Karen Johnson Davidson County
Batch# 817975 AFFIDAVIT
03/09/2022 09:20:30 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20220309-0026766

After recording return to:
Pearl Law Offices, LLC
9391 Olde Eight Road
Northfield, OH 44067
File No. IT211161698

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

Parcel ID No.: 119-10-0-182.00

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF TN
COUNTY OF Davidson

BEFORE ME, the undersigned Notary Public, personally appeared Barbara Jean Hurst, of legal age, as the surviving spouse, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is Barbara Jean Hurst and I reside at 2706 Live Oak Road, Nashville, TN 37210.

2. I owned real property with Robert Ray Hurst, my spouse, who, at the time of his demise, was one of the owners of such real property located in Davidson County, State of Tennessee, described as follows:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION.

Property commonly known as: 2706 Live Oak Road, Nashville, TN 37210

Being the same property conveyed to Barbara Jean Hurst and Robert Ray Hurst, wife and husband in a Deed from Barbara Jean Hurst dated 02/21/2005 and recorded 03/16/2005 under Instrument Number: 20050316-0029168 in the Register's Office for Davidson County, Tennessee.

3. Robert Ray Hurst, my deceased spouse, departed this life on 01/19/2012 as evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the surviving spouse of the property described herein.

Dated this 11 day of January, 2022.

Barbara Jean Hurst
Barbara Jean Hurst

Subscribed and sworn to before me this 11 day of January, 2022 by Barbara Jean Hurst.

Notary Public
My Commission Expires: 09/02/24

ANN STATHOS DONNELL
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

EXHIBIT "A"
LEGAL DESCRIPTION

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

BEING LOT NO. 41 ON THE MAP OF MASHBURN HEIGHTS, AS OF RECORD IN BOOK 1835, PAGE 1, REGISTER'S OFFICE FOR SAID COUNTY, AND DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE EASTERLY MARGIN OF LIVE OAK ROAD AT THE COMMON CORNER OF LOTS NOS. 41 AND 42; THENCE EASTERLY WITH THE FINE BETWEEN SAID LOTS, 122 FEET TO THE CORNER OF LOTS NOS. 42 AND 43; THENCE SOUTHEASTERLY ALONG THE LINE BETWEEN LOTS NOS. 41 AND 43, 66.9 FEET TO THE CORNER OF LOTS NOS. 24, 41 AND 43; THENCE SOUTHERLY ALONG THE LINE BETWEEN LOTS NOS. 24 AND 41, 45 FEET TO THE CORNER OF LOT NOS. 24, 25, 40 AND 41,177.5 FEET TO THE EAST MARGIN OF LIVE OAK ROAD; THENCE NORTHERLY WITH SAID ROAD 82.9 FEET TO THE BEGINNING.

PARCEL ID NUMBER: 119-10-0-182.00

PROPERTY COMMONLY KNOWN AS: 2706 LIVE OAK ROAD, NASHVILLE, TN 37210

STATE OF TENNESSEE
Office of Vital Records

1200262

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 001114

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Robert Ray Hurst
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 19, 2012
4. TIME OF DEATH (Approx.): 8:00 am
5a. AGE - Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 21, 1944
7. BIRTHPLACE (City and State or Foreign Country): Wayne County, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 2706 Live Oak Road
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Barbara Stevens
11a. DECEDENT'S USUAL OCCUPATION: Telephone Installer
11b. KIND OF BUSINESS/INDUSTRY: Western Electric

12. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2706 Live Oak Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37210
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th - 12th grade, no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): James E. Hurst
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Elizabeth Mitchell

DISPOSITION

20a. INFORMANT'S NAME: Barbara Hurst
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2706 Live Oak Road Nashville Tennessee 37210

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION-City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Robert Whitley
22b. LICENSE NUMBER: 3618
22c. SIGNATURE OF EMBALMER: ▸ Bernard Sharum
22d. LICENSE NUMBER: 4242

23a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home 2627 Nolensville Pike Nashville TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 0775

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▸ Linda K. Bowers, DR
25. DATE FILED (Month, Day, Year): Jan. 20, 2012

CERTIFIER

26. CERTIFIER (Check only one)
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE

27a. SIGNATURE OF CERTIFIER: ▸ Louis Johnson MD
27b. LICENSE NUMBER: 023577
27c. DATE SIGNED (Month, Day, Year): 1/20/2012
27d. NAME AND ADDRESS: Louis Johnson MD 2400 Patterson Suite 400 Nashville 37203

13790697

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 7 9 0 6 9 7

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Dec-20-2021

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

COPYRIGHT PROTECTED


THE GREAT SEAL OF THE STATE OF TENNESSEE
XVI
AGRICULTURE
COMMERCE
1796

Tennessee Certification of Electronic Document

I, JENA BURGESS, 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 1/11/2022 (date of document).

Affiant Signature

1/25/2022
Date

State of OHIO

County of LORAIN

Sworn to and subscribed before me this 25 day of JANUARY, 2022.

Notary's Signature

MY COMMISSION EXPIRES: September 13, 2022

NOTARY'S SEAL



ROBIN FIGUEROA
NOTARY PUBLIC - OHIO
COUNTY OF LORAIN
MY COMMISSION EXPIRES 09-13-22