Karen Johnson Davidson County
Batch# 463466 AFFIDAVIT
08/25/2020 03:52:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20200825-0096358

AFFIDAVIT OF FACTS

STATE OF Tennessee §
§
COUNTY OF Davidson §

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

"1. My name is Bessie V. Lyon, 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, Jimmy L. Lyon, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Instrument No. 20170714-0070918 among the land Records of Davidson County, Tennessee, to wit:

"3. That my spouse and I were married prior to July 14, 2017, 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, June 16, 2019.

"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 or her 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.

Bessie V Lyon (SEAL)
Bessie V Lyon

JUNE 18, 2020

Executed, subscribed and sworn to before me the day and year above written.

Notary Public

My Commission expires: 1/3/2023

CLARISSA BLAKE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-3-2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 036183

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: JIMMY LEE LYON
2. SEX: MALE
3. DATE OF DEATH: 06/16/2019
4. TIME OF DEATH (Approx): 15:10
5a. AGE: 73
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 05/12/1946
7. BIRTHPLACE: MURFREESBORO, TN
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 1022 PENNOCK AVENUE
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): BESSIE BAUGUS
11a. DECEDENT'S USUAL OCCUPATION: MAIL HANDLER
11b. KIND OF BUSINESS/INDUSTRY: U S POSTAL SERVICE
12. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 1022 PENNOCK AVENUE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME: MARYLAND LYON SR
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LYDA ODOM

20a. INFORMANT'S NAME: BESSIE BAUGUS LYON
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 1022 PENNOCK AVENUE, NASHVILLE, TN 37207

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: MIDDLE TN VETERANS STATE CEMETERY
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ MELVIN J SMITH
22b. LICENSE NUMBER: 4502
22c. SIGNATURE OF EMBALMER: ▶ /e/ Christopher Lee Jefferson
22d. LICENSE NUMBER: 6500
23a. NAME AND ADDRESS OF FUNERAL HOME: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618
23b. LICENSE NUMBER: 809

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G BISHOP III
25. DATE FILED: 07/01/2019

CERTIFIER

26. 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

MEDICAL CERTIFICATION

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

27a. CERTIFIER: ▶ /e/ FENG LI, M.D., J.D., PH.D.
27b. LICENSE NUMBER: 34173
27c. DATE SIGNED: 07/01/2019
27d. NAME AND ADDRESS: FENG LI, M.D., J.D., PH.D. 850 R. S. GASS BLVD, NASHVILLE, TN 37216

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 stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. ATHEROSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR 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: DIABETES MELLITUS

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

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN
32. IF FEMALE: 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

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

11344768

Edward G. Bishop III
Edward G. Bishop III
State Registrar

1 1 3 4 4 7 6 8

Date Issued: JUL 02 2019

SEAL OF THE STATE OF TENNESSEE 1796 DEPARTMENT OF AGRICULTURE DEPARTMENT OF COMMERCE

DEPARTMENT OF HEALTH DEPARTMENT OF AGRICULTURE DEPARTMENT OF COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Megan McNamara, 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.

Megan McNamara
Signature

State of Ohio

County of Cuyahoga

Personally appeared before me. Heidi Meehan, a notary public for this county and state, Megan McNamara who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Heidi Meehan
Notary's Signature

My Commission Expires: _____
Notary' Seal (if on paper)

NOTARIAL SEAL
STATE OF OHIO

HEIDI A. MEEHAN
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Cuyahoga County
My Comm. Exp. 7/22/2024