This Instrument Prepared By:
King, Turnbow, Smith & Vanzin, PLLP
203 3rd Ave. South
Franklin, TN 37064

Karen Johnson Davidson County
Batch# 724865 **AFFIDAVIT**
09/27/2021 02:51:44 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20210927-0129673

SCRIVENER'S AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Comes now Tony L. Turnbow, who is over eighteen (18) years of age and whose address is 203 Third Avenue South, Franklin, Tennessee 37064 and would state as follows:

1. I prepared the **Appointment of Substitute Trustee** executed by **Rocky Lee Hunter**, recorded in **Instrument No. 20210831-0117561**, on August 31, 2021, Register's Office for Davidson County, Tennessee.
2. There is an error in the said Appointment of Substitute Trustee in that it states the wrong date of death for Stoney R. Hunter as February 10, 2002. The correct date of death is **May 28, 2021**, according to his Death Certificate attached hereto as Exhibit "A."
3. This error was unintentional.
4. This Affidavit is filed pursuant to the provisions of Tennessee Code Annotated §66-24-101(a)(27) in furtherance of identification and title to land.
5. This Affidavit is made of my personal knowledge to correct the error above described.

Further Affiant saith not.

EXECUTED this 17 day of September, 2021.

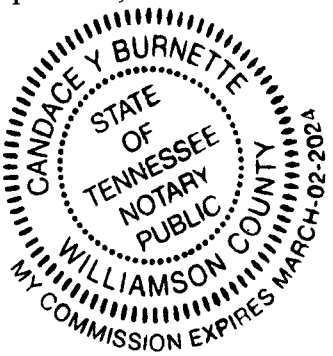
Tony L. Turnbow

OATH AND ACKNOWLEDGMENT

Personally appeared before me the within named **Tony L. Turnbow**, with whom I am acquainted and who made oath that he read the foregoing Affidavit and the things and matters contained therein are true. The Affiant did further acknowledge that he executed the within described document for the purpose of correcting the scrivener's error herein described.

SUBSCRIBED AND SWORN TO before me this 17 day of September, 2021.

NOTARY PUBLIC
My Commission Expires: 3-2-2024



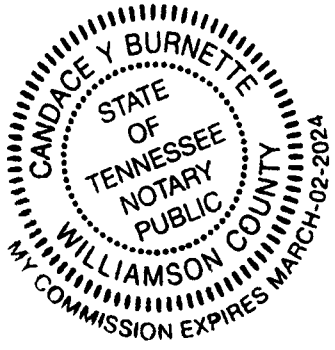
STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a notary public in and for said county and state, the within named, Tony L. Turnbow, with whom I am personally acquainted (or who proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS MY HAND AND OFFICIAL SEAL, this 17th day of September, 2021..

My commission expires: 3-2-2024

NOTARY PUBLIC



STATE OF TENNESSEE
Office of Vital Records

EXHIBIT
A

Page 1 of 2

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 036363

1. Decedent's Legal Name: STONEY RICHARD HUNTER		2. Sex: MALE	3. Date of Death: 05/28/2021
4. Time of Death (Approx.): 11:27 AM	5a. Age: 58	6. Date of Birth: 02/03/1963	7. Birthplace: NASHVILLE, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 12751 OLD HICKORY BLVD		8c. City or Town: ANTIOCH	8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: DRIVER	11b. Kind of Business/Industry: TRUCKING
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: ANTIOCH
13d. Street and Number: 12751 OLD HICKORY BLVD		13e. Inside City Limits? YES	13f. Zip Code: 37013
14. Was Decedent ever in US Armed Forces? NO			
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: DILLARD CORDELL HUNTER		19. Mother's Name Prior to First Marriage: RUBY D MESSICK	
20a. Informant's Name: [redacted]	20b. Relationship to Decedent: [redacted]	20c. Mailing Address: [redacted]	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MOUNT OLIVET CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ ROBERT E FUQUA	22b. License Number: 6060	22c. Signature of Embalmer: ▶ /e/ Dawn Renee' Everett	22d. License Number: 6624
23a. Name and Address of Funeral Home: EASTLAND FUNERAL HOME AND CREMATION SERVICE, 904 GALLATIN RD, NASHVILLE, TN 37206			23b. License Number: 120
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III,		25. Date Filed: 06/02/2021	

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.

27a. Certifier: ▶ /e/ AMANDA MASKOVYAK, MD.	27b. License Number: 60564	27c. Date Signed: 06/01/2021

27d. Name and Address: AMANDA MASKOVYAK MD 850 R S GASS BLVD, NASHVILLE, TN 37216

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.) 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	a. PENDING	
	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?

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: PENDING	31. Did Tobacco Use Contribute to Death?	32. If Female:	
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-1656E RDA 10112

13576065

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 5 7 6 0 6 5

Date Issued: Aug 27 2021

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

Page 2 of 2

TENNESSEE DEPARTMENT OF HEALTH
DELAYED REPORT OF DIAGNOSIS - DEATH STATE FILE NUMBER 2021 036363

1. Decedent's Legal Name: STONEY RICHARD HUNTER			2. Sex: MALE	3. Date Of Death: 05/28/2021
4a. Age: 58	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Date Of Birth: 02/03/1963	
6b. Facility Name: 12751 OLD HICKORY BLVD	6c. City Or Town: ANTIOCH		6d. County Of Death: DAVIDSON	
24. Register's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 06/10/2021	

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.

27a. Certifier: ▶ /e/ AMANDA MASKOVYAK MD	27b. License Number: 60564	27c. Date Signed: 06/10/2021
27d. Name And Address: AMANDA MASKOVYAK MD 850 R. S. GASS BLVD, NASHVILLE, TN 37216		

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASE, 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). 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	a. [redacted]	UNKNOWN
	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?	YES
	29b. Were Autopsy Findings Available To Complete The Cause Of Death?	YES

30. Manner Of Death: ACCIDENT	31. Did Tobacco Use Contribute To Death? UNKNOWN	32. If Female: N/A			
33. If Transportation Injury, Specify:	34a. Date Of Injury: UNKNOWN	34b. Time Of Injury: UNKNOWN	34c. Injury At Work? NO	34d. Place Of Injury: RESIDENCE	
34e. Location (City, State) Of Injury: [redacted]			34f. Location Of Injury: 12751 OLD HICKORY BLVD., ANTIOCH, TN		

PH-1665E RDA 10112

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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 3 5 7 6 0 6 6

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Aug 27 2021

CERTIFICATION OF VITAL RECORD