AFFIDAVIT OF SURVIVORSHIP OF TRUSTEE

GRANTEE:
Ruth V. Cirillo, Trustee
Cirillo Family Trust
107 Lincoln Court, Unit B
Nashville, TN 37205

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
116-13-0-125.00

Karen Johnson Davidson County
Batch# 992650 AFFIDAVIT
04/17/2023 09 05 26 AM 3 pgs
Fees $17 00 Taxes $0 00
20230417-0027673

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
1507 16th Avenue South
Nashville, Tennessee 37212

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Ruth V. Cirillo. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. I am the Co-Trustee of the Cirillo Family Trust dated July 18, 1998, along with my spouse, John Cirillo.

4. John Cirillo died on September 12, 2022. I will refer to him as the Decedent. A copy of his death certificate, with redactions, is attached hereto as Exhibit A. At the time of his death, the Decedent resided with me at the Property.

5. At the time the Decedent and I took title to the Property, we owned the Property as Co-Trustees of the Cirillo Family Trust dated July 18, 1998.

6. Pursuant to Article SECOND Paragraph B of the Trust, "[f]rom and after the death of the Trustor first to die, the surviving Trustor shall act as the sole Trustee of all the trusts herein created."

7. Accordingly, I shall act as sole Trustee of the Cirillo Family Trust dated July 18, 1998 and the trusts subsequently created as a result of the death of John Cirillo, including the John Cirillo Irrevocable Trust.

The Affiant makes oath that, to the best of his information and belief, the information contained herein is true, accurate, and complete.

Ruth V Cirillo

AFFIANT

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Ruth V. Cirillo**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 10th day of April, 2023.

Stacy Schlitz
Notary Public

My commission expires: July 9, 2024

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 7-9-2024

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 059914

1 Decedent's Legal Name: JOHN CIRILLO		2 Sex: MALE	3. Date of Death: 09/12/2022
4 Time of Death: 11 02 PM	5a Age: 67	6 Date of Birth: 11/07/1954	7 Birthplace: MERIDEN, CT
8a Place of Death: DECEDENT'S HOME			
8b. Facility Name: 107 LINCOLN COURT UNIT B	8c City or Town: NASHVILLE		8d County of Death: DAVIDSON
9 Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): RUTH MARKS	11a. Decedent's Usual Occupation: SONGWRITER	11b Kind of Business/Industry: MUSIC INDUSTRY
12 Social Security Number: [redacted]	13a Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON	13c City or Town: NASHVILLE
13d Street and Number: 107 LINCOLN COURT UNIT B	13e. Inside City Limits?: YES	13f. Zip Code: 37205	14 Was Decedent ever in US Armed Forces?: NO
15 Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17 Decedent's Race: WHITE	
18. Father's Name: JOHN CIRILLO SR		19 Mother's Name Prior to First Marriage: ESTHER MARSIGLIA	
20a Informant's Name: RUTH CIRILLO	20b Relationship to Decedent: WIFE	20c. Mailing Address: 107 LINCOLN COURT UNIT B, NASHVILLE, TN 37205	
21a Method of Disposition: CREMATION	21b Place of Disposition: MUSIC CITY MORTUARY	21c. Location: NASHVILLE TN	
22a Signature of Funeral Director: ▶ /e/ MICHAEL ILLOBRE	22b License Number: 5352	22c Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: COMPASSION FUNERAL & CREMATION SERVICES, 6949 CHARLOTTE PIKE, STE 104, NASHVILLE, TN 37209			23b License Number: 1436
24 Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25 Date Filed: 09/13/2022	

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: ▶ /e/ ANH THI MEADOWS	27b License Number: 045572	27c. Date Signed: 09/13/2022
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 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 GLIOBLASTOMA MULTIFORME	
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	
	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: 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

PH 1659E

EXHIBIT
tabbies A

14364474

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
Edward G Bishop III
State Registrar

1 4 3 6 4 4 7 4
Date Issued: Sep-13-2022

CERTIFICATION OF VITAL RECORD