Karen Johnson Davidson County
Batch# 378692 AFFIDAVIT
03/27/2020 11:23:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20200327-0033373

Prepared by:
Opendoor Title, LLC
2170 Satellite Blvd, Suite 200
Duluth, GA 30097
Re: OD-NAS-213868

Cross Reference: Instrument No. 20030121-0008130

AFFIDAVIT OF SURVIVING JOINT TENANTS
MONUMENT OF TITLE

STATE OF Tennessee
COUNTY OF Williamson

In re: Property of Bobby Armstrong and Robin Armstrong

Land in Davidson County, Tennessee, being Lot No. 272 on the Plan of Final Plat of Section One, Asheford Crossing of record in Plat Book 7900, Page 937, 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 Bobby Armstrong and Robin Armstrong by Warranty deed from Troy Klein and wife, Joyce Klein of record in Instrument No. 20021009-0123373 Register's Office for Davidson County, Tennessee, dated October 03, 2002 and recorded on October 09, 2002 and Re-recorded on January 21, 2003 in Instrument No. 20030121-0008130.

Property Address: 5745 Cedar Ash Crossing, Antioch, TN 37013

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 Bobby Armstrong or those persons claiming under and through Bobby Armstrong claim the right to ownership or possession of the said property;
2. That Bobby Armstrong is the surviving Joint Tenant with Right of Survivorship, because that certain former owner and joint tenant Robin Armstrong is deceased; and
3. That Robin Armstrong died on November 27, 2012 in Davidson County, Tennessee, as shown in the vital records of Davidson County, Tennessee.
4. A true and correct copy of the death certificate of Robin Armstrong is attached hereto as Exhibit "A".

Bobby Armstrong

STATE OF Tennessee

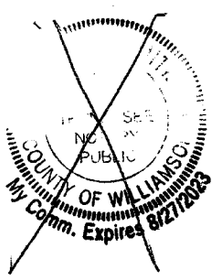
COUNTY OF Williamson

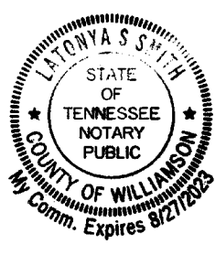
The foregoing instrument was acknowledged before me this 11 day of March, 2020, by Bobby Armstrong

LaTonya S Smith
NOTARY PUBLIC
Print Name: LaTonya S. Smith

My Commission Expires: 8/27/2023

(SEAL)





STATE OF TENNESSEE
Office of Vital Records

1207117

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Robin Michelle Armstrong
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 27, 2012
4. TIME OF DEATH (Military): 9:52 am
5a. AGE-Last Birthday (Years): 47
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 21, 1965
7. BIRTHPLACE (City and State or Foreign Country): Framingham, MA

TYPE/PRINT IN PERMANENT BLACK INK

5a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ OOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

5b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
5c. CITY OR TOWN: Nashville
5d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Bobby Dwayne Armstrong
11a. DECEDENT'S USUAL OCCUPATION: Caregiver
11b. KIND OF BUSINESS/INDUSTRY: Senior Adults
12. SOCIAL SECURITY NUMBER: ,121
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 5745 Cedar Ash Crossing
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Billy Wayne Hosea
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Madeleine Cornell

DISPOSITION

20a. INFORMANT'S NAME: Bobby Dwayne Armstrong
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5745 Cedar Ash Crossing, Antioch, TN 37013
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: David Dial
22b. LICENSE NUMBER: 5144
22c. SIGNATURE OF EMBALMER: Glorinette Lopez-Ortiz
22d. LICENSE NUMBER: 5992
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: Marshall D. Stuckey, DC
25. DATE FILED (Month, Day, Year): December 30, 2012

CERTIFIER

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

26. CERTIFIER (Check only one)
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: MD45983
27c. DATE SIGNED (Month, Day, Year): 11/30/2012
27d. NAME AND ADDRESS: Robert R. Page MD, 391 Wallace Rd., Nashville, TN 37211

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.	Myocardial Infarction	
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.	

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

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☒ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – (At home, farm, street, factory, office building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TN-1558 (Rev. 10/2011) ROA 1398

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.

5525503

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued

CERTIFICATION OF VITAL RECORD

202003270033373

EXHIBIT A

STREET ADDRESS: 5745 Cedar Ash Crossing, Antioch, TN 37013

COUNTY: Davidson

CLIENT CODE: OD-NAS-213868

TAX PARCEL ID/APN: 164-09-0-001.00

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Certificate of Authenticity

I, Jacqueline Humphries do hereby make oath that I am a licensed attorney and/or 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.

Jacqueline Humphries
Signature

State of Georgia

County of Gwinnett

Personally appeared before me, Jacqueline Humphries, who acknowledges that this certification of an electric document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 3-21-22
Notary's Seal:

MELANIE BIBB
Notary Public - Georgia
Gwinnett County
Expires 03/21/2022