Karen Johnson Davidson County
Batch# 384801 AFFIDAVIT
04/13/2020 12:54:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20200413-0038347

Prepared By: Rhett Busk
After Recording Please Return To:
Elevated Title, LLC
1701 Barrett Lakes Blvd., Suite 260
Kennesaw, GA 30144

LTN20100319

AFFIDAVIT OF FACTS

STATE OF Tennessee §
§
COUNTY OF Davidson §

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS 27 DAY OF March, 20 20 PERSONALLY APPEARED THE UNDERSIGNED AFFIANT, WHO SWORE ON OATH THAT THE FOLLOWING FACTS ARE TRUE:

"1. MY NAME IS MELODIE C. WHITE I AM OF SOUND MIND, CAPABLE OF MAKING THIS AFFIDAVIT, AND FULLY COMPETENT TO TESTIFY TO THE MATTERS STATED HEREIN, AND I HAVE PERSONAL KNOWLEDGE OF EACH OF THE MATTERS STATED HEREIN.

"2. THAT MY SPOUSE TONY R. WHITE, NOW DECEASED, AND I WERE THE RECORD TITLE HOLDERS OF THE FOLLOWING DESCRIBED PROPERTY, AS EVIDENCED BY THAT DEED RECORDED IN Instrument: 201709070092089, AMONG THE LAND RECORDS OF Davidson County TO WIT:

"3. THAT MY SPOUSE AND I WERE MARRIED PRIOR TO July, 21, 2017 THE DATE OF OUR ACQUISITION OF TITLE TO THE PROPERTY DESCRIBED HEREINABOVE, AND WE REMAINED CONTINUOUSLY MARRIED, WITHOUT INTERRUPTION BY DIVORCE FROM THAT DATE UP TO THE DATE OF MY SPOUSE'S DEATH, 8/22/2019

"4. THAT THE VALUE OF MY SPOUSE'S ESTATE WAS INSUFFICIENT TO NECESSITATE THE FILING OF AN ESTATE TAX RETURN AND THAT THERE ARE NO STATE OR FEDERAL ESTATE OR INHERITANCE TAX DUE AS A RESULT OF HIS OR HER DEATH.

"5. THAT AFFIANT GIVES THIS AFFIDAVIT FOR THE PURPOSE OF INDUCING **Chicago Title Insurance Company** TO ISSUE ITS POLICY OR POLICIES INSURING THE TITLE TO SAID PROPERTY WITHOUT EXCEPTIONS(S) TO ENCUMBRANCE(S) OR VESTING ISSUES WHICH COULD HAVE POSSIBLY ARISEN IN THE EVENT OF DIVORCE OF THE AFFIANT AND AFFIANT'S SPOUSE; AND SAID AFFIANT DOES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS OF AND FROM ANY AND ALL LOSS, COST, DAMAGE AND EXPENSE OF EVERY KIND, INCLUDING ATTORNEYS' FEES, WHICH IT MAY SUFFER OR INCUR OR BECOME LIABLE FOR UNDER ITS SAID POLICY OR POLICIES ARISING DIRECTLY OR INDIRECTLY OUT OF OR ON ACCOUNT OF SUCH AN INTERVENING DIVORCE, OR IN CONNECTION WITH ITS ENFORCEMENT OF ITS RIGHTS UNDER THIS AGREEMENT."

FURTHER THE AFFIANTS SAYETH NAUGHT.

Melodie C. White (SEAL)

I, LaTonya S. Smith, a Notary Public of the County of Davidson, State of Tennessee, do hereby certify that Melodie C. White personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this 27 day of March, 2020.

LaTonya S. Smith
NOTARY PUBLIC

MY COMMISSION EXPIRES: 8/27/2023 (SEAL)

LATONYA S SMITH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
My Comm. Expires 8/27/2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 010964

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: TONY WHITE				2. SEX: MALE	3. DATE OF DEATH: 02/22/2019	
4. TIME OF DEATH (Approx.): 13:50	5a. AGE: 82	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 04/20/1936	7. BIRTHPLACE: WICHITA, KS	
8a. PLACE OF DEATH: INPATIENT						
8b. FACILITY NAME: ALVIN C. YORK VA MEDICAL CENTER			8c. CITY OR TOWN: MURFREESBORO		8d. COUNTY OF DEATH: RUTHERFORD	
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): MELODIE CHAPMAN		11a. DECEDENT'S USUAL OCCUPATION: AIR TRAFFIC CONTROLLER		11b. KIND OF BUSINESS/INDUSTRY: USAF	
12. NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 957 CENTURY OAK DRIVE		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37211		14. WAS DECEDENT EVER IN US ARMED FORCES?: YES	
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

NAME OF DECEDENT (To be completed by Physician or Institution)

PARENTS

18. FATHER'S NAME: ANTHONY RAYMOND WHITE	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY GIVENS

20a. INFORMANT'S NAME: MELODIE CHAPMAN WHITE	20b. RELATIONSHIP TO DECEDENT: WIFE	20c. MAILING ADDRESS: 957 CENTURY OAK DRIVE, NASHVILLE, TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: MIDDLE TN VETERANS CEMETERY	21c. LOCATION: NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ DONNET BULLARD	22b. LICENSE NUMBER: 6350	22c. SIGNATURE OF EMBALMER: ▶	22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME AND CREMATORY, 6962 CHARLOTTE PIKE, NASHVILLE, TN 37209-4208			23b. LICENSE NUMBER: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 03/01/2019

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: ▶ /e/ SHAZIA N FAZILI	27b. LICENSE NUMBER: 038283	27c. DATE SIGNED: 02/28/2019
27d. NAME AND ADDRESS: SHAZIA N FAZILI 3400 LEBANON ROAD, MURFREESBORO, TN 37129		

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). 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	a. CONGESTIVE HEART FAILURE, VASCULAR DEMENTIA	
	DUE TO (OR A CONSEQUENCE OF)	
	b. HYPERTENSIVE AND VALVULAR HEART DISEASE, STROKE	
	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: NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN	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. 8/2017) RDA 10112

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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.

MAR 0 1 2019

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

Edward H. Bishop III

Edward G. Bishop III
State Registrar

1 1 0 2 6 5 7 4
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 *CRESCIT EUNDO*

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

202004130038347

True Copy Certification

I, Benjamin D. Farrar, Esq., 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 Georgia

County of Cobb

Personally appeared before me, Cherylene Warner, a notary public for this county and state, Benjamin D. Farrar, 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: 9/13/2020
Notary' Seal (if on paper)

OFFICIAL SEAL
CHERYLENE WARNER
Notary Public, Georgia
COBB COUNTY
My Commission Expires
SEPTEMBER 13, 2020