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Tennessee

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4458908-05

AFFIDAVIT OF IDENTITY AND SURVIVORSHIP

STATE OF Tennessee

COUNTY OF Davidson

NAME OF DECEDENT
Bob F Crawford

I, Linda L Robertson being first duly sworn, on oath state from personal knowledge:

That the above named decedent is the person named in the certified copy of Certificate of Death attached hereto and made a part hereof:

That the name(s) of the survivor(s) is/are Linda L Robertson .

That said decedent on date of death was an owner as a joint tenant/life tenant of the land, legally described as follows: THE FOLLOWING LANDS AND PROPERTY, TOGETHER WITH ALL IMPROVEMENTS LOCATED THEREON, LYING IN NASHVILLE, DAVIDSON COUNTY, TN TO WIT: THE LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 90 ON THE PLAN OF BURTON HILLS, VILLAGE OF RAVENWOOD, TRACT 20, OF RECORD IN PLAT BOOK 6900, PAGE 363, REVISED IN BOOK 7436, PAGE 795, AND AMENDED IN BOOK 7147, PAGE 421, REGISTERS OFFICE FOR SAID COUNTY. SAID LOT NO. 90 FRONTS 70.48 FEET ON THE SOUTHEASTERLY MARGIN OF RAVENWOOD HILLS CIRCLE AND EXTENDS BACK 100.00 FEET ON THE WESTERLY LINE AN 121.09 FEET ON THE EASTERLY LINE TO A DEAD LINE IN THE REAR, MEASURING 62.00 FEET THEREON. THIS BEING THE SAME PROPERTY CONVEYED TO LINDA L. ROBERTSON, BY DEED FROM SAUL L. CHAFIN, MARRIED, DATED 12/11/2000 AND RECORDED ON 12/20/2000 IN INSTRUMENT NO. 20001220-0124561, IN THE DAVIDSON COUNTY RECORDERS OFFICE. MAP/GROUP/PARCEL 131 06 0C 051.00
as shown by instrument recorded in Book na of Page na, or as Document No. 2000122001 in the office of the County Recorder of Davidson County, State of Tennessee.

Linda L. Robertson
Signature of Affiant
Linda L Robertson

Prepared by Linda L Robertson
Address: 63 RAVENWOOD HILLS CIR,
NASHVILLE,TN 37215

ACKNOWLEDGEMENT:
(Individual)

State of Tennessee), ss.

County of Davidson), ss.

On this 13th day of February, 2020, before me personally appeared
Linda L Robertson

(Name(s) of Person(s) Acknowledged) who, I am satisfied, Linda L Robertson
the maker(s) of the instrument, and acknowledged that the instrument was executed as the maker's own act.

Kac. Wyatt

(Signature of Notary Public)

Kac: Wyatt

(Print or Type Name of Notary Public)
My commission expires: May 9, 2023

(Seal)

KACI WYATT
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 034569

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
BOB FLOYD CRAWFORD			MALE	06/20/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
09:30 PM	66			09/16/1951	HOUSTON, TX

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
VANDERBILT UNIVERSITY MEDICAL CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	LINDA ROBERTSON	SELF EMPLOYED	MUSIC BUISNESS

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
63 RAVENWOOD CIRCLE	YES	37215	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
EDWIN CRAWFORD	INEZ GILLIAM

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
LINDA L. ROBERTSON	SPOUSE	63 RAVENWOOD CIRCLE, NASHVILLE, TN 37215

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ JAMES R. FADGETT	5534	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407	933

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	06/25/2018

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ EMILY DENNISON, M.D.	53219	06/22/2018

27d. NAME AND ADDRESS: EMILY DENNISON, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death.) →	a. COMPLICATIONS OF BLUNT HEAD TRAUMA	
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	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED? NO

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
ACCIDENT	UNKNOWN	N/A

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY
	06/10/2018	UNKNOWN	NO	OUTDOORS

34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY
DECEDENT FELL	RAVENWOOD HILLS CIRCLE, NASHVILLE, TN

PH-1659 (Rev. 8/2017) RDA 10112

10061571

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.

JUN 25 2018

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 0 6 1 5 7 1
Date Issued

CERTIFICATION OF VITAL RECORD

202003040024231

True Copy Certification

I, Rae M. Bodonyi, 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.

Rae M. Bodonyi
Signature

State of OHIO

County of LORAIN

Personally appeared before me, ~~[Name of Notary]~~, Dawn Cochrac a notary public for this county and state, ~~[name of person making certification]~~ who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Rae M. Bodonyi Dawn Cochrac
Notary's Signature
Dawn Cochrac

My Commission Expires: 2/15/2022

Notary' Seal (if on paper)

