Karen Johnson Davidson County
Batch# 787845 AFFIDAVIT
01/11/2022 04:05:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20220111-0003783

Commitment Number: 29625647

This instrument prepared by:
Jay A. Rosenberg, Esq., Member Tennessee Bar, Rosenberg PLLC, Attorneys At Law, 101 South Reid Street, Suite 307, Sioux Falls, South Dakota 57103 (513) 247-9605 Fax: (866) 611-0170.

## AFFIDAVIT OF TRANSFER TO SURVIVOR/SURVIVORSHIP AFFIDAVIT

STATE OF Tennessee
COUNTY OF Davidson

Margaret P. Campbelle-Holman ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. DORRIS E. HOLMAN, A/K/A DORRIS EUGENE HOLMAN, formerly of Davidson County, Tennessee, died February 28, 2020, a legal resident of the State of Tennessee.
2. A certified copy of the Death Certificate for DORRIS EUGENE HOLMAN is attached to this Affidavit.
3. The decedent and this Affiant were the grantees in a certain deed recorded at **20010615-0063422**, of the Deed Records of Davidson County, Tennessee (the "Deed"), with respect to the property legally described as follows:

**SEE EXHIBIT A ATTACHED HERETO FOR THE LEGAL DESCRIPTION**

4. In the Deed, the grantees designated are **Dorris E. Holman and wife, Margaret P. Campbelle-Holman**
5. The address of Affiant is 4200 Kings Ct., Nashville, TN, 37218.

6. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Davidson County, Tennessee.

Margaret Campbelle-Holman
Margaret P. Campbelle-Holman

Sworn to before me and subscribed in my presence by Margaret P. Campbelle-Holman this 20th of December, 2021.

TIOMBE WALTON
STATE OF TENNESSEE NOTARY PUBLIC
MONTGOMERY COUNTY

Notary Public

My commission expires: 10/21/24

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH** STATE FILE NUMBER 2020 011945

| | | | |
|---|---|---|---|
| 1. Decedent's Legal Name: DORRIS EUGENE HOLMAN | | 2. Sex: MALE | 3. Date of Death: 03/28/2020 |
| 4. Time of Death (Actual): 09:41 PM | 5a. Age: 81 | 6. Date of Birth: 12/20/1938 | 7. Birthplace: NASHVILLE, TN |
| 8a. Place of Death: HOSPICE FACILITY | | | |
| 8b. Facility Name: ALIVE HOSPICE | | 8c. City or Town: NASHVILLE | 8d. County of Death: DAVIDSON |
| 9. Marital Status: MARRIED | 10. Surviving Spouse (name prior to first marriage): MARGARET CAMPBELL | 11a. Decedent's Usual Occupation: VETERANS COUNSELOR | 11b. Kind of Business/Industry: VETERANS ADMINISTRATION |
| 12. Social Security Number: 3400 | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | 13c. City or Town: NASHVILLE |
| 13d. Street and Number: 4200 KINGS COURT | | 13e. Inside City Limits? YES | 13f. Zip Code: 37218 |
| 14. Was Decedent ever in US Armed Forces? YES | | | |
| 15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED | 16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO | 17. Decedent's Race: BLACK OR AFRICAN AMERICAN | |
| 18. Father's Name: JOHN MOSES HOLMAN | | 19. Mother's Name Prior to First Marriage: ELNORA PERKINS | |
| 20a. Informant's Name: MARGARET CAMPBELL HOLMAN | 20b. Relationship to Decedent: WIFE | 20c. Mailing Address: 4200 KINGS COURT, NASHVILLE, TN 37218 | |
| 21a. Method of Disposition: BURIAL | 21b. Place of Disposition: MIDDLE TN STATE VETERANS | 21c. Location: PEGRAM, TN | |
| 22a. Signature of Funeral Director: /s/ GEORGE M. BAKER JR | 22b. License Number: 4005 | 22c. Signature of Embalmer: /s/ Patrick Lamont Tucker | 22d. License Number: 5072 |
| 23a. Name and Address of Funeral Home: LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1000 | | | 23b. License Number: 612 |
| 24. Registrar's Signature: /s/ EDWARD G BISHOP III | | 25. Date Filed: 03/03/2020 | |

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: /s/ LAURA THARPE | 27b. License Number: 048446 | 27c. Date Signed: 03/02/2020 |
| 27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203 | | |

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 |
|---|---|---|
| 28a. DATE CAUSE (Final disease or condition resulting in death) | a. STROKE | |
| | b. ATHEROSCLEROTIC CEREBROVASCULAR DISEASE | |
| | c. | |
| | d. | |

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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: NATURAL | 31. Did Tobacco Use Contribute to Death? UNKNOWN | 32. If Female: 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 |

TN-VS-D (Rev. 8/2017) RDA 10172

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.

12335895

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 3 3 5 8 9 5

Date Issued: Mar-13-2020

**CERTIFICATION OF VITAL RECORD**

202201110003783

**Tennessee Certification of Electronic Document**

I, LUKE BINGHAM, 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 12-20-2021 (date of document).

Luke Bingham
Affiant Signature

1-4-2022
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 4th day of January, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 05/2022

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
Lissette Anne Moree, Notary Public
Beaver County
My commission expires May 4, 2022
Commission number 1223847
Member, Pennsylvania Association of Notaries