Karen Johnson Davidson County
Batch# 829384 AFFIDAVIT
03/28/2022 09:55:30 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20220328-0035225

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared William E. Fowler (Affiant), who after having been duly sworn according to law, deposed and stated as follows:

1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

Property Address: 5225 Anchorage Drive, Nashville, TN 37220
Tax/Parcel ID No.: 160 03 0 019.00

2. At the time Affiant acquired title to the Property, Affiant was married to **Bonnie Sue Fowler** and remained continuously married to her without interruption up to the date of her death.

3. Affiant states and acknowledges that he is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that hehas read the full facts of this affidavit and understands its context.

4. Affiant acknowledges that this affidavit is made for the purpose of providing title insurance and shall be relied upon by FNC Title Services, LLC.

William E. Fowler

STATE OF TN, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 8th day of March, 2022 by William E. Fowler who is personally known to me.

Notary

My commission expires: 11-6-2023

ANNE COLLINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Affidavit was Prepared by
an employee of FNC Title Services, LLC,
1300 Piccard Drive, Suite 105
Rockville, MD 20850

2021-12-1203

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 029937

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: BONNIE SUE FOWLER					2. SEX: FEMALE	3. DATE OF DEATH: 05/28/2018
4. TIME OF DEATH (Approx.): 07:47 AM	5a. AGE: 76	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 09/25/1941	7. BIRTHPLACE: ERIN, TENNESSEE	
8a. PLACE OF DEATH: INPATIENT						
8b. FACILITY NAME: SOUTHERN HILLS MEDICAL CENTER		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): WILLIAM FOWLER		11a. DECEDENT'S USUAL OCCUPATION: LOAN OFFICER		11b. KIND OF BUSINESS/INDUSTRY: STATE OF TENNESSEE	
SECURITY NUMBER: -2987	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 5225 ANCHORAGE DRIVE		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37220		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO	
15. DECEDENT'S EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

(If Pronouncement or Inquisition) (NAME OF DECEDENT)

PARENTS

18. FATHER'S NAME: JOE BRYANT	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ARTIE LOUISE LEWIS

DISPOSITION

20a. INFORMANT'S NAME: WILLIAM E FOWLER	20b. RELATIONSHIP TO DECEDENT: HUSBAND	20c. MAILING ADDRESS: 5225 ANCHORAGE DRIVE, NASHVILLE, TENNESSEE 37220
21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: WOODLAWN MEMORIAL PARK	21c. LOCATION: NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ WENDELL L. BYRD	22b. LICENSE NUMBER: 2556	22c. SIGNATURE OF EMBALMER: ▶ /e/ Jerry W. Maxwell	22d. LICENSE NUMBER: 8081
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TENNESSEE 37211			23b. LICENSE NUMBER: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 05/31/2018

CERTIFIER

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

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. CERTIFIER: ▶ /e/ DAVID L ZIMMERMAN, MD	27b. LICENSE NUMBER: 046030	27c. DATE SIGNED: 05/29/2018
27d. NAME AND ADDRESS: DAVID L ZIMMERMAN, MD 850 R S. GASS BLVD, NASHVILLE, TENNESSEE 37216		

MEDICAL CERTIFICATION

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. BLUNT CHEST TRAUMA	
	DUE TO (OR A CONSEQUENCE OF)	
	b.	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR A CONSEQUENCE OF)	
	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: ACCIDENT	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO	32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY: 05/25/2018	34b. TIME OF INJURY: UNKNOWN	34c. INJURY AT WORK?: NO	34d. PLACE OF INJURY: RESIDENCE
	34e. DESCRIBE HOW INJURY OCCURRED: FELL		34f. LOCATION OF INJURY: 5225 ANCHORAGE DRIVE, NASHVILLE, TN	

PH-1659 (Rev. 8/2017) RDA 10112

10161662

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10161662

Date Issued JUN 01 2018

CERTIFICATION OF VITAL RECORD

202203280035225

Tennessee Certification of Electronic Document

I, Kristen Carlisle, 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 03/08/2022 (date of document).

Affiant Signature

03/08/2022
Date

State of Maryland

County of Carroll

Sworn to and subscribed before me this 8 day of March, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL

