Karen Johnson Davidson County
Batch# 880737 AFFIDAVIT
06/29/2022 02:11:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220629-0075364

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Rose A. Neitz (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: 808 Magnolia Court E, Nashville, TN 37221
Tax/Parcel ID No.: 142 11 0B 026.00

2. At the time Affiant acquired title to the Property, Affiant was married to **Richard R. Neitz** 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.

Rose A. Neitz
Rose A. Neitz

STATE OF Tennessee, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 20 day of June, 2022 by Rose A. Neitz who is personally known to me.

Notary

My commission expires: 1-28-2024

DERRICK M BRADSHAW
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

This Affidavit was Prepared by Hanna Chism
an employee of FNC Title Services, LLC,
1300 Piccard Drive, Suite 105
Rockville, MD 20850

2022-03-181

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Richard Ronald Neitz
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 25, 2015
4. TIME OF DEATH (Approx.): 7:10 PM
5a. AGE-Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 16, 1949
7. BIRTHPLACE (City and State or Foreign Country): Lima, Ohio

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Saint Thomas West Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Rose Ann Sieverding
11a. DECEDENT'S USUAL OCCUPATION: Chief Exec. Officer
11b. KIND OF BUSINESS/INDUSTRY: Toy Manufacturing
12. SOCIAL SECURITY NUMBER: 9245
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 808 Magnolia Ct. East
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

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
[X] 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)
[X] 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)
[X] 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): Robert E. Neitz
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Betty Jones

DISPOSITION

20a. INFORMANT'S NAME: Rose Neitz
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 808 Magnolia ct E. Nashville, TN 37221
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veteran Cemetery
21c. LOCATION - City or Town and State: Nashville, TN.

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Pamela J. Stephens
22b. LICENSE NUMBER: 5116
22c. SIGNATURE OF EMBALMER: ▶ Casey Stephens
22d. LICENSE NUMBER: 6383
23a. NAME AND ADDRESS OF FUNERAL HOME: Williamson Memorial Funeral Home 3009 Columbia Ave. Franklin TN
23b. LICENSE NUMBER OF FUNERAL HOME: 615
24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 7/7/15

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. [X] 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: ▶ Erin M. Carney
27b. LICENSE NUMBER: 50160
27c. DATE SIGNED (Month, Day, Year): July 26, 2015
27d. NAME AND ADDRESS: Erin M Carney, M.D.; 850 R.S Gass Boulevard, Nashville, TN 37216; MEC15-1757

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Complications of chronic alcohol abuse	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Hypertensive atherosclerotic cardiovascular disease, rib fractures

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

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [X] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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): July 07, 2015
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? [ ] Yes [X] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify): Residence
34e. DESCRIBE HOW INJURY OCCURRED: Fell
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 808 Magnolia Court East, Nashville, TN

PH-1659 (Rev. 9/2011) RDA 1399

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8066058

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.

8066058

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

202206290075364

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 6/20/2022 (date of document).

Kristen Carlisle
Affiant Signature

6/28/2022
Date

State of Maryland

County of Carroll

Sworn to and subscribed before me this 28 day of JUNE, 2022.

Amanda Marie Muller
Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL

