Karen Johnson Davidson County
Batch# 469188 AFFIDAVIT
09/03/2020 11:09:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20200903-0100475

AFFIDAVIT OF FACTS

Prepared by & Return to:
American Home title, llc
4501 Charlotte Park dr. Ste. 120
Charlotte, NC 28217
704-215-4220

STATE OF TN §
§
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 Donna Louise Thompson, 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, David P. Thompson, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Deed ~~Book ____ Page ____~~ * 20120928-0088727, among the land Records of Davidson, County, to wit:

"3. That my spouse and I were married prior to _____, 20___, 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, 05/11, 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.

_____(SEAL)

_____(SEAL)

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

_____
Notary Public

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

My Commission expires: 1/3/2023

Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS:

Unit 162, Stoner's Glen, Phase Two First Revision, as shown on Plat of record in Instrument No. 20001208-0121075, Corrected in Instrument Nos. 20010109-0002802 and 20010177-0005055, in the Register's Office, Davidson County, Tennessee to which plat reference is hereby made for a more particular description of said property.

Parcel ID: 075 15 0A 162.00

Commonly known as 162 Stoners Glen Dr, Hermitage, TN 37076
However, by showing this address no additional coverage is provided

The instrument constituting the source of the Borrower's interest in the foregoing described property was a Warranty Deed recorded in Instrument: 20120928-0088727 in the Register's Office of Davidson County, Tennessee.

* Spouse is deceased

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 026421

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
DAVID PIERCE THOMPSON	MALE	05/11/2019

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
08:00 PM	70					12/01/1948	NASHVILLE, TN

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
TRISTAR SUMMIT MEDICAL CENTER	HERMITAGE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	DONNA FELTNER	INSPECTOR	FIRE PROTECTION

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
XXX-XX-2690	TENNESSEE	DAVIDSON	HERMITAGE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
162 STONERS GLEN DRIVE	YES	37076	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
BENJAMIN THOMPSON	BETTY RETTEW

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
DONNA THOMPSON	WIFE	162 STONERS GLEN DRIVE, HERMITAGE, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
/e/ COURTNEY HISE REED	6897		

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138	540

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
/e/ EDWARD G. BISHOP III	05/14/2019

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
/e/ TOBY RAY SMITH	38068	05/14/2019

27d. NAME AND ADDRESS: TOBY RAY SMITH 5651 FRIST BLVD, SUITE 309, NASHVILLE, TN 37076

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.

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		APPROXIMATE INTERVAL: ONSET TO DEATH
→	a. SMALL BOWEL PERFORATION	
	DUE TO (OR A CONSEQUENCE OF)	
	b. SMALL BOWEL OBSTRUCTION	
	DUE TO (OR A CONSEQUENCE OF)	
	c. UPPER GASTROINTESTINAL BLEEDING	
	DUE TO (OR A CONSEQUENCE OF)	
	d. METASTATIC ESOPHAGEAL CANCER	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

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

11119085

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.

Edward G. Bishop III
State Registrar

1 1 1 1 9 0 8 5
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURE-X ANTI-FRAUD PROTECTION

True Copy Certification

I, John Midler, 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.

John Midler

Signature

State of NC

County of MECKLENBURG

Personally appeared before me, JAMIE S. WEYANT, a notary public for this county and state ~~MECKLENBURG, NC~~ * who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed

* John Midler

J. S. Weyant

Notary's Signature

My Commission Expires: 02/04/2023

Notary Seal (if on paper)

JAMIE S WEYANT
Notary Public
Gaston County
NORTH CAROLINA