Karen Johnson Davidson County
Batch# 440200 AFFIDAVITH
07/20/2020 08:22:25 AM 2 pgs
Fees: $12.00 Taxes: $0.00
20200720-0079048

Instrument Prepared by:
John M. Ballard
1224-B Columbia Ave, Ste. 200
Franklin, TN 37064

Affidavit of Survivorship

State of Tennessee)

County of Davidson)

I, Ida Cook, residing at 793 Dover Glen Drive, Antoich, Tennessee 37013, being of legal age, having first been duly sworn state that:

1. On December 10, 2004 by Warranty Deed recorded by the Davidson County Records as Instrument Number 20050106-0002401, being part of the same property recorded by Warranty Deed in Instrument No. 2004-07220087783 ('the Deed"), the Affiant and Larry Cook become owners of the following legally described property:

   Land in Davidson County, Tennessee, being all of Lot No. 2, on the Final Plat, Highlands Chelsea Village, Section One, as shown by plat appearing of record in Instrument No. 20040309-0026802, of the Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for more complete details of said lot.

2. Affiant and Larry Cook own the property in tenancy by entirety as husband and wife.

3. On August 31, 2013, Larry Cook died, thereby terminating Larry Cook's interest in the above described real property. A certified copy of the death certificate of Larry Cook is attached.

OATH

I, Ida Cook, hereby certify that foregoing is true, correct, and accurate to the best of my knowledge, information, and belief.

Ida m. Cook

Ida Cook

SWORN TO AND SUBSCRIBED before me

This 8 day of July, 2020.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 7-5-2021

STATE OF TENNESSEE
Office of Vital Records

82502901688

13-05415

TENNESSEE DEPARTMENT OF HEALTH
DELAYED REPORT OF DIAGNOSIS - DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK.

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Larry Cook	Male	August 31, 2013

4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR: Months / Days	4c. UNDER 1 DAY: Hours / Minutes	5. DATE OF BIRTH (Month, Day, Year)
62			March 22, 1951

6a. FACILITY NAME (If not institution, give street and number)	6b. CITY OR TOWN	6c. COUNTY OF DEATH
Southern Hills Medical Center	Nashville	Davidson

A DELAYED REPORT OF DIAGNOSIS MAY BE FILED IF THE CAUSE OF DEATH CANNOT BE DETERMINED WITHIN 48 HOURS.

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
Larry B Kelly Jr DR	Nov 1, 2013

26. CERTIFIER (Complete 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.

ALL ITEMS MUST BE COMPLETE AND ACCURATE. THIS WORKSHEET AND DMV FORM MUST BE THE SAME AS ON CERTIFICATE OF DEATH.

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
Erin M. Carney Erin M Carney, M.D.	90169	October 30, 2013
	27d. NAME AND ADDRESS: 960 R.B. Gass Boulevard, Nashville, TN 37216; MEC13-1770	

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Complications of acute cerebral spinal hemorrhage	Due to (or as a consequence of):	Approximate Interval: Onset to 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	b. Blunt trauma exacerbating degenerative disc disease and osteoarthritis	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.
Diabetes mellitus, hypertensive cardiovascular disease

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 42 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY - (at home, farm, street, factory, office, building, etc.) (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	Unknown	UNK	☒ Yes ☐ No	Steps of state building
	34e. DESCRIBE HOW INJURY OCCURRED: Undocumented fall at work			34f. LOCATION OF INJURY (Street and Number, City or Town, State): Unknown

RN-1088 (Rev. 8/2011) RDA 1389

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.

6304982

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

6304982

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued
12/11/2013

CERTIFICATION OF VITAL RECORD