Karen Johnson Davidson County
Batch# 908989 AFFIDAVIT
08/26/2022 02:32:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20220826-0096710

Prepared by:
Mortgage Connect LP
Ginger Hooker
600 Clubhouse Drive
Moon Township, PA 15108

AFFIDAVIT OF DEATH

State of TEXAS

County of DALLAS }ss.

Hubert Rucker, of legal age, being first duly sworn, deposes and says:
Hubert Rucker

That Ouidalee Annette Rucker, the decedent mentioned in the attached ___original ___certified copy X plain copy Certificate of Death, is the same person as Ouidalee A. Rucker named as one of the parties in that certain deed dated 3/12/1996, executed by Maxine Martin Stevenson and Joseph M. Stevenson by Maxine Martin Stevenson, attorney in fact, and wife Miriam B. Stevenson to Dr. Hubert Rucker and wife Ouidalee A. Rucker as , recorded on 4/8/1996, in Book 10007 and Page 316 of Official Records of DAVIDSON County, TENNESSEE, covering the following described property at 2912 BRANTLEY DRIVE, ANTIOCH, TN 37013, County of DAVIDSON, State of TENNESSEE.

DATE 08-19-22

Hubert K. Rucker
SIGNATURE

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 19th day of AUGUST
20 22 by HUBERT RUCKER

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

Notary Signature
Notary Public Commissioned for said County and State

My Commission Expires: 05-27-2025

N. WADIUTO O. ONUOHA 133126945 NOTARY PUBLIC STATE OF TEXAS EXP. 5-27-2025

Order # 2201721

Exhibit A

File No.: 2201721

The Land referred to herein below is situated in the County of DAVIDSON, State of TN, and is described as follows:

Land in Davidson County, State of Tennessee, Being Lot No. 264, on the Plan of Section 6, Cherry Hills, of record in Book 4300, Page 176, Register's Office for said County.

Said Lot No. 264 fronts 90.0 feet on the northerly margin of Brantley Drive and extends back 175.41 feet on the easterly line and 130.0 feet on the westerly line to a broken line in the rear, measuring 84.02 feet thereon.

Being the same property as conveyed from Maxine Martin Stevenson and Joseph M. Stevenson by Maxine Martin Stevenson, attorney in fact, and wife Miriam B. Stevenson to Dr. Hubert Rucker and wife Ouidalee A. Rucker as set forth in Deed Book 10007 Page 316 dated 03/12/1996, recorded 04/08/1996, DAVIDSON County, TENNESSEE.

Tax ID: 150-05-0254-00

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Oct 13 2020

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER 142-20-181700

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)	(Before Marriage)	2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)
OUIDALEE ANNETTE RUCKER	MCADAMS	AUGUST 7, 2020

3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo	Days	IF UNDER 1 DAY Hours	Min	6. BIRTHPLACE (City & State or Foreign Country)
FEMALE	XXXXXXXXX	72					PARIS, TX

7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)
XXX-XX-XXXX	☒ Married ☐ Widowed (and not remarried) ☐ Divorced (and not remarried) ☐ Never Married ☐ Unknown	HUBERT RUCKER

10a. RESIDENCE STREET ADDRESS	10b. APT. NO.	10c. CITY OR TOWN
8511 CARGILL ST.		HOUSTON

10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
HARRIS	TEXAS	77029	☒ Yes ☐ No

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE	12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE
CALVIN MCADAMS	EDITH JEAN HENDRICKS

13. 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 ☐ Decedent's Home ☐ Other (Specify)

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	16. FACILITY NAME (If not institution, give street address)
HARRIS	HOUSTON, 77002	ST JOSEPH HOSPITAL-HOUSTON

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code)
MYRA RUCKER - DAUGHTER	8511 CARGILL ST., HOUSTON, TX 77029

19. METHOD OF DISPOSITION	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. ☐ Unknown
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)	CRAIG A JOHNSON,BY ELECTRONIC SIGNATURE - 114699	Section 19 Block Lot 158 Space C

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
HOUSTON MEMORIAL GARDENS	PEARLAND, TX

24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
JOHNSON FUNERAL HOME - HOUSTON	5730 CALHOUN ROAD, HOUSTON, TX 77021

26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time,date and place, and due to the cause(s) and manner stated.

27.SIGNATURE OF CERTIFIER	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH(Actual or presumed)
THIEN NGUYEN , BY ELECTRONIC SIGNATURE	OCTOBER 9, 2020	Q9696	02:56 PM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)	32. TITLE OF CERTIFIER
THIEN NGUYEN 1401 ST JOSEPH PARKWAY, HOUSTON, TX 77002	MD

CAUSE OF DEATH

33. PART 1. 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. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)	a. CARDIAC ARREST	WITHIN 2 WEEKS
	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. ACUTE RESPIRATORY FAILURE	WITHIN 2 WEEKS
	Due to (or as a consequence of):	
	c. ANOXIC ENEPHALOPATHY	WITHIN 2 WEEKS
	Due to (or as a consequence of):	
	d. ACUTE RENAL FAILURE	WITHIN 2 WEEKS

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

HYPERTENSION

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	☐ Yes ☒ No ☐ Previously ☐ Probably ☐ Unknown	☒ 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 one year before death ☐ Unknown if pregnant within the past year	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY(mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g, Decedent's home, construction site, restaurant, wooded area)
		☐ Yes ☐ No	

40e. LOCATION (Street and Number, City,State,Zip Code)	40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR
02021158	OCTOBER 13, 2020	REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED

EDR NUMBER 000044447798834

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195.1989)

VS-112 REV 1/2006

0600482582

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED October 14, 2020

S. Kellen Sweny
Local Registrar

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tennessee Certification of Electronic Document

I, Daniel Deutschman, 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 8-19-2022 (date of document).

Affiant Signature

8-22-2022
Date

State of PA

County of Allegheny

Sworn to and subscribed before me this 22nd day of Aug, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 3-9-2025

NOTARY'S SEAL

Commonwealth Of Pennsylvania - Notary Seal
Suzanne G Rafla, Notary Public
Allegheny County
My Commission Expires March 9, 2025
Commission Number 1394145

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