Karen Johnson Davidson County
Batch# 950847 AFFIDAVIT
12/13/2022 10:36:30 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20221213-0129223

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared **Betty J. Townsend, widow** (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: 3233 Towne Village Road, Antioch, TN 37013
Tax/Parcel ID No.: 150 11 0 037.00

2. At the time Affiant acquired title to the Property, Affiant was married to **Charles L. Townsend** 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.

Betty J. Townsend

STATE OF Tennessee, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 7th day of December, 2022 by Betty J. Townsend who is personally known to me.

Notary

My commission expires: July 9, 2024

LINDA MENDOZA
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 07/09/2024
DAVIDSON COUNTY

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

2022-07-359

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

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0204211

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Charles Louis Townsend
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 28, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): -6859
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 4-2-1928
7. BIRTHPLACE (City and State or Foreign Country): Wauchula, FL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Betty Short
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mail Carrier
12b. KIND OF BUSINESS/INDUSTRY: U.S. Postal Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 3233 Town Village Rd
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 0; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Louis Norman Townsend
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jeans Elizabeth Norris

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Betty Townsend
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3233 Town Village Rd. Antioch,TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Crematory
20c. LOCATION-City or Town, State: Hermitage,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Rick Austin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2767
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood Funeral Home, 9010 Church St. Brentwood,TN 37027
22b. LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

23. REGISTRAR'S SIGNATURE: Melissa A. Bowers
24. DATE FILED (Month, Day, Year): July 31, 2002

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: MD 25829
25c. DATE SIGNED (Month, Day, Year): 7/31/02
26a. 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 as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Matthew Brust, 397 Wallace Rd. Bldg.C Ste. 100 Nashville,TN 37211

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. End Stage Cirrhosis — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval: Between Onset and Death: 1 Month
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Chron. Alcohol Usage — 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.
CAD, HTN, Renal Failure, Diabetes
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PHL-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued JUL 31 2002

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

202212130129223

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 12-07-2022 (date of document).

Affiant Signature

12-13-2022
Date

State of Maryland

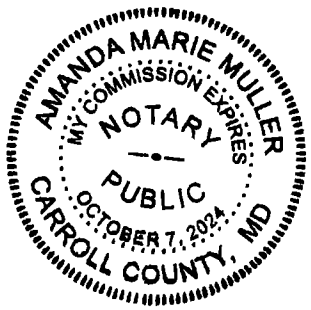
County of Carroll

Sworn to and subscribed before me this 12 day of December, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 10/07/2024

NOTARY'S SEAL



202212130129223