Karen Johnson Davidson County
Batch# 414438 AFFIDAVIT
06/15/2020 09:44:30 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20200615-0060746

Prepared by:
Opendoor Title, LLC
2170 Satellite Blvd, Suite 200
Duluth, GA 30097
Re: OD-NAS-198313

Cross Reference: Warranty deed in Book 7781, page 26, Register's Office for Davidson County, Tennessee,

AFFIDAVIT OF SURVIVING JOINT TENANTS
MONUMENT OF TITLE

STATE OF Tennessee
COUNTY OF Davidson

In re: Property of Charles W Johnson Jr. and Saundra F. Johnson

Land in Davidson County, Tennessee, being Lot No. 13 on the Plan of Maple Valley Subdivision, Section Two of record in Plat Book 6200, Page 645, 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 Charles W. Johnson, Jr and wife, Saundra F. Johnson by Warranty deed from Geotek Enterprises, a General Partnership composed of Ronald A. Jones and Louis P. Mishu of record in Book 7781, page 26, Register's Office for Davidson County, Tennessee, dated February 22, 1989 and recorded on February 28, 1989.

Property Address: 4032 Creekside Drive, Nashville, TN 37211

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 Charles W Johnson Jr. or those persons claiming under and through Saundra F. Johnson claim the right to ownership or possession of the said property;
2. That Charles W Johnson Jr. is the surveying Joint Tenant with Right of Survivorship, because that certain former owner and joint tenant Saundra F. Johnson is deceased; and
3. That Saundra F. Johnson died on 9/2/2015 in Davidson County, Georgia, as shown in the vital records of Davidson County, Georgia.
4. A true and correct copy of the death certificate of Saundra F. Johnson is attached hereto as Exhibit "A".

Charles W Johnson Jr.

STATE OF Tennessee

COUNTY OF Davidson

The foregoing instrument was acknowledged before me this 19th day of November 20 19, by Charles W. Johnson, Jr

S W. Nordstrom
NOTARY PUBLIC
Print Name: Steven W. Nordstrom

My Commission Expires: 10/17/2021

(SEAL)

STEVEN W NORDSTROM
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Saundra Faye Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 2, 2015
4. TIME OF DEATH (Military):
5a. AGE-Last Birthday (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 19, 1950
7. BIRTHPLACE (City and State or Foreign Country): Cleveland, Ohio

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 4032 Creekside Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Charles William Johnson, Jr.
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home
12. SOCIAL SECURITY NUMBER: 3-0105
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4032 Creekside Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

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): Jefferson Davis
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Millie Ball

DISPOSITION

20a. INFORMANT'S NAME: Charles William Johnson, Jr.
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4032 Creekside Drive, Nashville, Tennessee 37211
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☒ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION – City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nathaniel Holman
22b. LICENSE NUMBER: 5974
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Cremation Center, 8120 Sawyer Brown Road-Suite108, Nashville, TN 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 1319

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 9/10/15

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ Stark C. Ervin
27b. LICENSE NUMBER: MD 10984
27c. DATE SIGNED (Month, Day, Year): 9/8/15
27d. NAME AND ADDRESS: S. C. ERVIN 3731 OLD CHARLOTTE PK. FRANKLIN, TN

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.	Metastatic C.T. Cancer	2 yrs
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)	Multiple Adenomas	14 yrs
c. Due to (or as a consequence of)	Obesity	
d. Due to (or as a consequence of)	Hypertension	

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)

TH-1659 (Rev. 10/2012)
RDA 1399

8243525

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

8243525

R. Berton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

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 GWINNETT COUNTY EXPIRES February 8, 2022