RECORD AND REQUESTED BY:
Madison Settlement Services, LLC
532 Baltimore Blvd, Suite 103
Westminster, MD 21157
File No. MNA2114867

Karen Johnson Davidson County
Batch# 776359 AFFIDAVIT
12/17/2021 12:47:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20211217-0167293

This document prepared by:
JOHN O. WINDSOR, ESQ.
1775 Lelia Drive Suite E (2nd floor)
Jackson, MS 39216
866-333-3081

Parcel ID No.: 52-01-0-B-5.00

AFFIDAVIT OF DECEASED JOINT TENANT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned Notary Public, personally appeared Lauriston Joseph, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is Lauriston Joseph and I reside at 105 Rothwood Court, Madison, TN 37115.

2. I owned real property as a joint tenant with Helen Joseph, my spouse, who, at the time of her demise, was one of the owners of such real property located in Davidson County, State of Tennessee, described as follows:

LAND in DAVIDSON County, Tennessee, being Lot No. 5 on the Plan of COVINGTON PLACE, of record in Book 9500, page 552, Register's office for said County, to which plan reference is hereby made for a more complete and accurate description.

Parcel ID Number: 52-01-0-B-5.00

Being the same property conveyed to Lauriston Joseph and Helen Joseph by Warranty Deed of record in Book 11602, Page 27, Register's Office in Davidson County, Tennessee.

3. Helen Crook Joseph, who is one and the same person as Helen Jospeh, my joint tenant and deceased spouse, departed this life on 08/01/2021. As evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the sole surviving joint tenant of the property described herein.

Dated this 17 day of September, 2021.

Lauriston Joseph

Lauriston Joseph

STATE OF TENNESSEE
COUNTY OF TN

Sworn to before me this 17 day of September, 2021.

Ella K. Butler

Notary Public
My Commission Expires: 07/09/2024

No title exam performed by the preparer. Legal description and party's names provided by the party.

ELLA K. BUTLER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

TENNESSEE CERTIFICATION OF ELECTRONIC DOCUMENT

I, David R. Breschi, 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 09-17-2021 (date of document).

David R. Breschi

Affiant Signature

09-17-2021

Date

State of Pennsylvania

County of York

Sworn to and subscribed before me this 17th day of September 2021

Notary's Signature Skyler Kimple

MY COMMISSION EXPIRES: May 16, 2022

Notary's Seal (if on paper)

Commonwealth of Pennsylvania - Notary Seal
Skyler Kimple, Notary Public
Adams County
My commission expires May 16, 2022
Commission number 1332592
Member, Pennsylvania Association of Notaries

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2021 051314

1. Decedent's Legal Name			2. Sex	3. Date of Death
HELEN CROOK-JOSEPH			FEMALE	08/01/2021
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
10:00 AM	78	03/12/1943	NASHVILLE, TN	

8a. Place of Death
OTHER RESIDENCE

8b. Facility Name	8c. City or Town	8d. County of Death
103 RIDGECREST DRIVE	HENDERSONVILLE	SUMNER

9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
MARRIED	LAURISTON JOSEPH	HEALTHCARE TECH	PRIVATE CARE

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
-2923	TENNESSEE	DAVIDSON	MADISON

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
105 ROTHWOOD COURT	YES	37115	NO

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
UNKNOWN	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. Father's Name	19. Mother's Name Prior to First Marriage
HARRY CROOK SR	GOLDENA GARDNER

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
SHARON BRANCH	DAUGHTER	857 JOSEPH AVENUE, NASHVILLE, TN 37207

21a. Method of Disposition	21b. Place of Disposition	21c. Location
BURIAL	HILLS OF CALVARY MEMORIAL PARK	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ MELVIN J SMITH	4502	▶ /e/ Christopher Lee Jefferson	6500

23a. Name and Address of Funeral Home	23b. License Number
SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618	809

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	08/06/2021

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/ JEFFREY SCOTT SUMMERS	026568	08/05/2021

27d. Name and Address
JEFFREY SCOTT SUMMERS 6612 MAYNARDVILLE HIGHWAY, KNOXVILLE, TN 37918

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. CEREBRAL ATHEROSCLEROSIS	
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.	
	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? 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	UNKNOWN	NOT PREGNANT WITHIN PAST YEAR

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-1655E RDA 10112

13251843

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 2 5 1 8 4 3

Edward G Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Aug 10 2021

CERTIFICATION OF VITAL RECORD

202112170167293