Karen Johnson Davidson County
Batch# 704786 AFFIDAVIT
08/26/2021 08:33:30 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20210826-0115124

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Mildred H. Hardison (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: 700 Stanvid Drive, Nashville, TN 37216
Tax/Parcel ID No.: 061 02 0 077.00

2. At the time Affiant acquired title to the Property, Affiant was married to **James M. Hardison** 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.

Mildred H. Hardison
Mildred H. Hardison

STATE OF Tennessee, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 5 day of June, 2021 by Mildred H. Hardison who ~~is personally known to me~~ she has produced satisfactory evidence of identification.

Notary

My commission expires: 4/18/22

CHRISTINE BOLANIS GARNER
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY
My Commission Expires 04-18-2022

Amanda Muller
This Affidavit was Prepared by
an employee of FNC Title Services, LLC,
1300 Piccard Drive, Suite 105
Rockville, MD 20850
2021-03-963

STATE OF TENNESSEE
Office of Vital Records

D 2 8 2 9 2 7

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 023501

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Milton Hardison
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 14, 2012
4. TIME OF DEATH (Approx.): 0:25 am
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 29, 1935
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPEWRITE 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): 700 Stanvid Drive
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Mildred Helen O'Brien
11a. DECEDENT'S USUAL OCCUPATION: Commercial Artist
11b. KIND OF BUSINESS/INDUSTRY: Printing
12. SOCIAL SECURITY NUMBER: -9685
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 700 Stanvid Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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): Milton Hardison
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Marie Finney

INFORMANT

20a. INFORMANT'S NAME: Mildred Hardison
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 700 Stanvid Drive - Nashville, Tennessee 37216

DISPOSITION

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

FUNERAL DIRECTOR

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home - 1150 Dickerson Road, Goodlettsville, TN 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Donna J. Stanley DR
25. DATE FILED (Month, Day, Year): May 22, 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: ▶ [signature]
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 5-22-2012
27d. NAME AND ADDRESS: David Tribble, MD 1719 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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Metastatic Cancer to Bones and Lungs	
Due to (or as a consequence of):		
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.	Bladder Cancer	
Due to (or as a consequence of):		
c.		
Due to (or as a consequence of):		
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? ☐ 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)

PH-1659 (Rev. 10/2011) RDA 1399

12949677

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

1 2 9 4 9 6 7 7

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Apr-29-2021

CERTIFICATION OF VITAL RECORD

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 06/05/2021 (date of document).

Affiant Signature

06/05/2021
Date

State of Maryland

County of Carroll

Sworn to and subscribed before me this 5 day of June, 2021.

Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL

