Karen Johnson Davidson County
Batch# 938243 AFFIDAVITH
11/04/2022 01:09:51 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20221104-0119182

AFFIDAVIT OF HEIRSHIP

This Instrument prepared by: Attorney Dan R. Alexander, attorney at law, 15065 Lebanon Rd. Suite 204 Old Hickory, Tennessee 27138

New Owner	Send Tax Bills To:	Map/Par
Kimberley Alexander Burch **4025 Windwood Lane** **Nashville, Tennessee 37214**	**same**	**Map: 108** **Par: 148 co** **Group 12-0-B**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

LAND in Davidson County, Tennessee, being Lot No. 85, on the Plan of Phase IA Section 5 Harbor view, of record in Plat Book 7900, Page 485 Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Ray Carl Burch by deed from Frank Batson Homes, Inc. of record in Book 9126, Page 828 Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Ray Carl Burch and wife Kimberley Alexander Burch as joint tenants with right of survivorship by Corrective Quitclaim Deed dated March 4, 2020 of record as Instrument # 20200312-0027704 in the Register's Office for said County.

This is improved property known as 4024 Windwood Lane, Nashville, Davidson County, Tennessee. 37214.

Comes now, Kimberley Alexander Burch and after first being duly sworn according to law, attests and states as follows:

1. Affiant is the lawfully married wife of the late Ray Carl Burch.

2. Ray Carl Burch died on August 10, 2022 while married to Kimberley Alexander Burch.

3. At the time of the death of Ray Carl Burch, the above real property was

owned by Ray Carl Burch and Kimberley Alexander Burch as joint tenants with right of survivorship pursuant to a deed dated March 4, 2020 of record in the Register of Deeds Office as Instrument 20200312-0027704.

4. Kimberley Alexander Burch is presently living and survived Ray Carl Burch.

5. All right, title and interest in the real property above described above vested in Kimberley Alexander Burch at the death of Ray Carl Burch.

6. **FURTHER AFFIANT SAITH NOT.**

Kimberley Alexander Burch
Kimberley Alexander Burch

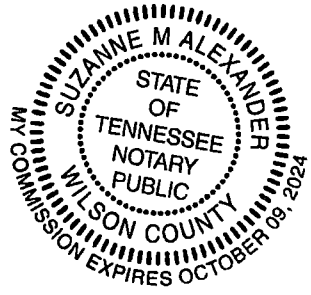
State of Tennesseee)
County of Wilson)

Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Kimberley Alexander Burch, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 21st day of October 2022.

My Commission Expires: 10/09/2024

Suzanne M Alexander
Notary Public



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 054397

1. Decedent's Legal Name			2. Sex	3. Date of Death
RAY CARL BURCH			MALE	08/10/2022
4. Time of Death (Hours)	5a. Age	6. Date of Birth	7. Birthplace	
09:37 PM	58	02/06/1964	SPRINGFIELD TN	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		8c. City or Town		8d. County of Death
ALIVE HOSPICE		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to last marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
MARRIED	KIM ALEXANDER	LICENSE PROFESSIONAL		ENGINEER
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
-7915	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
4024 WINDWOOD LANE		YES	37214	NO
15. Decedent's Education	16. Decedent of Hispanic Origin?		17. Decedent's Race	
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
18. Father's Name		19. Mother's Name Prior to First Marriage		
ROY PERRY BURCH SR		JEAN HOLLIS		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
KIM BURCH	SPOUSE	4024 WINDWOOD LANE, NASHVILLE, TN 37214		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
ENTOMBMENT	WOODLAWN MEMORIAL GARDENS	NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /s/ BRAD RAINES	4992	▶ /s/ CAYLEY FREEMAN		20172
23a. Name and Address of Funeral Home				23b. License Number
HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3656				942
24. Registrar's Signature		25. Date Filed		
▶ /s/ EDWARD G BISHOP III		08/18/2022		

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	27b. License Number	27c. Date Signed
▶ /s/ ANH THI MEADOWS	045572	08/12/2022

27d. Name and Address

ANH THI MEADOWS 1718 PATTERSON STREET, NASHVILLE, TN 37203

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 ENTERING THE CONDITION LEADING TO THE CAUSE. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DIFFUSE LARGE B CELL LYMPHOMA	
Sequentially list conditions, if any, leading to the immediate cause. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	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	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	

RH-1653F RDA 10112

14365043

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

1 4 3 6 5 0 4 3

Date Issued: Aug-19-2022

CERTIFICATION OF VITAL RECORD