1 of 3

After recording return to:
Carol Pullen
2213 Gilmore Crossing lane
Nashville, TN 37218

Karen Johnson Davidson County
Batch# 957658 AFFIDAVITH
01/04/2023 02:04:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20230104-0000689

This document prepared by:
John Windsor, Esq.
8940 Main Street
Clarence, NY 14031
866-333-3081

Parcel ID No.: 058 09 0A 072.00

AFFIDAVIT OF SURVIVORSHIP

STATE OF Tennessee
COUNTY OF Davidson

BEFORE ME, the undersigned Notary Public, personally appeared **Carol Pullen**, of legal age, as the surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon his/her oath and affirmation, the following:

1. My Name is **Carol Pullen** and I reside at 2213 Gilmore Crossing Lane, Nashville, TN 37218.

2. I owned real property as a tenant in common with right of survivorship with **Leona Pullen** who, at the time of her demise, was one of the owners of such real property located in Davidson County, State of Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 67, on the Plan of Creekside Trails, Phase 3, of record in Instrument Number 20040615-0070696, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete and accurate legal description.

Property commonly known as: 2213 Gilmore Crossing Ln., Nashville, TN 37218

BEING the same property conveyed by Deed from Tanya Head, unmarried, dated 09/06/2016 and recorded 09/07/2016 in the County of Davidson, State of Tennessee in Instrument Number: 20160907-0094169 unto Carol Pullen and Leona Pullen, both unmarried as tenants in common with the right of survivorship.

3. Leona Pullen, my tenant in common with right of survivorship, departed this life on 01/20/2021 as evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the surviving tenant in common with right of survivorship of the property described herein.

Dated this 10th day of Dec, 2022.

Carol Pullen

Affiant - Carol Pullen

Subscribed, sworn to and acknowledged before me this 10th day of Dec, 2022 by Carol Pullen.

Karen R. Campbell

Notary Public

My Commission Expires: Sept. 8, 2025

State of TN; County of Davidson

Mail Tax Statements to:
Carol Pullen
2213 Gilmore Crossing Lane
Nashville, TN 3721

KAREN R. CAMPBELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires Sept. 8, 2025

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 005756

1. Decedent's Legal Name			2. Sex	3. Date of Death
LEONA PULLEN			FEMALE	01/20/2021
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
01:38 AM	93	07/21/1927	GILES COUNTY, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
2213 GILMORE CROSSING LANE		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
NEVER MARRIED		FOOD SERVICES	METRO PUBLIC SCHOOLS	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-6646	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
2213 GILMORE CROSSING LANE		YES	37218	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**		**17. Decedent's Race**	
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO		BLACK OR AFRICAN AMERICAN	
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
WILLIE PULLEN		CASSIE WAGSTAFF		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
CAROL Y. PULLEN	DAUGHTER	2213 GILMORE CROSSING LANE, NASHVILLE, TN 37218		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	GREENWOOD MAIN CEMETERY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ GEORGE M. BAKER JR	4695	▶ /e/ Patrick Lamont Tucker	5072	
23a. Name and Address of Funeral Home			**23b. License Number**	
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406			1258	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/26/2021		

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
▶ /e/ LAURA THARPE	048448	01/26/2021

27d. Name and Address

LAURA THARPE 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 SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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	a. DEMENTIA	
	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	NOT PREGNANT WITHIN PAST YEAR		
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-1659E RDA 10112

13154640

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

1 3 1 5 4 6 4 0

Edward G. Bishop III
State Registrar

isa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Jan-27-2021

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

20230104000689

Tennessee Certification of Electronic Document

I, Sylvia Flake, 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 12/10/2022 (date of document).

Affiant Signature

01/03/2023
Date

State of California

County of Placer

Sworn to and subscribed before me this 3rd day of January, 2023.

Notary's Signature

MY COMMISSION EXPIRES: 08/22/2023

NOTARY'S SEAL

JOE ALTAMIRANO
COMM. # 2302409
NOTARY PUBLIC-CALIFORNIA
PLACER COUNTY
MY COMM. EXP. AUG. 22, 2023

202301040000689