Karen Johnson Davidson County
Batch# 873794 AFFIDAVIT
06/17/2022 02:25:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20220617-0069787

Prepared By:
Kerry Anderson
508 South Tennille Avenue
Donalsonville, GA 39845
601)554-2739

AFFIDAVIT OF DEATH

State of Tennessee

County of Davidson)ss.

Teresa Gilbert Williams, of legal age, being first duly sworn, deposes and says:
(PRINT NAME)

That CHARLES EDWARD WILLIAMS, the decedent mentioned in the attached ___original ___certified copy ___plain copy Certificate of Death, is the same person as CHARLES EDWARD WILLIAMS named as one of the parties in that certain deed dated 5/14/1993, executed by Bruce Construction, a Tennessee General Partnership to Charles Edward Williams and wife, Teresa Gilbert Williams as , recorded on 5/19/1993, in BOOK 8953 PAGE 197 of Official Records of DAVIDSON County, TENNESSEE, covering the following described property at 1644 LIBERTY HILL Drive, MADISON, TN 37115, County of DAVIDSON, State of TENNESSEE.

DATE 5-25-2022

Teresa Gilbert Williams
SIGNATURE

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 25 day of May
2022 by Teresa Gilbert Williams

proved to me on the basis of satisfactory evidence to be the persons(s) who appeared before me.

Kimberly Kronick-Worrall My Commission Expires: 09/02/2024
Notary Signature
Notary Public Commissioned for said County and State
Davidson , Tennessee

Order # 2148121

KIMBERLY KRONICK-WORRALL
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 09/02/2024
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 018923

1. Decedent's Legal Name: CHARLES EDWARD WILLIAMS			2. Sex: MALE	3. Date of Death: 03/05/2020
4. Time of Death (Approx.): 18:18	5a. Age: 61	6. Date of Birth: 08/13/1958	7. Birthplace: CINCINNATI, OH	
8a. Place of Death: ER/OUTPATIENT				
8b. Facility Name: TRISTAR SKYLINE MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): TERESA GILBERT	11a. Decedent's Usual Occupation: TEAM LEAD		11b. Kind of Business/Industry: PRIMERITUS
12. Social Security Number: 3979	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 1844 LIBERTY HILL DRIVE		13e. Inside City Limits? YES	13f. Zip Code: 37115	14. Was Decedent ever in US Armed Forces? YES
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: EARL ROYSTON		19. Mother's Name Prior to First Marriage: MOLLY PERRY		
20a. Informant's Name: TERESA WILLIAMS	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 1844 LIBERTY HILL DRIVE, NASHVILLE, TN 37115		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MTVC	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /s/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /s/ Christopher Lee Jefferson	22d. License Number: 6500	
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: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 04/03/2020		

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: ▶ /s/ MARSHALL HALL	27b. License Number: 48422	27c. Date Signed: 04/02/2020
27d. Name and Address: MARSHALL HALL 3441 DICKERSON PIKE, NASHVILLE, TN 37207		

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 stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. END STAGE RENAL DISEASE	YEARS
	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? NO

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

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death? NO	32. If Female: N/A	
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?
	34d. Place of Injury		
	34e. Describe How Injury Occurred		34f. Location of Injury

PH-165 (Rev. 8-2017) RDA 10112

12229031

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 2 2 2 9 0 3 1

Date Issued: Apr-03-2020

CERTIFICATION OF VITAL RECORD

Exhibit A
Legal Description

Being Lot Number 35 on the Plan of Heritage View Subdivision, Section Two, of record in Plat Book 7900 at page 37, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

Being the same property as conveyed from Bruce Construction, a Tennessee General Partnership to Charles Edward Williams and wife, Teresa Gilbert Williams as set forth in Deed Book 8953 Page 197 dated 05/14/1993, recorded 05/19/1993, DAVIDSON County, TENNESSEE.

Parcel ID: 042-08-0-153-00

Tennessee Certification of Electronic Document

I, Courtney Kern, 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 May 25, 2022 (date of document).

Courtney Kern
Affiant Signature

5-27-2022
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 27 day of May, 2022.

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Kimberly Ann Protch, Notary Public
Allegheny County
My Commission Expires 11/02/2024
Commission Number 1386281

Kimberly Ann Protch
Notary's Signature

MY COMMISSION EXPIRES: 11-02-2024

NOTARY'S SEAL

2148121

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