Karen Johnson Davidson County
Batch# 854856 AFFIDAVIT
05/13/2022 08:51:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20220513-0055122

When Recorded Mail To:

VISIONET
111 TECHNOLOGY DRIVE
BUILDING 2
PITTSBURGH, PA 15275

[this space for recording information]

APN:
Order #ORG-311554

This instrument was prepared by:
Natalie De La Cruz
Bank of America, N.A.
4500 Amon Carter Blvd
Fort Worth, TX 76155
(866)310-2894

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OFTennessee,)
) ss.
COUNTY OF Davidson,)

File Number:ORG-311554

Amir Medic, Comes now the undersigned, being first duly sworn on oath, and deposes and states that following information is true and correct.

- Ermina Medic died on February 7, 2017, domiciled in Davidson COUNTY, Tennessee.
- Ermina Medic was the owner, as a joint owner, of an interest in the real estate described on the attached Exhibit A.
- The undersigned affiant is Amir Medic, a competent adult and has personal knowledge of the facts stated herein.

Affiant Signature _____
Print Name: Amir Medic

Subscribed in my presence and sworn to before me by on <date> 3 3022.

WITNESS my hand and official seal.

_____
Notary Public
Residing at Wilson Cty

My commission expires: 3/4/4

DEREK TRUELOVE
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 03/04/2024
WILSON COUNTY

EXHIBIT "A"

All that certain lot, piece or parcel of ground situate, lying and being in the County of Davidson, State of Tennessee and more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 421 on the Plan of Section Eight, Bradford Hills, of record in Book 7900, Page 6 and 7900, Pages 387b and 388, Register's Office for said County, to which plan reference is made for a more complete description.

Being that parcel of land conveyed to Amir Medic and wife Ermina Medic from Todd M. Gee and wife, Lori Ruth Gee by that deed dated 03/16/2001 and recorded 04/03/2001 in Instrument 20010403-0032155, of the Davidson County, TN public registry. According to the public records, there has been no conveyance of the land within a period of twenty-four months prior to the date of this report, except as follows: None

Parcel ID(s): 172120B16400CO

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ermina Medic
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 7, 2017
4. TIME OF DEATH (Approx.): 11:55
5a. AGE-Last Birthday (Years): 57
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 14, 1959
7. BIRTHPLACE (City and State or Foreign Country): Otoka, Bosanska, Bosnia & Herzegovina

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): 1304 Crestfield Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Amir Medic
11a. DECEDENT'S USUAL OCCUPATION: Kitchen Manager
11b. KIND OF BUSINESS/INDUSTRY: Hyatt Place
12. SOCIAL SECURITY NUMBER: 4892
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1304 Crestfield Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
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): Mujo Komic
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ifeta Safic

DISPOSITION

20a. INFORMANT'S NAME: Amir Medic
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1304 Crestfield Drive, Nashville, TN 37211
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Tim Raley
22b. LICENSE NUMBER: 5958
22c. SIGNATURE OF EMBALMER: N/A
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary, 2409 Kline Avenue, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

24. REGISTRAR'S SIGNATURE: Andrea Bowden, DR
25. DATE FILED (Month, Day, Year): Feb. 13, 2017

CERTIFIER

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

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.
27a. SIGNATURE OF CERTIFIER: Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 2/9/17
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Ovarian Cancer
Due to (or as a consequence of)
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
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

Approximate Interval: Onset to death

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

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1399

FH-1659 (Rev. 10/2011)

09026255

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 0 2 6 2 5 5

Date Issued: FEB 13 2017

CERTIFICATION OF VITAL RECORD

202205130055122

Tennessee Certification of Electronic Document

I, Alyssa Graham, 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 03/30/2022 (date of document).

Affiant Signature

03/30/2022
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 30 day of March, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 10/17/2023

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
JENNIFER L LANDER - Notary Public
Allegheny County
My Commission Expires Oct 17, 2023
Commission Number 1355954