Karen Johnson Davidson County
Batch# 1001377 AFFIDAVIT
05/09/2023 12:37:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20230509-0034529

RECORD AND REQUESTED BY:
GODEEDS, INC.
Attn: LegalZoom Dept.
8940 Main Street
Clarence, NY 14031
File No. 564510881-77147951

This document prepared by:
JOHN O. WINDSOR, ESQ. Bar # 102155
1775 Lelia Drive Suite E (2nd floor)
Jackson, MS 39216
866-333-3081

Tax ID No.: 105-07-0-193

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned Notary Public, personally appeared Judith A. Watkins, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is Judith A. Watkins and I reside at 1401 Pillow Street, Nashville, TN 37203.

2. I owned real property with Samuel H. Watkins, my spouse, who, at the time of his demise, was one of the owners of such real property located in Davidson County, State of TENNESSEE, as evidenced in a Deed from Jack Kemp to Samuel H. Watkins, Jr. and wife, Judith A. Watkins, recorded 10/18/1990 under Book 8219 Page 743, further described as follows:

SEE ATTACHED EXHIBIT A

3. Samuel H. Watkins, my deceased spouse, departed this life on 8/3/200←. As evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the sole surviving spouse of the property described herein.

Dated this 3 day of May, 2023.

Judith A. Watkins

Judith A. Watkins

STATE OF TN
COUNTY OF DAVIDSON
Subscribed and sworn to (or affirmed) before me this 3 day of MAY, 2023 by **Judith A. Watkins**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public
(Seal)

KELLY LYNN COLE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT A
LEGAL DESCRIPTION

The following described real estate situate, lying and being in the County of Davidson, State of Tennessee, to wit:

LAND in Davidson County, Tennessee, being the northerly parts of Lots Nos. 1 to 5, inclusive, of Block 4 on the Map of the Hamilton Lands, of record in Plan Book 2, page 150, of the Chancery Court at Nashville, and known as Lot "A" on the unrecorded Map of a resubdivision of part of said Hamilton Lands, and described according to a survey made by Campbell Surveying Co., Inc., dated September 26, 1990, as follows:

BEGINNING at an iron pin in the westerly margin of Pillow Street, 100 feet north of the north margin of the first alley south of Merritt Avenue, being a corner of Lots "A" and "B"; thence with the line between said lots, north 85 deg. 56 min. West 200 feet to a point; thence north 4 deg. 10 min. East 73.5 feet to the south margin of Merritt Avenue; thence with the margin of the same, south 85 deg. 56 min. East 175 feet to the beginning of a curve; thence with said curve, southwesterly 39.3 feet to the westerly margin of pillow Street; thence with the margin of the same, south 4 deg. 10 min. West 48.5 feet to the beginning.

APN: 105-07-0-193

PROPERTY COMMONLY KNOWN AS: 1401 Pillow Street, Nashville, TN 37203

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE 2002 033945

1 DECEDENT'S NAME (First Middle Last): Samuel Hardin Watkins, Jr.
2 SEX: Male
3 DATE OF DEATH (Month Day Year): August 3,2002
4 SOCIAL SECURITY NUMBER: -9690
5a AGE LAST BIRTHDAY (Years): 53
6 DATE OF BIRTH (Month Day Year): May 3,1949
7 BIRTHPLACE (City and State or Foreign Country): Murfreesboro, Tennessee
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 X ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b FACILITY NAME (If not institution give street and number): Middle Tennessee Medical Center
9c CITY TOWN OR LOCATION OF DEATH: Murfreesboro
9d COUNTY OF DEATH: Rutherford
10 MARITAL STATUS (Married Never Married Widowed Divorced) (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Judith Akins
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Truck Driver
12b KIND OF BUSINESS/INDUSTRY: Concrete Trans
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 1401 Pillow Street
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 37203
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban Mexican Puerto Rican etc.) Yes 0 X No
15 RACE American Indian Black White, etc (Specify): Black
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4
17 FATHER'S NAME (First Middle Last): Samuel Hardin Watkins, Sr.
18 MOTHER'S NAME (First Middle Maiden Surname): Evelyn McKnight
19a INFORMANT'S NAME (Type/Print): Judith Watkins
19b RELATIONSHIP TO DECEASED: Wife
19d MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 1401 Pillow Street Nashville,Tennessee 37203
20a METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery crematory or other place): Emery Cemetery
20c LOCATION City or Town State: Murfreesboro, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: Revonda Rucker
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4235
21c SIGNATURE OF EMBALMER: Reid VanNess
21d LICENSE NUMBER OF EMBALMER: 4275
22a NAME AND ADDRESS OF FUNERAL HOME: Rucker Memorial Chapel 1505 Bradyville Road; Murfreesboro, Tennessee
22b LICENSE NUMBER OF FUNERAL HOME: 1007
23 REGISTRAR'S SIGNATURE: Barbara Evans
24 DATE FILED (Month Day Year): August 15, 2002
25a PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) and manner as stated
1 SIGNATURE AND TITLE OF PHYSICIAN
25b LICENSE NUMBER
25c DATE SIGNED (Month Day Year)
26a MEDICAL EXAMINER On the basis of examination and/or investigation in my opinion death occurred at the time and place and due to the cause(s) and manner as stated
2 X SIGNATURE AND TITLE OF MEDICAL EXAMINER: Barton Warner MD
26b LICENSE NUMBER: MD9377
26c DATE SIGNED (Month Day Year): 8-15-02
MED EXAM AND 48
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): 330 FOREST GLEN CIRCLE MURFREESBORO, TN 37128 BARTON WARNER MD
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
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a MULTIPLE TRAUMA — 30 min.
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions if any leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b MOTOR VEHICLE ACCIDENT — 30 min.
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: HYPERTENSION, DIABETES, RENAL FAILURE
29a WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30 MANNER OF DEATH: 1 Natural 2 X Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a DATE OF INJURY (Month Day Year)
31b TIME OF INJURY: M
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)
BIRTH NO
RDA 1389

09838207

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.

MAR 29 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 8 3 8 2 0 7
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE

DEPARTMENT OF HEALTH XVI COMMERCE

COPYRIGHT CAPTURE ANTI-FRAUD PROTECTION

TRUE COPY CERTIFICATION

I, Frank Dec, do hereby make oath that I am a licensed attorney and the custodian of the original version of the electronic document tendered for registration herewith and executed on 5/3/2023 and authenticated according to law.

Dated: 5/9/2023

Signature

STATE OF NEW YORK

COUNTY OF ERIE

On the 9TH day of May, 2023, personally appeared before me, JIM ROALDI, a notary public for this country and state, FRANK DEC, who acknowledges that this certification of an electronic document is true and correct and who signature I have witnessed.

Notary Public's Signature

My Commission Expires 6/6/2025

Notary's Seal

JAMES ROALDI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RO6128100
Qualified in Erie County
Commission Expires June 06, 2025