Karen Johnson Davidson County
Batch# 974448 AFFIDAVIT
02/27/2023 12:54:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20230227-0013662

When Recorded Mail To:

Title365
345 Rouser Rd, Building 5, Suite 300
Coraopolis, PA 15108

Prepared by:
Jackie Campbell
Closing Services Department
5151 Corporate Drive
Troy, MI 48098

APN:007140A00700CO
Order #ORG-395191

[this space for recording information]

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OFTennessee,)
) ss.
COUNTY OF Davidson,)

File Number:ORG-395191

Comes now the undersigned, being first duly sworn on oath, and deposes and states that following information is true and correct.

- Teresa Lee Pavigianti died on 7/10/2020 , domiciled in Davidson COUNTY, Tennessee.
- was the owner, as a joint owner, of an interest in the real estate described on the attached Exhibit A.
- The undersigned affiant is a competent adult and has personal knowledge of the facts stated herein.

Affiant Signature
Print Name: JOSEPH A. PAVIGLIANTI

Subscribed in my presence and sworn to before me by on <date> 02/04/2023

WITNESS my hand and official seal.

Kimberly Kronick-Worrall
Notary Public
Residing at Tennessee, Davidson
My commission expires: 09/02/2024

KIMBERLY KRONICK-WORRALL
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 09/02/2024
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 041512

1. Decedent's Legal Name: TERESA LEE PAVIGLIANTI			2. Sex: FEMALE	3. Date of Death: 07/10/2020
4. Time of Death: 19:02	5a. Age: 52	6. Date of Birth: 11/04/1967	7. Birthplace: KINGSVILLE, TX	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: THE RESIDENCE:ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): JOSEPH ALBERT PAVIGLIANTI	11a. Decedent's Usual Occupation: PROJECT COORDINATOR		11b. Kind of Business/Industry: MATTRESSES
12. Social Security Number: [illegible]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: GOODLETTSVILLE
13d. Street and Number: 2224 KAYLA DR		13e. Inside City Limits?: YES	13f. Zip Code: 37072	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: BACHELOR'S DEGREE		16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE
18. Father's Name: JERRY LEE KEENER			19. Mother's Name Prior to First Marriage: ELFRIEDE K MAIER	
20a. Informant's Name: JOSEPH ALBERT PAVIGLIANTI		20b. Relationship to Decedent: HUSBAND	20c. Mailing Address: 2224 KAYLA DR. GOODLETTSVILLE, TN 37072	
21a. Method of Disposition: CREMATION		21b. Place of Disposition: HIGHLAND HILLS CREMATORY		21c. Location: NASHVILLE, TN
22a. Signature of Funeral Director: ▶ /e/ CHRIS NEIGHBOURS		22b. License Number: 4249	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: NEIGHBOURS LIFE CELEBRATION SERVICES, 1332 ROSA L PARKS BLVD, NASHVILLE, TN 37208				23b. License Number: 1233
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 07/16/2020	

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: ▶ /e/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 07/14/2020
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)	a. METASTATIC RECTAL NEUROENDOCRINE CANCER	
	b.	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	c.	
	d.	

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

28a. Was an Autopsy Performed?: NO

28b. 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: 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

DH 1681 (Rev. 8/2017) REA 10112

12048989

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 0 4 8 9 8 9

Date Issued: Jul-17-2020

CERTIFICATION OF VITAL RECORD

Tennessee Certification of Electronic Document

I, James Reardon, 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 Febraury 4, 2023 (date of document).

Affiant Signature

2/4/2023
Date

STATE OF Pennsylvania
COUNTY OF Allegheny

Sworn to and subscribed before me this 20 day of Febraury, 2023.

Notary's Signature

My Commission Expires: 07-25-26

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
SHAWNDA R DEMUS - Notary Public
Allegheny County
My Commission Expires July 25, 2026
Commission Number 1212821

EXHIBIT A
PROPERTY DESCRIPTION

The property referred to in this instrument is described as follows:

All that certain lot, piece or parcel of Land in Davidson County, Tennessee, being Lot(s) 7, as shown on the map entitled Greenview Estates, of record as Instrument Number 20011213-0137531, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.