This instrument prepared by:
Leroy Johnston Ellis, IV
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
615-847-2000
Johnny@LJELAW.com

Karen Johnson Davidson County
Batch# 808709 AFFIDAVIT
02/18/2022 03:21:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20220218-0019517

AFFIDAVIT AND NOTICE OF DEATH
VESTING TITLE IN SURVIVING JOINT TENANT

Property Description
1132 Shawnee Trace
Madison, TN. 37115

Vesting in Surviving Joint Tenant
CHERYL L. McCORMICK

Tax Map / Parcel
052-8A-0 / 288.00

I, **Leroy Johnston Ellis, IV**, first being sworn according to law, do make oath that I have personal knowledge of the facts stated herein as follows:

WHEREAS, **William D. Chambliss** and **Cheryl L. McCormick** acquired the property described herein as Joint Tenants with Rights of Survivorship by Deed of record in Book 11164, page 130, Register's Office for Davidson County, Tennessee, and;

WHERAS, The Said **William D. Chambliss** Died 01/21/2022 as shown by the death Certificate Attached hereto as **Exhibit "A"**,

NOW THEREFORE, This *Affidavit and Notice of Death Vesting Title in Surviving Joint Tenant* is filed to put of Record that the said **CHERYL L. McCORMICK**, unmarried, is the sloe owner of the property described as follows:

Land in Davidson County, Tennessee, being Lot No. 141 on the Plan of Heron Walk Section 4, Phase 2 of record in [plat] Book 9700, page 687, Register's Office for Davidson County, Tennessee.

Being all the same property conveyed to William D. Chambliss and Cheryl L. McCormick as Joint Tenants with Rights of Survivorship by deed from Allen Earps Builders, LLC dated October 9, 1998, and of record in Book 11164, page 130, R.O.D.C., TN.

Further Affiant sayith Naught.

Leroy Johnston Ellis, IV 2-9-2022
Date

JURAT

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Subscribed and sworn to before me, this the 9th day of FEBRUARY, 2022.

Cheryl Denise Whitfield
NOTARY PUBLIC

My Commission Expires: 11/06/2024



202202180019517

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 006080

1. Decedent's Legal Name			2. Sex	3. Date of Death
WILLIAM DAVID CHAMBLISS			MALE	01/21/2022
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
09:56 AM	71	10/02/1950	PRINCETON, KY	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		8c. City or Town		8d. County of Death
ALIVE HOSPICE		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
DIVORCED		MUSICIAN		ENTERTAINMENT
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
[redacted]	TENNESSEE	DAVIDSON		MADISON
13d. Street and Number	13e. Inside City Limits?	13f. Zip Code		14. Was Decedent ever in US Armed Forces?
1132 SHAWNEE TRACE	YES	37115		YES
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
[redacted]MBLISS		[redacted]		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
[redacted]	[redacted]	[redacted]		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
CREMATION	HENDERSONVILLE CREMATION CENTER	HENDERSONVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ MELINDA E CRAWFORD	5229	▶		
23a. Name and Address of Funeral Home				23b. License Number
NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505				1136
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		01/31/2022		

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/ LAURA THARPE	048448	01/27/2022

27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203

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). 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	a. MALIGNANT NEOPLASM OF BRAIN, UNKNOWN HISTOLOGY	
	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	NO	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

PH-1559E

EXHIBIT
tabbies A

13931174

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 9 3 1 1 7 4
Date Issued: Feb-02-2022

CERTIFICATION OF VITAL RECORD

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and 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 Feb 9 20 22.

Leroy Johnston Ellis, IV, Affiant

Feb 2, 2022
Date

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Sworn to and subscribed before me this 9th day of February, 2022.

NOTARY PUBLIC

My Commission Expires: 11/06/2024

SEAL
CHERYL DENISE WHITFIELD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Certificate Prepared by:
Johnny Ellis, Attorney-at-Law
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
(615) 847-2000
Johnny@LJELAW.com