RECORD AND REQUESTED BY:
GODEEDS, INC.
Attn: LegalZoom Dept.
8940 Main Street
Clarence, NY 14031
File No. 538775486-63096633

Karen Johnson Davidson County
Batch# 417650 AFFIDAVIT
06/17/2020 02:32:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20200617-0063371

This document prepared by:

JOHN O. WINDSOR, ESQ.
1775 Lelia Drive Suite E (2nd floor)
Jackson, MS 39216
866-333-3081

Tax ID No.: 059 06 0 039.00

AFFIDAVIT OF DECEASED JOINT TENANT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned Notary Public, personally appeared Thelma D. Dismuke, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is Thelma D. Dismuke and I reside at 733 Troy Drive, Nashville, TN 37207.

2. I owned real property as a tenant in common with right of survivorship with Theodore T. Dismuke, who, at the time of his demise, was one of the owners of such real property located in DAVIDSON County, State of TENNESSEE, described as follows:

SEE ATTACHED EXHIBIT A

3. Theodore T. Dismuke, my tenant in common, departed this life on August 8, 2019. As evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the sole surviving tenant of the property described herein.

Dated this 2 day of June, 2020

Thelma D. Dismuke

Thelma D. Dismuke

J. HENRY SHERRELL
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-8-2022

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed and sworn to (or affirmed) before me this 2 day of June, 2020 by Thelma D. Dismuke, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public
(Seal)

EXHIBIT A
LEGAL DESCRIPTION

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 35 ON THE PLAN OF EWING VALLEY, SECTION 1, OF RECORD IN BOOK 4300, PAGE 167, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 35 FRONTS 70 FEET ON THE NORTHERLY SIDE OF TROY DRIVE AND EXTENDS BACK 110.3 FEET ON THE EASTERLY LINE AND 145.8 FEET ON THE WESTERLY LINE TO A BROKEN LINE IN THE REAR MEASURING 106.71 FEET THEREON.

THIS CONVEYANCE IS SUBJECT TO RESTRICTIVE COVENANTS OF RECORD IN BOOK 4601, PAGE 374, SAID REGISTER'S OFFICE; EASEMENTS AND SETBACK LINES AS SET FORTH ON THE ABOVE PLAN OF RECORD; AND TAXES FOR THE CURRENT YEAR WHICH HAVE BEEN PRORATED AND ASSUMED BY THE GRANTEES HEREIN.

APN: 059 06 0 039.00

PROPERTY COMMONLY KNOWN AS: 733 TROY DRIVE, NASHVILLE, TN 37207

STATE OF TENNESSEE
Office of Vital Records

1004967

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Theodore Thomas Dismuke, Jr.	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): August 8, 2010	
4. SOCIAL SECURITY NUMBER (of Deceased): -4980	5a. AGE - LAST BIRTHDAY (Years): 64	5b. UNDER 1 YEAR: MOS. DAYS	5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 27, 1945	7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No	9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number): Skyline Hospital	9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville	9d. COUNTY OF DEATH: Davidson	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Never Married	11. SURVIVING SPOUSE (If wife, give maiden name):	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Custodial Worker	12b. KIND OF BUSINESS/INDUSTRY: Tennessee Road Builders
13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 733 Troy Drive
CENSUS TRACT: 9	13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE: 37207	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No Specify, if yes:
15. RACE - American Indian, Black, White, etc. (Specify): Black	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College(1-4 or 5+): 1		
17. FATHER'S NAME (First, Middle, Last): Theodore Thomas Dismuke, Sr.	18. MOTHER'S NAME (First, Middle, Maiden Surname): Iona Britt		
19a. INFORMANT'S NAME (Type/Print): Thelma D. Dismuke	19b. RELATIONSHIP TO DECEASED: Sister	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 733 Troy Drive Nashville, TN 37207	
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery-Main	20c. LOCATION - City or Town, State: Nashville, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502	21c. SIGNATURE OF EMBALMER: ▶ Ronnie Reed	21d. LICENSE NUMBER OF EMBALMER: 3964
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville, TN 37208	22b. LICENSE809 NUMBER OF FUNERAL HOME: 809		
23. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowers, DR	24. DATE FILED (Month, Day, Year): August 27, 2010		
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature] MD	25b. LICENSE NUMBER: TN 12274	25c. DATE SIGNED (Month, Day, Year): 8-25-10	
26a. 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 as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)	

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): H.S. GASKIN, MD Mathew Walker, 1035 14th Ave N., Nville, Tn

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Diabetes Mellitus	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Hypertension	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Epilepsy	
	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?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [ ] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [✓] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined		M	1 [ ] Yes 2 [ ] No	
	31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

PH-1659 (REV. 6/99)

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.

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Date Issued

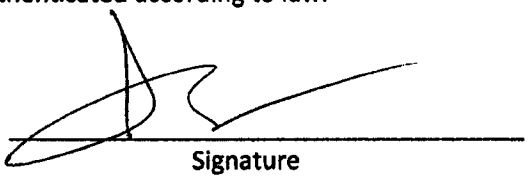
THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

ANTI-FRAUD PROTECTION PATENTS 5197765, 5368151

CERTIFICATION OF VITAL RECORD

TRUE COPY CERTIFICATION

I, Frank Dec, 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.



Signature

STATE OF NEW YORK

COUNTY OF ERIE

Personally appeared before me, JIM ROALDI, a notary public for this country and state, FRANK DEC, who acknowledges that this certification of an electronic document is true and correct and who signature I have witnessed.



Notary Public's Signature

My Commission Expires 6/6/21

Notary's Seal

JAMES ROALDI
Notary Public, State of New York
Qualified in Erie County
Commission Expires June 06, 2021