Karen Johnson Davidson County
Batch# 846244 AFFIDAVIT
04/27/2022 10:41:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20220427-0048502

Return to:
Sadie Hunter

Property Tax ID#: 052-13-0-003.00
Order #: NTN-1368033

AFFIDAVIT OF DEATH

(Brian Hunter aka Brian L. Hunter, Deceased)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **Sadie Hunter, an unmarried woman,** of legal age, being first duly sworn, deposes and says:

That **Brian Hunter aka Brian L. Hunter**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Brian Hunter** named as one of the parties in that certain **DEED** dated 03/13/2012 executed by Susan R. Limor, Trustee for Michael Phillip Chappell, Grantor(s) to Brian Hunter and wife, Sadie Hunter, as Grantees, and recorded on 03/16/2012 **as Instrument No. 20120316-0022768**, of Official Records of **Davidson** County, TENNESSEE, covering the following described property situated in said Davidson County, State of TENNESSEE:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

Tax Id#: 052-13-0-003.00
Property Address: 1329 Fernbank Drive, Madison, TN 37115-5312

That the Decedent departed this life at Ohio State University Hospital, Franklin County, State of Ohio on or about 09/30/2015 being 58 years of age at the date of death.

Witness my hand this the 8 day of April, 2022.

Sadie Hunter

Sadie Hunter

STATE OF FL }

COUNTY OF Bay }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within **Sadie Hunter,** the Grantor, with whom I am personally acquainted (or who has proven to me on the basis of satisfactory evidence), and who has acknowledged and executed the within Affidavit of Death for the purposes therein contained.

Witness my hand and official seal this the 8 day of APR, 2022.

Notary Public State of Florida
Michael R. Kent
My Commission
HH 242158
Exp. 4/13/2026

Notary Public
My Commission expires: 13APR2026

No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and /or their agents; no boundary survey was made at the time of this conveyance.

This Instrument Prepared by:
National Deed Network, Inc.
36181 East Lake Road #382
Palm Harbor, FL 34685

EXHIBIT "A"

Land in Davidson County, Tennessee, being Lot No. 1 on the Map showing subdivision of Lots Nos. 45, 46, 47, 48 and 49 in Montague Subdivision, as of record in Book 547, page 35, Register's Office for said County, described as follows:

Beginning in the center of Fern Bank Drive at the corner of Lots Nos. 1 and 2; thence with the center of said Drive, southwardly 115.6 feet; thence eastwardly 25 feet to the easterly margin of said Drive; thence South 6 deg. east 218 feet; thence South 52 deg. east 100 feet to low water mark of the Cumberland River; thence with said low water mark, northwardly 270.6 feet to the corner of Lots Nos. 1 and 2; thence with the line between said two lots, westwardly 289 feet to the beginning, containing 1.43 acres, more or less.

Being the same property or a portion of the same property conveyed to Brian Hunter and wife, Sadie Hunter by Instrument dated March 13, 2012 from Susan R. Limor, Trustee for Michael Phillip Chappell filed on March 16, 2012 as Document Number 20120316-0022768 in the Davidson County records.

Parcel Number(s): 052-13-0-003.00
Commonly known as: 1329 Fernbank Drive, Madison, TN 37115-5312

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

Ohio Department of Health
VITAL STATISTICS

CERTIFICATE OF DEATH

Primary Reg. Dist. No. 2501
Registrar's No. 2500-2015009590
State File No. 2015089803

DECEDENT

1.Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)	2. Sex	3. Date of Death (Mo/Day/Year)
BRIAN L HUNTER	MALE	SEPTEMBER 30, 2015

4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	5b. Under 1 Year Days	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth(Mo/Day/Year)	7. Birthplace(City and State or Foreign Country)
[redacted]	58					MAY 17, 1957	MOUNT VERNON, OHIO

8a. Residence State	8b. County	8c. City or Town
OHIO	KNOX	MOUNT VERNON

8d. Street Address and Zip Code	9. Ever in US Armed Forces?
14971 INDIAN HILLS ROAD 43050	NO

10. Marital Status at Time of Death	11. Surviving Spouse's Name (If wife, give name prior to first marriage)
MARRIED	SADIE THOMPSON

12. Decedent's Education	13. Decedent of Hispanic Origin	14. Decedent's Race
HIGH SCHOOL GRADUATE OR GED	NO	WHITE

15. Father's Name	16. Mother's Name (prior to first marriage)
JOSEPH LAWRENCE HUNTER	MILDRED KAYLOR

17a. Informant's Name	17b. Relationship to Decedent	17c. Mailing Address (Street and Number, City, State, Zip Code)
SADIE HUNTER	WIFE	14971 INDIAN HILLS ROAD MOUNT VERNON, OHIO 43050

18a. Place of Death
HOSPITAL - INPATIENT

18b. Facility Name (If not Institution, give street & number)	18c. City or Town, State and Zip Code	18d. County of Death
OHIO STATE UNIVERSITY HOSPITALS	COLUMBUS, OH 43210	FRANKLIN

DISPOSITION

19. Funeral Service Licensee or Other Agent	20. License Number (of licensee)	21. Name and Complete Address of Funeral Facility
BRENT A LASATER	008564	LASATER FUNERAL HOME 11337 UPPER GILCHRIST ROAD MOUNT VERNON, OH 43050

22. Method and Place of Disposition
CREMATION - NORTH CENTRAL OHIO CREMATION SERVICES, MANSFIELD, OH

23. Local Registrar	24. Date Filed (Month/Day/Year)
SANDRA TAYLOR	OCTOBER 07, 2015

CERTIFIER

26a. Certifier (Check only one)
- [X] Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.
- [ ] Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.

26b. Time of Death	26c. Date Pronounced Dead (Month/Day/Year)	26d. Was Case Referred to Medical Examiner or Coroner?
04:55	SEPTEMBER 30, 2015	NO

26e. Certifier Name and Title	26f. License number	26g. Date Signed (Month/Day/Year)
SCOTT M. LILLY MD	35.121520	OCTOBER 02, 2015

27. Name and Address of Person who Completed Cause of Death
SCOTT M. LILLY, 473 WEST 12TH AVE, SUITE 200, COLUMBUS, OH 43210

CAUSE OF DEATH

28. Part I. Enter the disease, 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. Type or print in permanent blue or black ink.

		Approximate Interval: Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. VENTRICULAR FIBRILLATION	MINUTES
Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of) ARRHYTHMOGENIC RIGHT VENTRICULAR DYSPLASIA	YEARS
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)	
	d. Due to (or as Consequence of)	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	29a. Was An Autopsy Performed?	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?
	YES	NO

30. Did Tobacco Use Contribute to Death?	31. If Female, Pregnancy Status	32. Manner of Death
UNKNOWN	NOT APPLICABLE.	NATURAL

33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work?

33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)

33f. Describe How Injury Occurred:	33g. If Transportation Injury, Specify:

HEA 2724 Rev. 08/18

1003919 2015089803

Sandra Taylor, Franklin County Registrar

MAR 08 2022

HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.
20220437004850

Tennessee Certification of Electronic Document

I, **Meghan Napoli**, 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 4/8/2022 (date of document).

Affiant Signature

4/8/2022

Date

State of **Missouri**

County of **St. Louis**

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

Notary's Signature

MY COMMISSION EXPIRES: **01/14/2026**

NOTARY'S SEAL

JESSIE AREVALO
Notary Public, Notary Seal
State of Missouri
St. Charles County
Commission # 14567095
My Commission Expires 01-14-2026