Karen Johnson Davidson County
Batch# 847276 AFFIDAVIT
04/28/2022 01:07:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220428-0049336

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Janice M Hambrick (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: 525 Mill Station Drive, Nashville, TN 37207
Tax/Parcel ID No.: 059 04 0 046.00

2. At the time Affiant acquired title to the Property, Affiant was married to **Dorris Hambrick** and remained continuously married to him/her without interruption up to the date of his/her death.

3. Affiant states and acknowledges that he/she 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 he/she has 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.

Janice M Hambrick

STATE OF Tennessee, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 18th day of March, 2022 by Janice M Hambrick who is personally known to me.

Notary

My commission expires: July 9, 2024

LINDA MENDOZA
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 07/09/2024
DAVIDSON COUNTY

This Affidavit was Prepared by Lauren Watts
an employee of FNC Title Services, LLC,
1300 Piccard Drive, Suite 105
Rockville, MD 20850
2021-11-497

STATE OF TENNESSEE
Office of Vital Records

ORIGINAL

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): Dorris L. Hambrick Jr.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 8-22-98
4. SOCIAL SECURITY NUMBER: -2091
5. RESIDENT STATUS: X (1 Resident 2 Intrastate Nonresident 3 Interstate Nonresident 4 Foreign Resident)
6. DATE OF BIRTH (Month, Day, Year): 6-5-47
7. BIRTHPLACE (City and State or Foreign Country): Davidson County
8. AGE-Last Birthday (Years): 51
9a. PLACE OF DEATH (Check only one): X (1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify))
9b. FACILITY NAME (If not institution, give street address): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (At time of death) (Never Married, Married, Married but Separated, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Janice Ridley
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Postal Clerk
12b. KIND OF BUSINESS/INDUSTRY: U.S. Postal Service
13a. RESIDENCE-STATE: TN.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 525 Mill Station Drive
13e. INSIDE CITY LIMITS? X Yes ___ No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ___ Yes 0 X No
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+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Hambrick Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Willie Lee Wright

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Janice M. Hambrick
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 525 Mill Station Dr. Nashville, TN. 37207

DISPOSITION

20a. METHOD OF DISPOSITION: X Burial ___ Cremation ___ Removal from State ___ Donation ___ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle TN. Veterans
20c. LOCATION-City or Town, State: Pegram, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▸ Arthur Jackson
21d. LICENSE NUMBER OF EMBALMER: 4967
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, 706 Monroe St. Nashville, TN. 37208
22b. LICENSE NUMBER OF FUNERAL HOME: #809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Melissa L. Brown
24. DATE FILED (Month, Day, Year): September 9, 1998

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 ___ SIGNATURE AND TITLE OF PHYSICIAN: ▸ MD
25b. LICENSE NUMBER: MD0000254?7
25c. DATE SIGNED (Month, Day, Year): 9-8-98
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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. CARDIOPULMONARY ARREST — FIVE MINUTES
DUE TO (OR AS A CONSEQUENCE OF):
b. OVERWHELMING SEPSIS — FOUR DAYS
DUE TO (OR AS A CONSEQUENCE OF):
c. CEREBRAL ISCHEMIA — TEN DAYS
DUE TO (OR AS A CONSEQUENCE OF):
d.

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 Natural 5 Pending Investigation; 2 Accident; 3 Suicide 6 Could not be determined; 4 Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
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)

BIRTH NO.

REV. 7/97 — CDA 139

7697701

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7697701
Date Issued

CERTIFICATION OF VITAL RECORD

202204280049336

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 3/18/2022 (date of document).

Kristen Carlisle
Affiant Signature

4/22/2022
Date

State of Maryland

County of Carroll

Sworn to and subscribed before me this 22nd day of April, 2022.

Amanda Marie Muller
Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL

