Recording requested by,
When recorded return to:
Name: **JOHN MONTANARI**
Firm/Company: **AMERICAN HOME TITLE**
Address: **4501 CHARLOTTE PARK DR**
Address 2: **STE 120**
City, State, Zip: **CHARLOTTE NC 28217**
Phone: **704-215-4220**

GF#

Karen Johnson Davidson County
Batch# 419011 AFFIDAVITH
06/18/2020 11:21:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20200618-0064114

--------Above This Line Reserved For Official Use Only----------

AFFIDAVIT OF DEATH – TENANT BY THE ENTIRETY

STATE OF ~~TENNESSEE~~ Virginia N.B

COUNTY OF ~~Richmond City~~ Chesterfield

Jeanne Wallace of legal age, being first duly sworn, deposes and says:

1. That Joseph Wallace the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joseph L Wallace named as one of the parties in that certain _____ Deed dated 8-26-14, executed by * _____ to ** _____, as tenants by the entirety, recorded as Instrument No. _____ on _____ in the Office of the County Recorder of the County of _____, Tennessee, covering the following described property situated in the said County, State of Tennessee:

* James Edward Scott Lewis, Susan Elizabeth Maitland
** Joseph James Wallace, Joseph Francis Wallace Joseph Wallace

2. That affiant certifies that he/she and Joseph Wallace were husband and wife on the date of taking title to the above described property and remained continuously married until the date of his/her death.

FURTHER AFFIANT SAYETH NOT.

X Jeanne Wallace
Jeanne Wallace
AFFIANT

Subscribed and Sworn to before me this 14th day of May, 20 20

Noewie Bemah, Chesterfield County, Virginia

Notary Public Commissioned for said County and State

NOEWIE BEMAH
Notary Public
Commonwealth of Virginia
7830796
My Commission Expires 9/30/2023

CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Department of Health and Mental Hygiene
Division of Vital Records

Please Type or Print In Black Indelible Ink. Ensure All Copies Are Legible.

G-02223

1- For State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

Physician/ Medical Examiner

1. Decedent's Name (First, Middle, Last)	2. Date of Death Month Day Year	3. Time of Death
Joseph Francis Wallace	02/25/2016	7:20 AM

4. Facility Name (If not institution, give street and number)	4b. City, Town or Location of Death	4c. County of Death
6909 Persimmon Tree Road	Bethesda	Montgomery

Funeral Director

5. Social Security Number	6. Sex	7. Age (In yrs. last birthday)	If Under 1 Year: Months / Days	If Under 24 Hrs.: Hours / Mins.	8. Date of Birth (Month, Day, Year)	9. Birthplace (State or Foreign Country)
-2759	1 ☒ M 2 ☐ F	62 Yrs.			10/25/1953	Washington, D

To Be Completed by Funeral Director

Usual Residence of Decedent: 10a. State	10b. County	10c. City, Town or Location	10d. Inside City Limits
Virginia		Richmond	1 ☒ Yes 2 ☐ No

10e. Street and Number	10f. Zip Code	10g. Citizen of What Country
7700 Ardendale Road	23225	United States

11. Marital Status	12. Was Decedent Ever in U.S. Armed Forces?	13. Was Decedent of Hispanic Origin? (Specify Yes or No– If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	14. Race - American Indian, Black, White, etc.
1 ☐ Never Married 2 ☒ Married 3 ☐ Married but Separated 4 ☐ Widowed 5 ☐ Divorced	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No Specify:	Specify: White

15. Decedent's Education (Specify highest level completed)	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)	16b. Kind of Business/Industry
PhD	Director	Non-Profit Organization

17. Father's Name (First, Middle, Last)	18. Mother's Name Prior to First Marriage (First, Middle, Last)
Joseph James Wallace	Margaret Tate

19a. Informant's Name/Relationship (Type, Print)	19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Jeanne Wallace / Wife	7700 Ardendale Rd. Richmond, VA 23225

20a. Method of Disposition	20b. Place of Disposition (Name of cemetery, crematory or other place)	Date	20c. Location - City or Town, State
1 ☐ Burial 2 ☒ Cremation 3 ☐ Entombment 4 ☒ Removal from State 5 ☐ Donation 6 ☐ Other (Specify)	National Crematory	02/29/2016	Falls Church, VA

21. Signature of Funeral Service Licensee ▶		22. Name and Address of Facility
[signature]	M01676	Joseph Gawler's Sons LLC. 5100 Wisconsin Avenue NW Washington, DC 20016

Physician/ Medical Examiner

Medical Certificate: To Be Completed by Physician/Medical Examiner

23a. Part 1. Enter the chain of events – disease, injuries, or complications – that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. RSCVD	
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. Due to (or as a consequence of):	

IF FEMALE: 23b. Was the decedent pregnant in the last 12 months?	23c. If yes, outcome of pregnancy	23d. Date of delivery
1 ☐ Yes 2 ☐ No 3 ☐ Unknown	1 ☐ Live Birth 2 ☐ Fetal death 3 ☐ Ectopic pregnancy 4 ☐ Pregnant at time of death 5 ☐ Other (specify) _____ 6 ☐ Unknown	Month Day Year

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

Renal disease
Sabry's disease

23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☒ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?
1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner?	26. Place of Death (Check only one)
1 ☒ Yes 2 ☐ No	Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA — Other: 4 ☐ Nursing Home/Long Term Care Facility 5 ☐ Hospice Facility 6 ☐ Decedent's home 7 ☒ Other (Specify) Home of Sister

27. Manner of Death	28a. Date of Injury (Month, Day, Year)	28b. Time of Injury	28c. Injury at work?	28d. 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	

28e. Place of injury - At home, farm, street factory, office building etc. (Specify)	28f. Location (Street and Number or Rural Route Number, City, or Town, State)

To the Hospital or Attending Physician: The law requires that the death certificate be completed within 24 hours after death.

To the Funeral Director: If this certificate has been signed by attending physician or medical examiner, complete and file with the local registrar. Page 2 should be completed by the funeral director. Page 2 should be completed by the physician or medical examiner as soon as the facts are available.

29a. Certifier (Check only one)
1 ☐ **Certifying Physician:** To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
2 ☐ **Certifying Nurse Practitioner:** To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
3 ☐ **Certifying Physician Assistant:** To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
4 ☒ **Medical Examiner:** On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated.

29b. Signature and title of certifier	29c. License number	29d. Date signed (Month, Day, Year)
▶ [signature] MD	D-20428	2-26-2016

30. Name and address of person who completed cause of death (Item 23a) (Type, Print): IRA N. BRECHER, MD, OMM 624 Hawkesbury Ln Silver Spring MD 20904

31. Date filed (Month, Day, Year)	32. Registrar's Signature
FEB 29 2016	[signature]

State Registrar

MH 17 Rev. 07-2014

2444172

ORIGINAL

02/29/2016
DATE ISSUED:

I HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF STATE OF MARYLAND CLEARLY EMBOSSED.
GENEVA G. SPARKS, STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING IN THE VILLAGE OF BORDEAUX, KNOWN AS 2106 CLIFF DRIVE, NASHVILLE, TENNESSEE AND DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE EASTERLY MARGIN OF CLIFF DRIVE 489 FEET, MORE OR LESS, NORTH OF THE NORTHERLY MARGIN OF HIGHWAY NO. 112, BEING THE NORTHWEST CORNER OF THE PROPERTY CONVEYED TO MRS. A. R. GIBBONS BY DEED FROM MRS. LENA ST. CHARLES AND HUSBAND, OF RECORD IN BOOK 1491, PAGE 258, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE; THENCE ALONG THE MARGIN OF CLIFF DRIVE NORTH 32 DEGREES EAST 80 FEET; THENCE SOUTH 58 DEGREES EAST 285 FEET, MORE OR LESS, TO THE LOW WATER MARK OF THE CUMBERLAND RIVER; THENCE ALONG SAID LOW WATER MARK SOUTHERLY 80 FEET TO THE NORTHEAST CORNER OF THE PROPERTY CONVEYED TO MRS. GIBBONS; THENCE ALONG HER NORTHERLY LINE NORTH 58 DEGREES WEST 295 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

Parcel ID: 070 13 0 115.00

Commonly known as 2106 Cliff Drive, Nashville, TN 37218
However, by showing this address no additional coverage is provided

The instrument constituting the source of the Borrower's interest in the foregoing described property was a Warranty Deed recorded in Instrument: 20140827-0078188 in the Register's Office of Davidson County, Tennessee.

True Copy Certification

I, John Midler, 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.

John Midler

Signature

State of NC

County of MECKLENBURG

Personally appeared before me, JAMIE S. WEYANT, a notary public for this county and state ~~MECKLENBURG, NC~~ * who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed

* John Midler

J. S. Weyant

Notary's Signature

My Commission Expires: 02/04/2023

Notary Seal (if on paper)

JAMIE S WEYANT
Notary Public
Gaston County
NORTH CAROLINA