Karen Johnson Davidson County
Batch# 698530 AFFIDAVIT
08/16/2021 03:28:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20210816-0110611

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Linda M. Garrett (Affiant), who after having been duly sworn according to law, deposed and stated as follows:

1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

Property Address: 910 Ward Street, Nashville, TN 37207
Tax/Parcel ID No.: 071 12 0 280.00

2. At the time Affiant acquired title to the Property, Affiant was married to ____**Michael D. Garrett**_____ and remained continuously married to him/her without interruption up to the date of his/her death.

3. Affiant states and acknowledges that he/she is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this affidavit and understands its context.

4. Affiant acknowledges that this affidavit is made for the purpose of providing title insurance and shall be relied upon by FNC Title Services, LLC.

Linda M Garrett
Linda M. Garrett

STATE OF TN, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 7 day of June, 2021 by Linda M. Garrett who is personally known to me.

Nicole Marina Watts
Notary

My commission expires: 7/9/2022

NICOLE MARINA WATTS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Affidavit was Prepared by
an employee of FNC Title Services, LLC.
1300 Piccard Drive, Suite 105
Rockville, MD 20850

STATE OF TENNESSEE
Office of Vital Records

1704433

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Michael Garrett	Male	July 10, 2014

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
5:50 PM	56					September 14, 1957	Beloit, Wisconsin

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. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
910 Ward Street	Nashville	Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	Linda Marie Shultz	Work with Steel	Steel Yard

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-2133	Tennessee	Davidson	Nashville

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
910 Ward Street	☒ Yes ☐ No	37207	☐ Yes ☒ No

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)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
George Garrett	Ossie Lee Fitzpatrick

INFORMANT

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Linda Garrett	Spouse	910 Ward Street Nashville, TN 37207

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Greenwood North Cemetery	Goodlettsville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ George Baker Jr.	4695	▶ Valerie D. Lockett	6786

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Highland Hills F. H. & Crematory 2422 Brick Church Pike Nashville, TN 37207	1258

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ Deciah Rhodes	July 17, 2014

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	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶	MD023572	7/16/14

27d. NAME AND ADDRESS: JOHN WILLIAMS MD. 300 20th AVE N, NASHVILLE, TN

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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lung Cancer	
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. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

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 – at home, farm, street, factory, office, building, etc. (Specify)
	34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)

SH-659 (Rev. 10/2011) RDA 1399

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.

7199094

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

7199094

Date Issued JUL 17 2014

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

202108160110611

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Tennessee Certification of Electronic Document

I, Kristen Carlisle, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic 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 06/07/2021 (date of document).

Affiant Signature

06/07/2021
Date

State of Maryland

County of Carroll

Sworn to and subscribed before me this 07 day of June, 2021.

Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL

