AVENUE 365
LENDER SERVICES

Karen Johnson Davidson County
Batch# 800926 AFFIDAVIT
02/07/2022 10:11:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20220207-0013694

Avenue 365 Lender Services, LLC
1100 Virginia Drive, Suite 130
Fort Washington, PA 19034
Phone: 877-365-AVEN/Fax: 484-594-1600
www.avenue365.com

AFFIDAVIT OF FACTS

File Number: RM21244804P
Property Address: 1520 Water Oak Court, Antioch, TN 37013
Lender: None

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

1. My name is **Anthony H. Davidson**. I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

2. That my spouse, **Peggie D. Davidson**, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed recorded in Deed Book _____, Page _____, among the land Records of **Davidson County**, **Tennessee**, to wit: **Instrument No. 20030324-0038896**

3. That my spouse and I were married prior to **February 27**, **2003**, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death, **March 18**, **2011**.

4. That the value of my spouse'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 Fidelity National Title Insurance Company and its duly appointed agent(s) 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 Fidelity National Title Insurance Company and its duly appointed agent(s) 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."

Signed this **5th** day of **January**, 20**22**

Anthony H. Davidson

STATE OF **TENNESSEE - COUNTY OF DAVIDSON**

On this **5th** day of **January**, 20**22**, before me, the undersigned Notary Public, personally appeared **Anthony H. Davidson** known to be the person(s) described within the instrument and acknowledges that they/he/she executed the same for the purposes therein contained.

I hereunto set my hand and official seal.

JAMIE C POLK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

(SEAL)

Signature of Notary

My Commission Expires: 1/3/23

Affidavit of Continuous Marriage – Deceased Spouse

BEFORE ME, the undersigned authority, on this 5th day of January, 2022, personally appeared Anthony H. Davidson, ("Affiant"), who being first duly sworn upon oath, deposes and says:

1. That Anthony H. Davidson and Peggie D. Davidson were husband and wife upon obtaining title to the following described property:

Being Lot No. 273, on the Plan of Peppertree Forest, Section 17, as of record in Plat Book 8250, Page 196, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

2. That Anthony H. Davidson and Peggie D. Davidson remained married to each other continuously, without interruption from the date of taking title to subject property until the date of death of Peggie D. Davidson on 03/18/2011.

3. That this Affidavit is made for the express purpose of inducing _____ Title Insurance Company and/or its duly appointed agents to issue a Policy on the above described property and made under the full apprehension of the law, with the intent that full faith and credit is to be given to the contents thereof by _____ Title Insurance Company, its agents or its attorneys.

FURTHER AFFIANT SAYETH NOT.

Dated this 5th day of January, 2022.

Anthony H. Davidson

Affiant – Anthony H. Davidson

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Anthony H. Davidson, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal this, 5th day of January, 2022.

My Commission Expires:

1/3/23

Notary Public

JAMIE C POLK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

STATE FILE NUMBER: 110167

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Peggie Diane Davidson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 18, 2011
4. SOCIAL SECURITY NUMBER:
5a. AGE (Last Birthday): 53
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Jan. 14, 1958
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Anthony Davidson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Certified Nurse Technician
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 1520 Water Oak Court
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2+

Must be completed by person in charge of disposition

PARENTS

17. FATHER'S NAME (First, Middle, Last): Samuel J. Sipsy
18. MOTHER'S NAME (First, Middle, Maiden Surname): Viola C. Douglas

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Anthony Davidson
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1520 Water Oak Court Antioch, Tennessee 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn Memorial Gardens
20c. LOCATION (City or Town, State): Goodlettsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mary Katherine Moore
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5994
21c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett
21d. LICENSE NUMBER OF EMBALMER: 6024
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home and Cremation Service 904 Gallatin Road Nashville, Tennessee 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): March 25, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: 11196
25c. DATE SIGNED (Month, Day, Year): 3/24/11
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Howard Kirshner 1161 21st Ave. S. Rm 1105-A Nashville, TN 37232

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval: Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. PERICARDIAL TAMPONADE	DUE TO (OR AS A CONSEQUENCE OF):	6 Hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b. MYOCARDIAL INFARCTION	DUE TO (OR AS A CONSEQUENCE OF):	2-3 DAYS
c. CORONARY ARTERY DISEASE	DUE TO (OR AS A CONSEQUENCE OF):	UNKNOWN
d.		

See instructions on other side.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: ACUTE STROKE

29a. WAS AN AUTOPSY PERFORMED? [X] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [X] Yes [ ] No

30. MANNER OF DEATH: 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PH-1055 (REV. 6/99)

BIRTH NO.

RDA 1389

6155196

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7/24/20155196
Date Issued

CERTIFICATION OF VITAL RECORD

202202070013694

Tennessee Certification of Electronic Document

I, Samantha Herrmann, 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 1/5/2022 (date of document).

Samantha Herrmann
Affiant Signature

1/26/2022
Date

State of Pennsylvania

County of Montgomery

Sworn to and subscribed before me this 26th day of JANUARY, 2022.

Notary's Signature

MY COMMISSION EXPIRES: May 17, 2023

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
Shawnna Leigh Sorenson, Notary Public
Montgomery County
My commission expires May 17, 2023
Commission number 1262568
Member, Pennsylvania Association of Notaries