Karen Johnson Davidson County
Batch# 454176 AFFIDAVIT
08/11/2020 01:39:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20200811-0089336

# AFFIDAVIT OF FACTS

STATE OF ~~TENNESSEE~~ DEH Wisconsin

COUNTY OF ~~DAVIDSON~~ DEH Vilas

BEFORE ME, the undersigned authority, on this 8th day of June, 2020, personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is **SHARON J. HELS**, 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, **J. BRADBURY REED**, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed DATED AUGUST 17, 2004, RECORDED, AUGUST 17, 2004, IN INSTRUMENT NO. 20040817-0099494, IN THE OFFICIAL RECORDS OF DAVIDSON COUNTY, TENNESSEE to wit:

BEING THE NORTHERLY 10 FEET OF LOT NO. 150 AND THE SOUTHERLY PART OF LOT NO. 148 ON THE PLAN OF ROYAL OAK LAND COMPANY'S SUBDIVISION, OF THE BAKER TRACT, AS OF RECORD IN BOOK 421, PAGES 102 AND 103, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS:

BEGINNING AT AN IRON PIN IN THE WESTERLY MARGIN OF LYNWOOD BOULEVARD, 10 FEET SOUTH OF THE COMMON CORNER OF LOTS NOS. 150 AND 148 ON SAID PLAN; THENCE WITH THE MARGIN OF SAID BOULEVARD, NORTHWARDLY 150 FEET TO AN IRON PIN, THENCE WESTWARDLY 242 FEET, MORE OR LESS, TO THE EASTERLY LINE OF LOT NO. 149 IN SAID SUBDIVISION, SAID POINT BEING 100 FEET SOUTH OF THE COMMON CORNER OF LOTS NOS. 146 AND 148 ON SAID PLAN: THENCE WITH THE COMMON BOUNDARY LINE BETWEEN LOTS 148 AND 149 AND BETWEEN LOTS NOS. 150 AND 151, SOUTHERLY 160 FEET TO A POINT, SAID POINT BEING 10 FEET SOUTH OF THE COMMON CORNERS OF LOTS 148, 149, 150 AND 151; THENCE EASTERLY 220 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

PARCEL ID #130-03-0-077-00

Commonly known as: 613 Lynnwood Boulevard, Nashville, TN 37205

"3. That my spouse and I were married prior to AUGUST 17, 2004, 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 FEBRUARY 2, 2016.

"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 death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity National 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 Fidelity National Title Insurance Company 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.

**SHARON J. HELS**

DAWN ELIZABETH HURNING NOTARY PUBLIC STATE OF WISCONSIN

**STATE OF ~~TENNESSEE~~ DEH Wisconsin**

**COUNTY OF** VILAS

Before me, the undersigned, a Notary Public within and for the State and County aforesaid, personally appeared, Sharon J. Hels, whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and upon oath acknowledged he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office at 7720 Point Rd Presque Isle DEH ~~Tennessee~~ Wisconsin on this date of June 8, 2020.

Dawn Elizabeth Hurning
Notary Public
My Commission Expires: 11/12/2021

# 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): John Bradbury Reed
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 2, 2016
4. TIME OF DEATH (Approx.): 23:44
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 15, 1939
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): 613 Lynwood Blvd
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Sharon Hels
11a. DECEDENT'S USUAL OCCUPATION: Attorney
11b. KIND OF BUSINESS/INDUSTRY: Law
12. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 613 Lynwood Blvd.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37205
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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): Arthur Dickerson Reed
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruth Tigert Bradbury

**DISPOSITION**

20a. INFORMANT'S NAME: Sharon Hels
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 613 Lynwood Blvd. Nashville, TN 37205
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jeff Plunk
22b. LICENSE NUMBER: 4427
22c. SIGNATURE OF EMBALMER: ▶ None
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Avenue North, Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 40

**REGISTRAR**

24. REGISTRAR'S SIGNATURE: ▶ Deloach Rhoads (DX)
25. DATE FILED (Month, Day, Year): February 4 2016

**CERTIFIER**

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

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.
27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 2/3/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

**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. Prostate Cancer | |
| 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 | Due to (or as a consequence of): b. | |
| | 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.

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)

PH-1659 (Rev. 10/2011) RDA 1399

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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.

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

8357724

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

FEB - 4 2016
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD

202008110089336

# True Copy Certification

I, Karla Haizlip, 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 Rhode Island

County of Newport

Personally appeared before me, Melanie Bonacasa, a notary public for this county and state, Karla Haizlip 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: 8/27/2023

Notary' Seal (if on paper)

