Karen Johnson Davidson County
Batch# 1005280 AFFIDAVIT
05/19/2023 10:03:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20230519-0037674

Prepared By: John Warren Sr.
ClientFirst Title, LLC
1000 Germantown Pike, Suite J-1
Plymouth Meeting
PA 19462

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF Tennessee)
) SS.
COUNTY OF Davidson)

Now on this 04 day of May, 2023, I, Shirley Thompson, of lawful age, being duly sworn, state as follows:

On the 2nd day of February, 1996, this interest was conveyed by document to Paul Thompson and wife, Shirley Thompson as Joints Tenants, and not as Tenants in Common, with the right of survivorship, the following real property situated in Davidson County, Tennessee, to wit:

See Exhibit "A"

Parcel ID: 050-03-0B-191.00

Which document was recorded in the records of the County Clerk of Davidson County, State of Tennessee, Book 9939, at Page 71. There is attached hereto a certified copy of the Death Certificate of Paul Thompson deceased, issued by the Department of Health for the State of Tennessee showing that the deceased Joint Tenant died on the 26th day of June, 2011.

Affiant further states that he/she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse.

And further affiant saith not.

Signed Shirley Thompson
Affiant

Subscribed and sworn to before me this 04 day of May, 2023.
My Commission Expires: 07-17-2023

Helen F Mackey
Notary Public

HELEN F. MACKEY
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

ACKNOWLEDGMENT

STATE OF Tennessee)
) SS.
COUNTY OF Davidson)

Before me, the undersigned, a Notary Public, in and for said County and State on the 04 day of May, 2023, personally appeared Shirley Thompson to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires:
07-17-2023

Helen F Mackey
Notary Public

HELEN F. MACKEY
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Exhibit "A"

Legal Description

Being Lot No. 104 on the amended plan of Mulberry Downs, Phase 1B of record in Plat Book 7900, Page 818, register's office for Davidson County, Tennessee to which reference is hereby made for a more complete description.

Parcel ID: 050-03-08-191.00

Being the same property as conveyed from Phillips Builders Inc. to Paul Thompson and wife, Shirley* Now Deceased Thompson as set forth in Deed Book 9939, Page 71, dated 02/02/1996, recorded 02/06/1996, Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 110365

1. DECEDENT'S NAME (First, Middle, Last): Paul Thompson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 26, 2011
4. SOCIAL SECURITY NUMBER: -2936
5a. AGE-LAST BIRTHDAY (Years): 59
6. DATE OF BIRTH (Month, Day, Year): May 30 1952
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes
9a. PLACE OF DEATH (Check only one): Roadway
9b. FACILITY NAME (If not institution, give street and number): Near 629 Myatt Drive
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): Shirley Reffeger
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer
12b. KIND OF BUSINESS/INDUSTRY: Metro Public Works
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1808 Apple Valley Circle
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.): 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+):

PARENTS
17. FATHER'S NAME (First, Middle, Last): Rogers Orr
18. MOTHER'S NAME (First, Middle, Maiden Surname): Letha Thompson

INFORMANT
18a. INFORMANT'S NAME (Type/Print): Shirley Thompson
18b. RELATIONSHIP TO DECEASED: Wife
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1808 Apple Valley Circle Nashville, TN. 37207

DISPOSITION
20a. METHOD OF DISPOSITION: 1 Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle TN. State Vet. Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Terrell B
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009
21c. SIGNATURE OF EMBALMER: Terrell A. Broady
21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Clarksville Pike, Nashville, TN. 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR
23. REGISTRAR'S SIGNATURE: Theresa S. Hendricks
24. DATE FILED (Month, Day, Year): June 28, 2011

PHYSICIAN
25a. 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)

MEDICAL EXAMINER
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: 44241
26c. DATE SIGNED (Month, Day, Year): June 27, 2011
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): John B Davis, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC11-1194

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. (Approximate Interval Between Onset and Death)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Multiple blunt force injuries
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. 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.
29a. WAS AN AUTOPSY PERFORMED? 1 X Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X Yes 2 No

30. MANNER OF DEATH: 2 X Accident
31a. DATE OF INJURY (Month, Day, Year): June 26, 2011
31b. TIME OF INJURY: 12:27 A M
31c. INJURY AT WORK? 2 X No
31d. DESCRIBE HOW INJURY occurred: Driver of multiple vehicle accident
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Roadway
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Near 629 Myatt Drive, Nashville, TN

BIRTH NO
RCA

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 Department of Health. Alteration or erasure voids this certification.

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

JUN 28 2011

Tonya Y. Forman

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Date Issued

Theresa S. Hendricks
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

Scanned with CamScanner

Tennessee Certification of Electronic Document

I; Bryan Gutierrez, 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 05/04/2023 (date of document).

Affiant Signature

05/19/2023
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 19 day of 05, 2023.

Notary's Signature

MY COMMISSION EXPIRES: 10/17/2023

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
JENNIFER L LANDER - Notary Public
Allegheny County
My Commission Expires Oct 17, 2023
Commission Number 1355954