Karen Johnson Davidson County
Batch# 461204 AFFIDAVITH
08/21/2020 08:10:16 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20200821-0094315

AFFIDAVIT OF SURVIVORSHIP

I, Marsha G. Basore, being first duly sworn and having taken an oath, upon personal knowledge, do hereby state and declare as follows:

1. I am of the age of majority and am competent to testify as to the matters set out herein.

2. I am a resident of the State of Tennessee, residing in Davidson County, at 916 Beaumont Drive, Madison, Tennessee 37115 (the "Property").

3. On May 11, 1967, a warranty deed signed, and on May 22, 1967, was recorded in Book 4133, Page 573, Register of Deeds' Office for Davidson County, Tennessee. Affiant and husband, Stuart H. Basore, became owners as tenants by the entirety of a tract or parcel of land located in Davidson County, Tennessee, and with the Property being more particularly as follows:

   Being Lot No. 71 on the Map of Section Two, Pleasant Acres, of record in Book 2133, page 75, Register's Office for said County, and described as follows:

   Beginning at a point in the West margin of Beaumont Drive at the corner of Lots Nos. 70 and 71; thence with the line between said lots westerly 160.14 feet to the east line of corner of Lot No. 74; thence with the line between Lots Nos. 71 and 74, southerly 20 feet to the corner of Lot No. 73; thence with the line between Lots Nos. 71 and 73, southeasterly 91.58 feet to the corner of Lot No. 72; thence with the line between Lots Nos. 71 and 72, easterly 100.95 feet to the west margin of Beaumont Drive; then with the margin of the same northerly 90 feet to the point of beginning.

4. On February 5, 2018, Stuart H. Basore, died, thereby terminating Stuart H. Basore's interest in the Property. An original of the death certificate is attached hereto.

This 19 day of June, 2020.

Marsha G. Basore

STATE OF TENNESSEE)
) ss
COUNTY OF DAVIDSON)

Sworn and subscribed before me this 19th day of June, 2020.

Notary Public

My commission expires: October 2, 2023

SHARON STONE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This instrument prepared by:

Name: Jennifer L. Rawls, Esq.
Address: 4017 Lake Parkway
Hermitage, TN 37076
Phone: 615-347-0622

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 006337

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK (NAME OF DECEDENT: FIRST, MIDDLE, LAST, SUFFIX)

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
STUART H BASORE				MALE	02/05/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
12:22	80					05/03/1937	FORT MONROE, VIRGINIA

8a. PLACE OF DEATH: DECEDENT'S HOME

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
916 BEAUMONT DRIVE	MADISON	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	MARSHA GRAY	MUSICIAN	ENTERTAINMENT

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-----1999	TENNESSEE	DAVIDSON	MADISON

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
916 BEAUMONT DRIVE	YES	37115	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
FLOYD C BASORE	GRACE E ULRICH

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
MARSHA G. BASORE	WIFE	916 BEAUMONT DRIVE, MADISON, TENNESSEE 37115

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	SPRING HILL CEMETERY	NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ RANDALL WATSON	16243	▶ /e/ Randall A. Watson	16223

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TENNESSEE 37216	1046

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	02/07/2018

CERTIFIER

25. CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ SASHA L. BOWERS	052952	02/07/2018

27d. NAME AND ADDRESS: SASHA L. BOWERS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 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). 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. PARKINSON'S DISEASE	
	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	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: LEWY BODY DEMENTIA

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	NO	N/A

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

PH-1659 (Rev. 8/2017) RDA 10112

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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.

FEB 08 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 8 3 1 1 8 3
Date Issued

CERTIFICATION OF VITAL RECORD