Karen Johnson Davidson County
Batch# 948275 AFFIDAVIT
12/06/2022 12:41:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20221206-0127207

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Donna L. Messer (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: 4868 Shihmen Drive, Antioch, TN 37013
Tax/Parcel ID No.: 162 04 0 030.00

2. At the time Affiant acquired title to the Property, Affiant was married to **James A. Messer** and remained continuously married to him/her without interruption up to the date of his/her death. See attached Death Certificate

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.

x Donna L. Messer
Donna L. Messer

STATE OF TN, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 30 day of NOV, 2022 by Donna L. Messer who is personally known to me.

Notary

My commission expires: 9-7-26

LOUIS NOSAKHARE OGIEMUDIA SR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

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

Record & Return To:
FNC Title Services, LLC
1300 Piccard Drive, Suite 105
Rockville, MD 20850

20221206-0127207 09829

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 067646

DECEDENT

1. DECEDENT'S LEGAL NAME: JAMES ALBERT MESSER
2. SEX: MALE
3. DATE OF DEATH: 12/03/2018

TYPE/PRINT IN PERMANENT BLACK INK

4. TIME OF DEATH (Approx.): 12:02 PM
5a. AGE: 74
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 10/22/1944
7. BIRTHPLACE: CAMDEN, TN

8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 4868 SHIHMEN DRIVE
8c. CITY OR TOWN: ANTIOCH
8d. COUNTY OF DEATH: DAVIDSON

9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): DONNA LEE CAMPOLA
11a. DECEDENT'S USUAL OCCUPATION: COURIER
11b. KIND OF BUSINESS/INDUSTRY: BOOK DISTRIBUTOR

12. SOCIAL SECURITY NUMBER: 611-
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: ANTIOCH

13d. STREET AND NUMBER: 4868 SHIHMEN DRIVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO

15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

NAME OF DECEDENT

PARENTS

18. FATHER'S NAME: FRANK MESSER
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY NELL BRINKLEY

20a. INFORMANT'S NAME: DONNA L. MESSER
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 4868 SHIHMEN DRIVE, ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: NASHVILLE CREMATION SERVICE
21c. LOCATION: NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ JOHN ANDREW PAVLEK
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:

23a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407
23b. LICENSE NUMBER: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III
25. DATE FILED: 12/07/2018

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: ▶ /s/ THOMAS B MILLER
27b. LICENSE NUMBER: 7539
27c. DATE SIGNED: 12/07/2018
27d. NAME AND ADDRESS: THOMAS B MILLER 166 E. MAIN STREET HENDERSONVILLE, TN 37075

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ALZHEIMER'S DISEASE — APPROXIMATE INTERVAL ONSET TO DEATH: 3-5 YEARS

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. DUE TO (OR A CONSEQUENCE OF)
c. DUE TO (OR A CONSEQUENCE OF)
d. DUE TO (OR A CONSEQUENCE OF)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: LEWY BODY DEMENTIA

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:

TR-1651 (Rev. 8/2017) RDA 1011

14543339

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

202212060127207

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Date Issued: Oct-17-2022

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 11-30-2022 (date of document).

Affiant Signature

12/06/2022
Date

State of Maryland

County of Carroll

Sworn to and subscribed before me this 06 day of December, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL

