Karen Johnson Davidson County
Batch# 719581 AFFIDAVIT
09/20/2021 10:31:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210920-0125871

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Marlene F. Hoffman (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: 409 Dunailie Drive, Nashville, TN 37217
Tax/Parcel ID No.: 120-09-0-136

2. At the time Affiant acquired title to the Property, Affiant was married to **William Eugene Hoffman** 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.

Marlene F. Hoffman

Marlene F. Hoffman

STATE OF Tennessee, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 26th day of July, 2021 by Marlene F. Hoffman who is personally known to me.

Notary Catrena Thompson

My commission expires: 3/7/2023

CATRENA THOMPSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-7-2023

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

2021-03-1353

RETURN TO:
FNC Title Services, LLC
1300 Piccard Drive
Suite 105
Rockville, MD 20850

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 065028

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT - Funeral Director to Research

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
WILLIAM EUGENE HOFFMAN	MALE	11/10/2018

4. TIME OF DEATH (Approx)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
04:15 AM	89					03/18/1929	HUNTINGBURG, IN

8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
TREVECCA HEALTH CARE CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	MARLENE NIPPE	GENERAL MANAGER	JASPER ENGINES

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
409 DUNAILIE DRIVE	YES	37217	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
WILLIAM F HOFFMAN	EVELYN ELLSHOFF

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
MARLENE HOFFMAN	WIFE	409 DUNAILIE DRIVE, NASHVILLE, TN 37217

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	MIDDLE TN CREMATION CENTER	MT JULIET, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ WENDELL L. BYRD	2556	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
WOODBINE FUNERAL HOME, INC., 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211	396

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	11/27/2018

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ HAROON NASIR KHAN	041277	11/27/2018

27d. NAME AND ADDRESS: HAROON NASIR KHAN 405 STEAM PLANT RD #102, GALLATIN, TN 37066

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. FAILURE TO THRIVE	1 MONTH
	DUE TO (OR 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. HYPOVOLEMIA	1 MONTH
	DUE TO (OR A CONSEQUENCE OF)	
	c. DEMENTIA	1 MONTH
	DUE TO (OR A CONSEQUENCE OF)	
	d. CKD	1 MONTH

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

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

PH-1659 (Rev. 8/2017) RDA 10112

10493083

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.

DEC 06 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 4 9 3 0 8 3
Date Issued

CERTIFICATION OF VITAL RECORD

COPYBAN CAPTURE ANTIFRAUD PROTECTION

2021092000125871

Exhibit A

ALL THAT CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 5D23 ON PLAN OF SECTION 5-D GLENGARRY PARK, OF RECORD IN BOOK 3600, PAGE 36, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 5D23 FRONTS 90 FEET ON THE NORTHWESTERLY SIDE OF DUNAILIE DRIVE AND EXTENDS BACK BETWEEN PARALLEL LINES 150.2 FEET TO A DEAD LINE.

Being the same property conveyed to William Eugene Hoffman and wife, Marlene N. Hoffman from Atlas Construction Company by Deed dated October 6, 1964 and recorded October 7, 1964 among the Land Records of Davidson County, State of Tennessee in Book 38819, Page 648 Instrument No. 33408.

Tax Account #: 120-09-0-136

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 07/26/2021 (date of document).

Affiant Signature

07/26/2021
Date

State of Maryland

County of Carroll

Sworn to and subscribed before me this 26 day of July, 2021.

Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL

