Karen Johnson Davidson County
Batch# 680114 AFFIDAVIT
07/20/2021 12:48:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20210720-0097290

STATE OF TN

COUNTY OF Davidson

AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVORSHIP

Mary Grizzard, being first duly sworn, deposes and says:

1) That we Mary Grizzard and James Grizzard are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.

2) Said property is known as 332 Lanier Drive, Madison, TN 37115
Street Address
Davidson, State of TN , and is further

described as Permanent Parcel # **043 14 0 094.00** on the records of the Davidson County Auditor.

A full legal description of said property is stated in the survivorship or entireties deed which is recorded in the records of the Candler County Recorder in Book , Page , and a copy of the legal description which is attached hereto.*

3) That James Grizzard died on or about 2/4/2012, and said certificate of death is attached hereto.

4) That by virtue of the death of the party listed in Item #3 above, she/he is the fee simple owner of the above described property.

*Excepting:

Mary R. Grizzard
MARY R GIZZARD

Sworn to and subscribed before me this 29 day of 06 - 2021

Clinton Bryant
Notary Public

Prepared by:
Address: ~~Vylla Title, LLC~~
~~6200 Tennyson Parkway~~
Suite 110
Plano, TX 75024

CLINTON BRYANT
TENNESSEE NOTARY PUBLIC
My Comm Exp. 03/03/2025
COUNTY OF DAVIDSON

Rev 2/2000

EXHIBIT "A"

Land in Davidson County, Tennessee, being Lot No. 34 of Block "E" on the revised plan of Rainbow Terrace Subdivision, as of record in Plat Book 1130, page 85, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete and accurate description thereof.

STATE OF TENNESSEE
Office of Vital Records

1200748

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Odell Grizzard
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 4, 2012
4. NAME OF DECEDENT (If other than 1):
5a. AGE-Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 9, 1945
7. BIRTHPLACE (City and State or Foreign Country): Hendersonville, TN

Type/print in PERMANENT BLACK ink.

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)
8b. COUNTY OF DEATH: Davidson
8c. FACILITY NAME (If not institution, give street and number): Alive Hospice @ Skyline
8d. CITY OR TOWN: Madison
11b. KIND OF BUSINESS/INDUSTRY: Lawson Brother's Con. Co
9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Mary R. Staten
11a. DECEDENT'S USUAL OCCUPATION: Construction Worker
12. SOCIAL SECURITY NUMBER: 3814
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 500 Hospital Drive
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (Last, First, Middle)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☒ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Allan Grizzard
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Eva Jones

INFORMANT

20a. INFORMANT'S NAME: Lisa Robinson
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 132 Lanier Drive

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center
21c. LOCATION - City or Town and State: Mt. Juliet, Tennessee

FUNERAL DIRECTOR

22a. SIGNATURE OF FUNERAL DIRECTOR: George Baker Jr.
22b. LICENSE NUMBER: 4695
22c. SIGNATURE OF EMBALMER: Arthur Jackson
22d. LICENSE NUMBER: 4967
23a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, TN 37013
23b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda L. Bowers, RR
25. DATE FILED (Month, Day, Year): February 16, 2012

CERTIFIER

26. CERTIFIER (Check only one)
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, 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. SIGNATURE OF CERTIFIER: Dwight Thrasher
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 2-13-2012
27d. NAME AND ADDRESS: David B. Tubbs, MD — 1718 Patterson Street, Nashville, TN 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Non-ischemic Cardiomyopathy
Due to (or as a consequence of)
b.
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Renal Failure [due to cardiomyopathy], Cirrhosis - cryptogenic

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown

32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - (e.g., home, farm, street, factory, office, building, etc. (Specify)
34e. LOCATION OF INJURY (Street and Number, City or Town, State)
34f. DESCRIBE HOW INJURY OCCURRED

RDA 1300

PH-1550 (Rev. 10/2011)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

661092

Registrar

2/27/2013
Date Issued

202107200097290

Tennessee Certification of Electronic Document

I, **Irma Covarrubio,** do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electric document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on **6/29/21** (date of document).



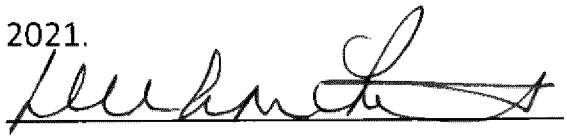
Affiant Signature

Date **7/16/21**

STATE OF TEXAS

COUNTY OF COLLIN

Sworn to and subscribed before me this **16** day of **JULY**, 2021.



Notary Signature

My Commission Expires: _____

