PREPARED BY:
RECORD & RETURN TO:
Elite Lender Services
301 W. Bay St, 24th Floor
Jacksonville, FL 32202

File No: **6707678523**

Karen Johnson Davidson County
Batch# 576130 AFFIDAVIT
02/23/2021 03:58:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20210223-0022548

CONTINUOUS MARRIAGE AFFIDAVIT

BEFORE ME, the undersigned authority, this day personally appeared **Carol Ann Graham** who after first being duly sworn, deposes and says:

1. That Affiant is the owner of the following described property:

   A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT: UNIT NO. 408 (ALSO KNOWN AS UNIT 2132) OF VILLAGE HALL, A HORIZONTAL PROPERTY REGIME, LOCATED AT CORNER OF VILLAGE HALL PLACE AND HOBBS ROAD, NASHVILLE, DAVIDSON COUNTY, TENNESSEE, AS SHOWN ON THE PLAT OF VILLAGE HALL, RECORDED AS EXHIBIT B OF THE MASTER DEED IN INSTRUMENT NO. 20050510-0052650, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, AND ALSO DESCRIBED IN SAID MASTER DEED AND BY-LAWS APPENDED THERETO, TO WHICH DOCUMENT REFERENCE IS HEREBY MADE. THE EASEMENTS, RESTRICTIVE COVENANTS, CONDITIONS AND REGULATIONS IMPOSED UPON AND RELATING TO THE APARTMENTS, PROPERTY, CO-OWNER AND TENANTS OF VILLAGE HALL, CONDOMINIUM APARTMENTS, CONTAINED IN SAID MASTER DEED AND BY-LAWS APPENDED THERETO, RECORDED IN INSTRUMENT NO. 20050510-0052650, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, ARE INCORPORATED IN THIS DEED BY REFERENCE AND MADE A PART HEREOF THE SAME AS THOUGH COPIED HEREIN. AND AMENDED IN DOC. NO. 20060601-0064170. INSTRUMENT NO. 20091016-0096028, AMENDMENTS TO BY-LAWS IN INSTRUMENT NO. 20130422-003997121 INSTRUMENT NO. 20131204-0123748.

2. That Affiant and Thomas P. Graham who acquired title on June 15, 2015, and were continuously married without interruption to the date of death on March 18, 2020, as evidenced by a copy of the death certificate, which has been examined and will be retained in the above referenced closing file.

3. Affiant states that **Carol Ann Graham** is familiar with the nature of an oath, and with the penalties as provided by the State laws, for falsely swearing to statements made in an instrument of this nature.

4. Affiant further certifies that **Carol Ann Graham** has read the full facts contained in this Affidavit and understands its context.

5. That Affiant is executing this Affidavit to induce **Elite Lender Services** and **Fidelity National Title Group**, to issue a policy of title insurance, based on facts contained herein.

Further AFFIANT SAYETH NAUGHT.

Carol Ann Graham

Carol Ann Graham
Address: 408 Village Hall, Nashville, Tennessee 37215

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me **by means of __ physical presence or __ online notarization**, this 8th day of February, 2021, by Carol Ann Graham (name of person making statement), who is personally known to me or has produced Drivers license (type of identification) as identification.

S. Huddleston

NOTARY PUBLIC
Notary Print Name Sean Huddleston

My Commission expires: 1-3-24
Notary Seal

SEAN J. HUDDLESTON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 016026

1. Decedent's Legal Name			2. Sex	3. Date of Death
THOMAS PEGRAM GRAHAM JR			MALE	03/18/2020
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
09:14 AM	83	03/01/1937	CHARLOTTE, NC	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		8c. City or Town		8d. County of Death
ALIVE HOSPICE		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
MARRIED	CAROL ANN NOGGLE	PHYSICIAN		HEALTH CARE
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
-8461	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forc
408 VILLAGE HALL PLACE		YES	37215	NO
15. Decedent's Education	16. Decedent of Hispanic Origin?		17. Decedent's Race	
DOCTORATE OR PROFESSIONAL DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
18. Father's Name		19. Mother's Name Prior to First Marriage		
THOMAS PEGRAM GRAHAM SR		MARGARET MARTIN		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
CAROL GRAHAM	WIFE	408 VILLAGE HALL PLACE, NASHVILLE, TN 37215		
21a. Method of Disposition	21b. Place of Disposition		21c. Location	
DONATION	VANDERBILT UNIVERSITY MEDICAL		NASHVILLE, TN	
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ NONE NONE	0000	▶		
23a. Name and Address of Funeral Home				23b. License Number
VUMC ANATOMICAL DONATION PROGRAM, 2213 GARLAND AVE., NASHVILLE, TN 37232				0000
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		03/20/2020		

20. Certifier

20a. ☒ PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED

20b. ☐ 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
▶ /e/ ANH THI MEADOWS	045572	03/20/2020

27d. Name and Address

ANH THI MEADOWS 1718 PATTERSON STREET, NASHVILLE, TN 37203

29. 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)	a.	
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	b.	
	c.	
	d.	

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 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

VS-176 (Rev. 8/2017)

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 and blue seal.

DOE

20210223002548

Tennessee Certification of Electronic Document

I, Kesha Sinclair, do hereby make oath that I am a licensed attorney and/or the
Signer's Name

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.

Kesha Sinclair
Signature

State of Florida
County of Duval

Personally appeared before me, Jeaney Golden, a notary public for this county and
Notary's Name

state, Kesha Sinclair, who acknowledges that this certification of an electronic
Signer's Name

document is true and correct and whose signature I have witnessed.

Jeaney Golden
Notary Signature
JEANEY GOLDEN

MY COMMISSION EXPIRES: 4-5-2022

NOTARY'S SEAL

Jeaney Golden
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG168829
Expires 4/5/2022

(3) All electronic documents eligible for registration pursuant to this subsection are validly registered when accepted for recording by the county register. Electronic documents registered by county registrars prior to July 1, 2007 shall be considered validly registered with or without the certification provided in subsection (2).