Karen Johnson Davidson County
Batch# 488873 AFFIDAVITH
10/05/2020 10:38:14 AM 2 pgs
Fees: $12.00 Taxes: $0.00
20201005-0114715

Affidavit of Survivorship

State of Tennessee)

County of Davidson)

I, Jacqueline Doss, residing at 3211 Wilmoth Ct, Nashville, Tennessee 37207, being of legal age, having first been duly sworn state that:

1. On May 28, 1980 by Warranty Deed recorded by the Davidson County Records as Instrument Number 00005608-0000279 ('the Deed"), the Affiant and Woodrow Doss become owners of the following legally described property:

   Land in Davidson County, Tennessee, being all of Lot No. 339, on the Plan of Parkwood Estates, Section Three, as of record in Book 3300, page 5, of the Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for more complete details of said lot.

2. Affiant and Woodrow Doss own the property in tenancy by entirety as husband and wife.

3. On December 16, 2019, Woodrow Doss died, thereby terminating Woodrow Doss's interest in the above described real property. A certified copy of the death certificate of Woodrow Doss is attached.

OATH

I, Jacqueline Doss, hereby certify that foregoing is true, correct, and accurate to the best of my knowledge, information, and belief.

Jacqueline Doss

Jacqueline Doss

SWORN TO AND SUBSCRIBED before me

This 21 day of September, 2020.

NOTARY PUBLIC David Allen

DAVID ALLEN
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

MY COMMISSION EXPIRES: 3/28/2023

This instrument prepared by: Ballard Law – 1224-B Columbia Ave., Suite 200, Franklin, TN 37064

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2019 073714

1. Decedent's Legal Name: WOODROW WILSON DOSS JR			2. Sex: MALE	3. Date of Death: 12/18/2019
4. Time of Death (Approx.): 19:53	5a. Age: 72	5. Date of Birth: 05/22/1947	7. Birthplace: NASHVILLE, TN	
6a. Place of Death: INPATIENT				
6b. Facility Name: TRISTAR CENTENNIAL MEDICAL CENTER		6c. City or Town: NASHVILLE	6d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): JACQUELINE MOORE	11a. Decedent's Usual Occupation: NASHVILLE ELECTRIC SERVICES	11b. Kind of Business/Industry: FOREMAN	
12. Social Security Number: [redacted]-1068	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: NASHVILLE	
12d. Street and Number: 3211 WILMOTH CT		12e. Inside City Limits?: YES	12f. Zip Code: 37207	14. Was Decedent ever in US Armed Forces?: YES
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: WOODROW WILSON DOSS SR		19. Mother's Name Prior to First Marriage: BIRDIE MAE NORTHINGTON		
20a. Informant's Name: JACQUELINE DOSS	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 3211 WILMOTH CT, NASHVILLE, TN 37207		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MIDDLE TN VETERANS 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	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 01/03/2020		

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.

27a. Certifier: ▶ /e/ OLUSOLA OGUNTOLU	27b. License Number: 036290	27c. Date Signed: 12/31/2019
27d. Name and Address: OLUSOLA OGUNTOLU 2900 FELICIA STREET, NASHVILLE, TN 37209		

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. HEMORRHAGIC SHOCK	6 DAYS
	b. DUODENAL ARTERIOVENOUS MALFORMATION	UNKNOWN
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE. , CHRONIC RENAL FAILURE, AORTIC STENOSIS, ATRIAL FLUTTER

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?: PROBABLY	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. 02017) 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.

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

11835068

Date Issued: Jan-13-2020

CERTIFICATION OF VITAL RECORD