnson

STATE OF TN

COUNTY OF Davidson

The foregoing instrument was acknowledged before me this 17th day of September 20 19, by Barbara Johnson.

NOTARY PUBLIC
Print Name: India K Scruggs

My Commission Expires: 11/03/2020

INDIA K SCRUGGS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019.003006

DECEDENT

1. DECEDENT'S LEGAL NAME: DON HASTY IGNATZ
2. SEX: MALE
3. DATE OF DEATH: 01/17/2019
4. TIME OF DEATH: 08:59 AM
3a. AGE: 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 05/20/1934
7. BIRTHPLACE: NASHVILLE, TN
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 5620 ROYAL COURT
8c. CITY OR TOWN: HERMITAGE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): BARBARA SUE SULLIVAN
11a. DECEDENT'S USUAL OCCUPATION: CERTIFIED PUBLIC
11b. KIND OF BUSINESS/INDUSTRY: ACCOUNTING
12. SOCIAL SECURITY NUMBER: -7242
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: HERMITAGE
13d. STREET AND NUMBER: 5620 ROYAL COURT
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37076
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: BACHELOR'S DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: ERNEST RUDOLPH IGNATZ
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: SARA MARGARET HASTY

20a. INFORMANT'S NAME: BARBARA SUE IGNATZ
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 5620 ROYAL COURT, HERMITAGE, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: HARPETH HILLS MEMORY GARDENS
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ TRUDY RIGGS
22b. LICENSE NUMBER: 6873
22c. SIGNATURE OF EMBALMER: /s/ Trudy Ann Riggs
22d. LICENSE NUMBER: 6874
23a. NAME AND ADDRESS OF FUNERAL HOME: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221-0242
23b. LICENSE NUMBER: 649

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III
25. DATE FILED: 01/23/2019

CERTIFIER

26. CERTIFIER
26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

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

27a. CERTIFIER: /s/ DANIEL CARMODY
27b. LICENSE NUMBER: 037163
27c. DATE SIGNED: 01/22/2019
27d. NAME AND ADDRESS: DANIEL CARMODY 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): 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

		Approximate interval: Onset to death
a.	CIRRHOSIS.	YEARS
b.	DUE TO (OR A CONSEQUENCE OF)	
c.	DUE TO (OR A CONSEQUENCE OF)	
d.	DUE TO (OR A CONSEQUENCE OF)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: COPD, HTN, CEREBROVASCULAR DISEASE, NEUROMUSCULAR DISEASE NOS

29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?:

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO
32. IF FEMALE: N/A
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY:
34b. TIME OF INJURY:
34c. INJURY AT WORK?:
34d. PLACE OF INJURY:
34e. DESCRIBE HOW INJURY OCCURRED:
34f. LOCATION OF INJURY:

PH-1659 (Rev. 6/2017) RDA 80112

10906050

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

110906015 0

Date Issued: JAN 28 2019

CERTIFICATION OF VITAL RECORD

201909200095837

True Copy Certification

I, Lyn Thomas, 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: Lyn Thomas

State of GEORGIA
County of GWINNETT

Personally appeared before me, SANDRA J. JOHNSON, a notary public for this county and state, Lyn Thomas, 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)

SANDRA J. JOHNSON NOTARY PUBLIC GEORGIA EXPIRES February 8, 2022 GWINNETT COUNTY