Karen Johnson Davidson County
Batch# 884176 AFFIDAVITH
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Fees: $22.00 Taxes: $0.00
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AFTER RECORDING, RETURN TO:
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When Recorded Return To: Cohen
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8182 Maryland Avenue, Suite 400
St. Louis, MO 63105
File No: NCS 1055251-A

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF DEATH

The undersigned, Joan P. Simmons, after first being duly sworn, states under oath as follows:

1. I am the owner of the real property located at 1904, 1906, 1908, 1910, 1912, 1912B, 1916 and 1918 Hayes Street in Nashville, Davidson County, Tennessee.

2. The above-described property was conveyed to my husband and me as joint owners in two tracts by the following deeds:

Tract I was conveyed to "H. Clifton Simmons III and wife Joan P. Simmons" by deed of record Book 5472, page 360 in the Register's Office of Davidson County, Tennessee.

Tract II was conveyed to "H. Clifton Simmons and wife Joan Simmons" by deed of record in Book 5513, page 558 in Register's Office of Davidson County, Tennessee.

3. I jointly owned the property with my husband until his death on January 1, 2019. (A copy of his death certificate is attached hereto.) As the surviving spouse, I am the sole owner of the above-described property.

Joan P Simmons
JOAN P. SIMMONS

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

Kathy A. Culligan
NOTARY PUBLIC



My Commission Expires: 3/7/2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 000108

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

MODE OF DISPOSITION (Burial, Cremation, Donation, Removal)

1. DECEDENT'S LEGAL NAME					2. SEX	3. DATE OF DEATH
HENRY CLIFTON SIMMONS III					MALE	01/01/2019
4. TIME OF DEATH (Actual)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
04:15 PM	69					12/21/1949	NASHVILLE, TN

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
DECEDENT'S HOME	2304 WOODMONT BLVD	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	JOAN PEYTON	DENTIST	DENTIST

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
4723	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
2304 WOODMONT BLVD	YES	37215	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
DOCTORATE OR PROFESSIONAL DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
HENRY CLIFTON SIMMONS JR	ELIZABETH BROWN THOMPSON

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
JOAN SIMMONS	WIFE	2304 WOODMONT BLVD, NASHVILLE, TN 37215

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	SPRING HILL CEMETERY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ RANDALL WATSON	16243	▶ /e/ Randall A. Watson	16223

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216	1046

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	01/04/2019

CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ SUMATHI K MISRA	034916	01/04/2019

27d. NAME AND ADDRESS
SUMATHI K MISRA 3400 LEBANON ROAD, MURFREESBORO, TN 37129

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. ACUTE MYELOID LEUKEMIA	6 MONTHS
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 A CONSEQUENCE OF) b. MYELODYSPLASTIC SYNDROME	1 YEAR
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) 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?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
NATURAL	NO	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-1659 (Rev. 8/2017) RDA 10112

10609619

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 6 0 9 6 1 9

Date Issued: JAN 04 2019

CERTIFICATION OF VITAL RECORD

202207050077390

Tennessee Certification of Electronic Document

I, Josh Cohen, 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 June 29, 2022 (date of document).

Affiant Signature

6/29/2022
Date

State of Missouri

County of St. Louis

Sworn to and subscribed before me this 29th day of June, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 2-23-25

NOTARY'S SEAL

ELIZABETH LAWLESS
Notary Public - Notary Seal
St Louis County - State of Missouri
Commission Number 21347241
My Commission Expires Feb 23, 2025