Karen Johnson Davidson County
Batch# 734074 AFFIDAVITH
10/12/2021 11:24:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20211012-0136962

File No:TN210639732-O
Prepared by:Abigail Smith, 580 S. High St. Ste. 330, Columbus, OH 43215
Return to:
MeyMax Title Agency of Ohio, LLC
580 S High Street, Ste 330
Columbus, OH 43215

Affidavit of Facts of Surviving Tenant

State of TN, County of Davidson

Before me, the undersigned authority, personally appeared , who after being by me first duly sworn, deposes and says:

1. I DONNA CARSON am of sound mind, fully competent and capable of making this affidavit and have personal knowledge to testify to the matters stated herein as pertaining to the property granted to DONNA CARSON, SURVIVING SPOUSE OF SCOTT H. CARSON
(See "Exhibit A" attached hereto) .

2. That SCOTT H. CARSON departed this life on 12/04/2020 [death certificate attached if applicable] .

3. I am the surviving tenant of the above described property based one (choose one of the following):

DC That my spouse, now deceased, and I were the record title holders of the above described property. My spouse and I were married to each other prior to the time that we acquired title to said property and that the relationship of husband and wife was uninterrupted by divorce, legal separation or otherwise up to and including the date deceased passed.

- OR -

_____ That the above described real estate was conveyed to Affiant and the decedent, for their joint lives. with remainder in fee simple to the survivor of them.

4. That the value of the decedent's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his or her death.

5. That Affiant gives this Affidavit for the purpose of inducing Chicago Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Chicago Title Insurance Company and MeyMax Title Agency of Ohio, LLC harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement.

In Witness Whereof, the parties have hereunto set their hands and seals on thisAugust 16, 2021 .

Donna Carson
DONNA CARSON

_____
Witness

State of TN County of Davidson
The foregoing instrument was acknowledged and subscribed before me this 16 day of August, 2021 by

x _____
Notary:
Notary Public, Davidson County
Commission Expires: 09/02/24

ANN THOMAS DONNELL NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

202110120136962

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 086172

1. Decedent's Legal Name			2. Sex	3. Date of Death
SCOTT HARRY CARSON			MALE	12/04/2020
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
13:15	68	06/18/1952	MELROSE PARK, IL	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE		HERMITAGE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	DONNA ROG	SENIOR ANALYST	STATE OF TENNESSEE	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-1752	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
676 MAGNOLIA LANE	YES	37211	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
GEORGE CARSON		FAYE LEVERETTE		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
DONNA CARSON	WIFE	676 MAGNOLIA LANE, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	MUSIC CITY CREMATORY SERVICE	NASHVILLE, 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. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211			760	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/08/2021		

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	27b. License Number	27c. Date Signed
▶ /e/ JONATHAN HODA	53648	01/05/2021

27d. Name and Address: JONATHAN HODA 5651 FRIST BLVD, STE 603, HERMITAGE, TN 37076

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. COR PULMONALE	
	b. BILATERAL PULMONARY EMBOLI	
	c. DEEP VEIN THROMBOSIS	
	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? NO

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

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-1659E RDA 10112

12693089

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 2 6 9 3 0 8 9

Date Issued: Jan-13-2021

CERTIFICATION OF VITAL RECORD

202110120136962

Exhibit A

Situate in the State of TN, County of Davidson, and further described as follows:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 72 ON THE PLAN OF THE WOODLANDS, PHASE 2, OF RECORD IN BOOK 6900, PAGE 635, REGISTER'S OFFICE FOR SAID COUNTY.
THE SAID SCOTT H. CARSON PASSED AWAY ON DECEMBER 4TH, 2020, CERTIFIED ON 01/06/2021, CERTIFICATE NO. 2020 086172 IN DAVIDSON COUNTY.

Parcel ID: 172-03-0B-072.00

Being the same property conveyed from RICHTER DIAL BUILDERS, INC., A TENNESSEE CORPORATION to SCOTT H. CARSON AND DONNA CARSON, HUSBAND AND WIFE on November 20, 1992 recorded in OR Book 8792, Page 8, Davidson County Records.

True and Correct Copy Affidavit

I , Lisalyn Chapin, do hereby make oath that I am a licensed attorney and/or custodian of the original version of the electronic document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law on August 16, 2021.



Affiant Signature: Lisalyn Chapin Date: August 16, 2021

State of Ohio
County of Franklin
Sworn to and subscribed before me on August 16, 2021.



Notary's Signature
My Commission Expires: N/A
Notary Seal (if on paper)



LANCE CHAPIN
Attorney At Law
Notary Public, State of Ohio
My commission has no expiration date
Sec. 147.03 R.C.