CONTINUOUS MARRIAGE AFFIDAVIT

Tenancy by the Entirety

STATE OF)
) SS.
COUNTY OF)

Karen Johnson Davidson County
Batch# 807839 AFFIDAVIT
02/17/2022 01:11:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20220217-0018613

James L Cowger, hereinafter called Affiant, being duly sworn states that he/she resides at:

133 Sequoyah Lane, Nashville, TN 37221

That Affiant was married to **Anne M. Cowger**, ("Deceased"), when they acquired title to the subject property by deed dated **February 18, 2014** ("Acquisition Date"), and recorded as Instrument No. **20140305-0018426**, in the official records of **Davidson** County, State of **Tennessee**;

That the Affiant and Deceased held title as husband and wife, Tenants by the Entirety;

That the Affiant and Deceased remained continuously married (without interruption by divorce) from the Acquisition Date through the Deceased's date of death;

Subject property is located in **Davidson** County, **Tennessee**, described as:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DAVIDSON, CITY OF NASHVILLE, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS:

LOT NO. 34 ON THE FINAL PLAT OF MCCRORY TRACE ESTATES, SECTION THREE (A PLANNED UNIT DEVELOPMENT), AS OF RECORD IN BOOK 6900, PAGES 720 THROUGH 723, AND CORRECTED BY SURVEYOR'S INSTRUMENT OF CORRECTION OF RECORD IN BOOK 7825, PAGE 429, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH SAID PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION THEREOF.

BEING THE SAME PROPERTY CONVEYED TO THOMAS H. DICKS, JR. AND WIFE, WANDA G. DICKS, BY WARRANTY DEED DATED NOVEMBER 21ST, 1995, FROM THE JONES COMPANY CUSTOM HOMES OF TENNESSEE, INC., OF RECORD IN BOOK 9867, PAGE 848, REGISTER'S OFFICE FOR WILLIAMSON COUNTY, TENNESSEE, AND FURTHER CONVEYED TO ALISON L. WOOLFORD AND ELIZABETH A. SHAMANSKI BY QUITCLAIM DEED DATED MARCH 3RD, 2005, FROM THOMAS H. DICKS, JR. AND WANDA G. DICKS, OF RECORD IN INSTRUMENT NO. 20050304-0024165, SAID REGISTER'S OFFICE, AND FURTHER CONVEYED TO THOMAS H. DICKS, JR. AND SPOUSE, WANDA G. DICKS, AS TRUSTEES OF THE THOMAS H. DICKS, JR. AND WANDA

G. DICKS JOINT LIVING TRUST, DATED JULY 15,2008, BY QUIT CLAIM DEED DATED DECEMBER 19TH, 2008, FROM ALISON L. HAIR, MARRIED, AND ELIZABETH A. SHAMANSKI, MARRIED, OF RECORD IN INSTRUMENT NO. 20090114-0003743, SAID REGISTER'S OFFICE, AND FURTHER CONVEYED TO ELIZABETH SHAMANSKI BY QUITCLAIM DEED DATED JANUARY 26, 2010, FROM THOMAS H. DICKS, JR. AND WANDA G. DICKS, TRUSTEES OF THE THOMAS H. DICKS, JR. AND WANDA G. DICKS JOINT LIVING TRUST, OF RECORD IN INSTRUMENT NO. 20100126-0006692, SAID REGISTER'S OFFICE. INTEREST DIVESTED OUT OF ALISON L. WOOLFORD AND ELIZABETH SHAMANSKI AND VESTED INTO J. D. RIVERGATE LAND TRUST BY FINAL DECREE CONFIRMING SALE OF RECORD IN INSTRUMENT NO. 20110208-0011156, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE. BY DECREE FOR REDEMPTION, TITLE WAS DIVESTED OUT OF J. D. RIVERGATE LAND TRUST AND VESTED INTO ALISON L. WOOLFORD AND ELIZABETH SHAMANSKI, OF RECORD IN INSTRUMENT NO. 20120418-0033201, SAID REGISTER'S OFFICE. AND FURTHER CONVEYED TO THE THOMAS H. DICKS, JR. AND WANDA G. DICKS JOINT LIVING TRUST DATED MAY 21, 2008, AND THOMAS H. DICKS, JR. AND WANDA G. DICKS, TRUSTEES, BY QUIT CLAIM DEED DATED JULY 2, 2012, FROM ELIZABETH ANNE SHAMANSKI AND ALISON LYNN WOOLFORD HAIR, OF RECORD IN INSTRUMENT NO. 20120918-0084626, SAID REGISTER'S OFFICE.

PARCEL ID #155-10-0A-071-00

THIS BEING THE SAME PROPERTY CONVEYED TO JAMES L. COWGER AND ANNE M. COWGER, HUSBAND AND WIFE FROM THOMAS H. DICKS JR., TRUSTEE AND WANDA G. DICKS, TRUSTEE OF THE THOMAS H. DICKS, JR. AND WANDA G. DICKS JOINT LIVING TRUST U/A/D MAY 21, 2008, IN A DEED DATED FEBRUARY 18, 2014 AND RECORDED MARCH 05, 2014 AS INSTRUMENT NO. 20140305-0018426.

That the Deceased died on **February 22, 2018** as evidenced by a copy of Deceased's death certificate attached hereto;

That Affiant, **James L Cowger**, assumes full title to the subject property in survivorship;

That Affiant executes this Affidavit in order to induce Solidifi Title and Closing, LLC and its Agent to make a complete settlement on the Property and issue its policy or policies of title insurance.

AFFIANT:

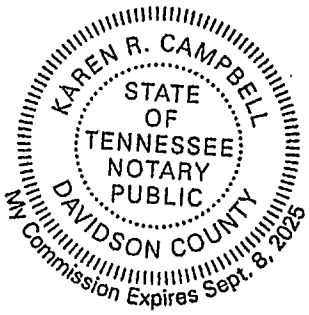
James L. Cowger 1/21/22

JAMES L. COWGER Date

I HEREBY CERTIFY, That on this 21st day of January, 2022, before me, the subscriber, a Notary Public of the State aforesaid, personally appeared _____ JAMES L. COWGER known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and who made oath before me as to the matters certified herein, and acknowledged that he/she executed the Affidavit for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Seal



Karen R. Campbell
[Print Name] Karen R. Campbell

NOTARY PUBLIC
Commission Expires: Sept. 8, 2025

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
(S-1 REV 3/06)

STATE FILE NUMBER: 3201836003347

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT–FIRST (Given)	2. MIDDLE	3. LAST (Family)
ANNE	MARIE	COWGER

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
03/14/1944	73					F

9. BIRTH STATE/FOREIGN COUNTRY	SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
MA	-0356	[ ] YES [X] NO [ ] UNK	MARRIED	02/22/2018	0923

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
GRAPHIC DESIGNER	DEFENSE	40

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 133 SEQUOYAH LANE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
NASHVILLE	DAVIDSON	37221	3	TN

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
JAMES COWGER, HUSBAND	133 SEQUOYAH LANE, NASHVILLE, TN 37221

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
JAMES	LAURENCE	COWGER	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
MAURICE	-	CHITGNEY	UNKNOWN
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
MARIA	-	ROMEO	UNKNOWN

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE - mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
03/21/2018	RES JAMES COWGER 133 SEQUOYAH LANE, NASHVILLE, TN 37221	
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**	**43. LICENSE NUMBER**
CR/TR/RES	▶ NOT EMBALMED	-
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE mm/dd/ccyy**
PRECIADO FUNERAL HOME	FD1736	▶ MAXWELL OHIKHUARE, MD 03/21/2018

PLACE OF DEATH

101. PLACE OF DEATH: BARSTOW COMMUNITY HOSPITAL

102. IF HOSPITAL, SPECIFY ONE: [ ] IP [X] ER/OP [ ] DOA

103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SAN BERNARDINO	820 E MOUNTAIN VIEW ST	BARSTOW

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Time Interval Between Onset (Hr/Day) and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) PENDING — (a1) —

Sequentially list conditions, if any, leading to cause on Line a. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST:
(b) — (b1) —
(c) — (c1) —
(d) — (d1) —

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: 701801639

109. BIOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY PERFORMED? [X] YES [ ] NO

111. USED IN DETERMINING CAUSE? [X] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: —

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): —

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since: (A) mm/dd/ccyy — Decedent Last Seen Alive: (B) mm/dd/ccyy

115. SIGNATURE AND TITLE OF CERTIFIER: ▶

116. LICENSE NUMBER:

117. DATE mm/dd/ccyy:

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [X] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK

121. INJURY DATE mm/dd/ccyy:

122. HOUR (24 Hours):

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):

125. LOCATION OF INJURY (Street and number, or location, and city, and zip):

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▶ ADRIANNA BUTLER	03/20/2018	ADRIANNA BUTLER, DEP CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH #	CENSUS TRACT
						D10001003830475		

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED:

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

0026321 59

This copy not valid unless prepared on engraved border displaying the date, seal and signature of Registrar.

PBNCO (Rev) 06/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DCP 2023709918613

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3052018061748		3201836003347 2 OF 2
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER

1.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY—THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST	1B. MIDDLE	1C. LAST	2. SEX
	ANNE	MARIE	COWGER	F
	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT	
	02/22/2018	BARSTOW	SAN BERNARDINO	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	PENDING	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
107AT	--	YRS
112	--	NONE
113	--	NO
119	PENDING INVESTIGATION	NATURAL

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	10. DATE SIGNED MM/DD/CCYY	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
▶JONATHAN KROEKER	04/02/2019	DEP CORONER

12. ADDRESS—STREET and NUMBER	13. CITY	14. STATE	15. ZIP CODE
175 SOUTH LENA ROAD	SAN BERNARDINO	CA	92415

STATE/LOCAL REGISTRAR USE ONLY

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
▶STATE REGISTRAR - OFFICE OF VITAL RECORDS	04/02/2019

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS *02010100416956* FORM VS 24Ae (REV. 1/08)

1.1

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED APR 05 2019

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

002719196

MAXWELL ORIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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PBNCO (Rev) 04/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

20220217001861 3

Tennessee Certification of Electronic Document

I, Hunter Williams, 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 January 21, 2022 (date of document).

Affiant Signature

2/03/2022
Date

State of ARIZONA

County of MARICOPA

Sworn to and subscribed before me this 3rd day of February, 2022

Denise Michelle Moore
Notary's Signature

MY COMMISSION EXPIRES: 5-25-2022

NOTARY'S SEAL

DENISE MICHELLE MOORE
Notary Public - Arizona
Maricopa County
My Comm. Expires May 25, 2022