Karen Johnson Davidson County
Batch# 828053 AFFIDAVIT
03/24/2022 10:57:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20220324-0034008

This instrument prepared by Vidmar & Hardesty, Ltd., John Vidmar (TN Bar#032525), P.O. Box 211031, Columbus, Ohio 43221

Order No.TH2972TN-A

AFFIDAVIT OF CONTINUOUS MARRIAGE – DECEASED SPOUSE

BEFORE ME the undersigned notary, personally appeared **Ricky Dobbins**, a widow ("Affiant"), who being first duly sworn upon oath, deposes and says:

1. That Affiant and Gloria Dobbins were Husband and Wife upon obtaining title to the following described property situated in Davidson County, State of Tennessee and described as follows:

> Being Lot No. 54 on the plan of Hillhurst Acres, Section 2, as of record in Plat Book 2331, Page 70, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description.
>
> Parcel No. Map 60-7, Parcel 76
> Property Address: 2920 Stanwyck Dr., Nashville, TN 37207
>
> This description is the same as the description contained in the prior deed referenced herein.

2. The Affiant and Gloria Dobbins took title to above described property through a Deed dated April 6, 2000, and recorded on April 17, 2000 in Instrument No. 200004170038221.

3. The Affiant and Gloria Dobbins were married prior to April 6, 2000 and remained married to each other continuously, without interruption from the date of taking title to subject property until the date of death of Gloria Dobbins, a/k/a Gloria Denise Dobbins on July 16, 2011.

FURTHER AFFIANT SAYETH NOT.

Signed this 7th day of March, 2022

Ricky Dobbins

STATE OF TN, COUNTY OF Davidson, SS:

BE IT REMEMBERED That on this 7th day of March, 2022 before me, the subscriber, a Notary Public in and for said state, duly commissioned and qualified, personally came Ricky Dobbins, known to me, or proved to me on the basis of satisfactory evidence, to be the Affiant in the foregoing affidavit, and acknowledged by the signing thereof to be his free and voluntary act and deed.

In testimony whereof, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Notary Public

My Com Exp 09/02/24

ANN STATHOS DONNELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1104327

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): **Gloria Denise Dobbins**
2. SEX: **Female**
3. DATE OF DEATH (Month, Day, Year): **July 16, 2011**
4. SOCIAL SECURITY NUMBER: **7347**
5a. AGE-LAST BIRTHDAY (Years): **38**
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): **Feb 28, 1973**
7. BIRTHPLACE (City and State or Foreign Country): **Lawrenceburg, Tn**
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. 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): **St. Thomas Hospital**
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): **Ricky Dobbins**
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Homemaker**
12b. KIND OF BUSINESS/INDUSTRY: **Home**
13a. RESIDENCE-STATE: **Tn**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **Nashville**
13d. STREET AND NUMBER OR RURAL LOCATION: **2920 Stanwyck Drive**
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: **37207**
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): **Black**
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): **2**

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): **Jackie Smith**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Mary Springer**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **Ricky Dobbins**
19b. RELATIONSHIP TO DECEASED: **Husband**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **2920 Stanwyck Dr. Nashville, Tn 37207**

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Music City Crematory**
20c. LOCATION-City or Town, State: **Nashville, Tennessee**
21a. SIGNATURE OF FUNERAL DIRECTOR: Terrell A Broady
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **4009**
21c. SIGNATURE OF EMBALMER: Terrell A Broady
21d. LICENSE NUMBER OF EMBALMER: **4117**
22a. NAME AND ADDRESS OF FUNERAL HOME: **Terrell Broady Funeral Home, INc. 3855 Clarksville Pike Nashville, TN. 37218**
22b. LICENSE NUMBER OF FUNERAL HOME: **1137**

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L Bowman
24. DATE FILED (Month, Day, Year): July 29, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: 7/26/11
25b. LICENSE NUMBER: MD 18598
25c. DATE SIGNED (Month, Day, Year): 7/26/2011
26a. 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 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)

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. acidosis
DUE TO (OR AS A CONSEQUENCE OF):
b. renal failure
DUE TO (OR AS A CONSEQUENCE OF):
c. aspiration pneumonia and sepsis.
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
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-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

4639791

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Sonya Y Foreman Local Registrar
Davidson County Tennessee

JUL 29 2011
Date Issued

CERTIFICATION OF VITAL RECORD

202203240034008

Tennessee Certification of Electronic Document

I, Tiffany Beckham, 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 3/7/22 (date of document).

Tiffany Beckham

Affiant Signature

3/16/22

Date

State of NC

County of Mecklenburg

Sworn to and subscribed before me this 16 day of March, 2022.

Amanda Simpson

Notary's Signature

Amanda Simpson
NOTARY PUBLIC
Union County
North Carolina
My Commission Expires 06/03/2026

MY COMMISSION EXPIRES: _____

NOTARY'S SEAL