Karen Johnson Davidson County
Batch# 757145 AFFIDAVIT
11/17/2021 01:15:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20211117-0153178

Prepared by and Return to:
Timios, Inc.
5716 Corsa Ave., Suite 102
Westlake Village, CA 91362

CONTINUOUS MARRIAGE AFFIDAVIT

State of TN

County of Davidson

BEFORE ME, the undersigned authority, authorized in the state and county aforesaid to take acknowledgments, personally appeared ANNIE MAE BURNS, "Affiants", who after being duly sworn, depose and say;

We acquired title to the following described property, as husband and wife, by deed recorded in Official Records Book 9887, Page 129 , of the Public Records of DAVIDSON County, TENNESSEE which is further described as follows:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 627 ON THE PLAN OF EDGE-O-LAKE ESTATES, SECTION 12, AS OF RECORD IN BOOK 3842, PAGE 236, SAID REGISTER'S OFFICE.

SAID LOT NO. 627 FRONTS A TOTAL OF 82.01 FEET ON THE EASTERLY MARGIN OF GREEKVIEW DRIVE AND FRONTS 87.52 FEET ON THE NORTHERLY MARGIN OF ANDERSON ROAD, SAID FRONTAGES BEING JOINED BY A CURVE HAVING A DISTANCE OF 39.15 FEET; THENCE RUNS BACK 115.0 FEET ON THE NORTHERLY LINE AND 112.47 FEET ON THE EASTERLY LINE TO A POINT OF INTERSECTION.

APN: 150-05-0-070-00

BEING THE SAME PROPERTY CONVEYED TO ANNIE MAE BURNS AND HUSBAND MELVIN E. BURNS BY DEED FROM AGNES STEWART, UNMARRIED RECORDED 12/13/1995 IN DEED BOOK 9887 PAGE 129, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

At the time we acquired title to this property we were legally married to each other and that we were continuously married to each other without interruption from the date we acquired title to the above described property until the date of this affidavit.

The purpose of this affidavit is to induce **FIDELITY NATIONAL TITLE INSURANCE COMPANY** to eliminate items from its Commitment and issue title insurance pursuant to File No. 08-02350303 insuring the above described property.

FURTHER, Affiant herein agrees to indemnify and hold harmless **FIDELITY NATIONAL TITLE INSURANCE COMPANY** against any loss or damage resulting from its issuance of title insurance as stated above based on the information given in this affidavit.

Annie Mae Burns
ANNIE MAE BURNS

State of TN
County of Davidson

Sworn To, Subscribed and Acknowledged before me on Oct. 25, 2021, by ANNIE MAE BURNS who is/are personally known to me or who has/have produced Annie Mae Burns as identification.

Karen R. Campbell
Notary Public
Print Name Karen R. Campbell
My Commission Expires: Nov. 8, 2021

KAREN R. CAMPBELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires NOV. 8, 2021

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law: Cristina Garcia
CRISTINA GARCIA

THIS INSTRUMENT WAS PREPARED BY
CRISTINA GARCIA

STATE OF TENNESSEE
Office of Vital Records

1404692

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	Melvin Ernest Burns
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	July 29, 2014
4. TIME OF DEATH (Actual)	8:30 AM
5a. AGE-Last Birthday (Years)	80
5b. UNDER 1 YEAR: Months / Days	
5c. UNDER 1 DAY: Hours / Minutes	
6. DATE OF BIRTH (Month, Day, Year)	August 2, 1933
7. BIRTHPLACE (City and State or Foreign Country)	Nashville, Tennessee
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)	2962 Anderson Road
8c. CITY OR TOWN	Nashville
8d. COUNTY OF DEATH	Davidson
9. MARITAL STATUS	☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	Annie McLaughlin
11a. DECEDENT'S USUAL OCCUPATION	Postal Courier
11b. KIND OF BUSINESS/INDUSTRY	U. S. Postal Service
12. SOCIAL SECURITY NUMBER	
13a. RESIDENCE-STATE OR FOREIGN COUNTRY	Tennessee
13b. COUNTY	Davidson
13c. CITY OR TOWN	Nashville
13d. STREET AND NUMBER	2962 Anderson Road
13e. INSIDE CITY LIMITS	☒ Yes ☐ No
13f. ZIP CODE	37217
14. WAS DECEDENT EVER IN U.S. 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's 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
18. FATHER'S NAME (First, Middle, Last)	John H. Burns, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	Carrie Dobson
20a. INFORMANT'S NAME	Annie Burns
20b. RELATIONSHIP TO DECEDENT	Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	2962 Anderson Road, Nashville, TN 37217
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Middle TN State Veterans Cemetery
21c. LOCATION – City or Town and State	Pegram, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR	▶ Tonya Scales Haynes
22b. LICENSE NUMBER	5681
22c. SIGNATURE OF EMBALMER	▶ Tonya Scales Haynes
22d. LICENSE NUMBER	5682
23a. NAME AND ADDRESS OF FUNERAL HOME	New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, Tennessee 37013
23b. LICENSE NUMBER OF FUNERAL HOME	1217
24. REGISTRAR'S SIGNATURE	▶ Deborah Rhodes
25. DATE FILED (Month, Day, Year)	August 6, 2014
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.
27a. SIGNATURE OF CERTIFIER	▶ [signature]
27b. LICENSE NUMBER	26029
27c. DATE SIGNED (Month, Day, Year)	8-4-14
27d. NAME AND ADDRESS	Dr. Robert Sox 2575 Penmoor Place Dr #105 Nashville TN 37214
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.	IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CVA; Due to (or as a consequence of): b. ____; Due to (or as a consequence of): c. ____; Due to (or as a consequence of): d. ____. 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. Approximate Interval: Onset to death
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 (e.g., home, farm, street, factory, office building, etc. (Specify)	
34e. DESCRIBE HOW INJURY OCCURRED	
34f. LOCATION OF INJURY (Street and Number, City or Town, State)	

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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

3VA

VS-1559 (Rev. 10/2011)

RDA 1369

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.

7205900

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7205900
8/6/2014
Date Issued

Tennessee Certification of Electronic Document

I, Linda Brown, 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 **10/25/2021** (date of document).

Linda Brown
Affiant Signature

11/4/2021
Date

State of California

County of Los Angeles

Sworn to and subscribed before me this **4th** day of **November**, 2**021**.

Notary's Signature

MY COMMISSION EXPIRES: 5-18-2025

NOTARY'S SEAL

NRO1 ROSELYN WOODWARD COMM. #2358082 Notary Public - California Los Angeles County My Comm. Expires May 18, 2025 NRO1