THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 1935 21st Avenue South, Suite 100 Nashville, Tennessee 37212 (615) 800-7000 Karen Johnson Davidson County Batch# 455654 **AFFIDAVITH** 08/13/2020 08:39:51 AM 5 pgs Fees: $27.00 Taxes: $0.00 20200813-0090468	STATE OF Virginia COUNTY OF Fairfax The actual consideration for this transfer is: $0.00 Eva Jo Russell Eva Jo Russell, AFFIANT Subscribed and sworn to before me, this 28th day of July 2020. Eva Jo Russell NOTARY PUBLIC My Commission Expires: 10/31/2020 Kempe M DeGroot KEMPER MARIE DEGROOT COMMONWEALTH OF VIRGINIA REGISTRATION NO 7692930 MY COMM. EXPIRES 10/31/2020 NOTARY PUBLIC

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Harold Steven Creech 909 Berry Street Old Hickory, TN 37138	New Owner	Map-Parcel Numbers 044-15-0-092.00

AFFIDAVIT OF HEIRSHIP

1. My name is Eva Jo Russell. I am an adult resident of the State of Virginia, I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. At the time of her passing, Wilma "Jodie" Jo Fitzgibbon Creech (the "Decedent") was my sister-in-law and I had known her for over ten (10) years at that point.

3. Decedent died in Nashville, Davidson County, Tennessee on March 16, 2019. A copy of the Certificate of Death is attached hereto as **Exhibit 1**.

4. Decedent was survived by a single heir-at-law, being her spouse, Steven Harold Creech. Decedent did not have any children during her lifetime. Probate has been opened in Davidson County, being case number 19p761.

5. At the time of her death, Decedent owned real property commonly known as 909 Berry Street, Old Hickory, TN 37138 and is more particularly described as:

Land in Davidson County, Tennessee, being Lot 76, as shown on the map entitled Plan of Section "D", Village of Old Hickory, of record in Plat Book 1424, page 65, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to Joshua C. Wilson, by deed from Regions Bank, Successor by Merger with AmSouth Bank, and Alabama Banking Corporation, or record in Instrument No. 20140124-0006792, dated January 24, 2014, Register's Office for Davidson County, Tennessee.

This conveyance is subject to all matters as shown on the Plan of record in Plat Book 1424, page 65, and any and all other easements, conditions and restrictions which may affect said property of record in the Register's Office for Davidson County.

7. At the time of her death, said real property vested immediately in her sole heir-at-law, being Harold Steven Creech, by operation of law and remains so vested today.

FURTHER AFFIANT SAYETH NOT.

SWORN this 28th **day of** July **2020.**

Eva Jo Russell

Eva Jo Russell, Affiant

STATE OF Virginia)

)

COUNTY OF Fairfax)

Now having first been sworn, the above-named Eva Jo Russell, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 28th day of July 2020.

Kemper M DeGroot

Notary Public

KEMPER MARIE DEGROOT
COMMONWEALTH OF VIRGINIA
REGISTRATION NO. 7692930
MY COMM. EXPIRES 10/31/2020
NOTARY PUBLIC

My commission expires: 10/31/2020

Exhibit 1

(Death Certificate of Wilma Jo Fitzgibbon Creech)

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 015700

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: WILMA JO FITZGIBBON-CREECH					2. SEX: FEMALE	3. DATE OF DEATH: 03/18/2019
4. TIME OF DEATH (Apprx.): 02:39 PM	4a. AGE: 55	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 12/09/1963	7. BIRTHPLACE: SCOTTSBURG, IN	
8a. PLACE OF DEATH: INPATIENT						
8b. FACILITY NAME: CENTENNIAL MEDICAL CENTER		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): STEVEN CREECH		11a. DECEDENT'S USUAL OCCUPATION: COMMUNICATIONS MANAGER		11b. KIND OF BUSINESS/INDUSTRY: BANKING	
12. SOCIAL SECURITY NUMBER: 8716	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: OLD HICKORY	
13d. STREET AND NUMBER: 1157 CLEVELAND HALL BLVD.		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37138		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO	
15. DECEDENT'S EDUCATION: BACHELOR'S DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			
18. FATHER'S NAME: VALLERY STAPLES			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARTHA ELLA ELDRIDGE			
20a. INFORMANT'S NAME: STEVEN CREECH	20b. RELATIONSHIP TO DECEDENT: HUSBAND		20c. MAILING ADDRESS: 1157 CLEVELAND HALL BLVD., OLD HICKORY, TN 37138			
21a. METHOD OF DISPOSITION: CREMATION REMOVAL FROM STATE	21b. PLACE OF DISPOSITION: BORDEN CREMATION SERVICE		21c. LOCATION: LOUISVILLE, KY			
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ KEVIN COLLINS	22b. LICENSE NUMBER: FD00001412	22a. SIGNATURE OF EMBALMER: /s/ Sean Anthony Johnson			22d. LICENSE NUMBER: 6788	
23a. NAME AND ADDRESS OF FUNERAL HOME: COLLINS FUNERAL HOME, 465 W. MCCLAIN AVE., SCOTTSBURG, IN 47170					23b. LICENSE NUMBER: FH83000083	
24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III		25. DATE FILED: 03/25/2019				

26. CERTIFIER

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

26a. ■ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
/s/ MICHAEL NOTTIDGE	53488	03/25/2019

27d. NAME AND ADDRESS: MICHAEL NOTTIDGE 2300 PATTERSON STREET, NASHVILLE, TN 32023

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) 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	a. ACUTE HYPOXIC AND HYPERCAPNIC RESPIRATORY FAILURE	
	DUE TO (OR A CONSEQUENCE OF)	
	b. ACUTE PULMONARY EMBOLI	
	DUE TO (OR A CONSEQUENCE OF)	
	c. METASTATIC LUNG CANCER	
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: METASTASIS TO BRAIN; SEIZURE DISORDER

29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?:

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	UNKNOWN	NOT PREGNANT WITHIN PAST YEAR

33. IF TRANSPORTATION INJURY, SPECIFY	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY

34e. DESCRIBE HOW INJURY OCCURRED:

34f. LOCATION OF INJURY:

VH-1658 (Rev. 6/2017) RDA 1012

11031379

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.

MAR 25 2019

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

Edward G. Bishop III
State Registrar

11031379
Date Issued

CERTIFICATION OF VITAL RECORD