Karen Johnson Davidson County
Batch# 865354 AFFIDAVITH
05/31/2022 03:38:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20220531-0062842

RECORD AND REQUESTED BY:
GODEEDS, INC.
Attn: LegalZoom Dept.
8940 Main Street
Clarence, NY 14031
File No. 555530551-72156001

This document prepared by:
JOHN O. WINDSOR, ESQ. Bar # 102155
1775 Lelia Drive Suite E (2nd floor)
Jackson, MS 39216
866-333-3081

Tax ID No.: 059 06 0 039.00

AFFIDAVIT OF DECEASED JOINT TENANT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned Notary Public, personally appeared Thelma D. Dismuke, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is Thelma D. Dismuke and I reside at 733 Troy Drive, Nashville, TN 37207.

2. I owned real property as a joint tenant with Samuel Lee Dismuke, Sr., who, at the time of his demise, was one of the owners of such real property located in Davidson County, State of TENNESSEE, as evidenced in a Quit Claim Deed from Thelma D. Dismuke recorded 06/17/2020 under Instrument No. 20200617-00063372, further described as follows:

SEE ATTACHED EXHIBIT A

3. Samuel Lee Dismuke, Sr., my joint tenant, departed this life on 1/1/2022. As evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the sole surviving joint tenant of the property described herein.

Dated this 14 day of May, 2022.

Thelma D. Dismuke ✓
Thelma D. Dismuke

STATE OF Tennessee
COUNTY OF Davidson
Subscribed and sworn to (or affirmed) before me this 14th day of May, 2022 by Thelma D. Dismuke, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Zita M. Bowers
Notary Public
(Seal)

ZITA M BOWERS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

EXHIBIT A
LEGAL DESCRIPTION

The following described real estate located in Davidson County, Tennessee:

Land in Davidson County, Tennessee, being Lot No. 35 on the Plan of Ewing Valley, Section 1, of record in Book 4300, page 167, Register's Office for said County.

Said Lot No. 35 fronts 70 feet on the northerly side of Troy Drive and extends back 110.3 feet on the easterly line and 145.8 feet on the westerly line to a broken line in the rear measuring 106.71 feet thereon.

This conveyance is subject to restrictive covenants of record in Book 4601, page 374, said Register's Office; easements and setback lines as set forth on the above plan of record; and taxes for the current year which have been prorated and assumed by the Grantees herein.

APN: 059 06 0 039.00

PROPERTY COMMONLY KNOWN AS: 733 Troy Drive, Nashville, TN 37207

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 000596

1. Decedent's Legal Name: SAMUEL LEE DISMUKE SR			2. Sex: MALE	3. Date of Death: 01/01/2022
4. Time of Death (Approx.): 03:03 AM	5a. Age: 66	6. Date of Birth: 07/23/1955	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: ROADWAY				
8b. Facility Name: I-24 E AT MM 39.2		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): GERALDINE WRIGHT	11a. Decedent's Usual Occupation: CARPENTER		11b. Kind of Business/Industry: SELF EMPLOYED
12. Social Security Number: -8045	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2219 CARTER AVE		13e. Inside City Limits?: YES	13f. Zip Code: 37206	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: BLACK OR AFRICAN AMERICAN	
18. Father's Name: THEODORE DISMUKE SR		19. Mother's Name Prior to First Marriage: IONA BRITT		
20a. Informant's Name: GERALDINE DISMUKE	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 2219 CARTER AVE, NASHVILLE, TN 37206		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶		22d. License Number:
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				23b. License Number: 809
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 01/10/2022		

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.

27a. Certifier: ▶ /e/ ERIN M CARNEY, M.D.	27b. License Number: 50160	27c. Date Signed: 01/04/2022
27d. Name and Address: ERIN M CARNEY, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216		

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. MULTIPLE BLUNT FORCE INJURIES	
	b.	
	c.	
	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? YES

29b. Were Autopsy Findings Available to Complete the Cause of Death? YES

30. Manner of Death: ACCIDENT	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: N/A	
33. If Transportation Injury, Specify: DRIVER/OPERATOR	34a. Date of Injury: 01/01/2022	34b. Time of Injury: 02:41 AM	34c. Injury at Work?: NO
34d. Place of Injury: ROADWAY	34e. Describe How Injury Occurred: DRIVER OF TRUCK STRUCK BY SPORT UTILITY VEHICLE	34f. Location of Injury: I-24 E AT MM 39.2, NASHVILLE, TN	

PH-1659E

RDA 10112

13819191

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 8 1 9 1 9 1

Date Issued: Jan-10-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

CERTIFICATION OF VITAL RECORD

2022000510002812

TRUE COPY CERTIFICATION

I, Frank Dec, do hereby make oath that I am a licensed attorney and the custodian of the original version of the electronic document tendered for registration herewith and executed on 5/14/2022 and authenticated according to law.

Dated: 05/26/2022

Signature

STATE OF NEW YORK

COUNTY OF ERIE

On the 26TH day of MAY, 2022, personally appeared before me, JIM ROALDI, a notary public for this country and state, FRANK DEC, who acknowledges that this certification of an electronic document is true and correct and who signature I have witnessed.

Notary Public's Signature

My Commission Expires 6/6/2025

Notary's Seal

JAMES ROALDI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RO6128100
Qualified in Erie County
Commission Expires June 06, 2025