Prepared By:
Billie D Proctor
3725 Turley Dr.
Nashville, TN 37211
After Recording Return to:
WFG Lender Services
5000 Legacy drive, Suite #190 Plano TX 75024

Order No.: 2292533TN
PID Number: 148-01-0-048-00

Karen Johnson Davidson County
Batch# 1012502 AFFIDAVIT
06/08/2023 09:17:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20230608-0043542

Recording Requested by:
WFG Lender Services
2625 Townsgate Rd, Suite 101
Westlake Village, CA 91361

AFFIDAVIT OF CONTINUOUS MARRIAGE – DECEASED SPOUSE

BEFORE ME, the undersigned authority, on this 26 day of May, 2023, personally appeared BILLIE D. PROCTOR, a married person, who being first duly sworn upon oath, deposes and says:

1. That Affiant and FANNIE P. PROCTOR were husband and wife upon obtaining title to the following described property:

BEING LOT NO. 153 ON THE PLAN OF HILLBROOK, SECTION III, AS OF RECORD IN BOOK 3300, PAGE 84, SAID REGISTERS OFFICE.

SAID LOT FRONTS 70 FEET ON THE WEST SIDE OF TURLEY DRIVE AND RUNS BACK 211.3 FEET ON THE NORTH LINE AND 196 FEET ON THE SOUTH LINE TO A DEAD LINE IN THE REAR ON WHICH IT MEASURES 100 FEET.

SITUATE IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE.

THIS BEING THE SAME PROPERTY CONVEYED TO BILLIE D. PROCTOR AND WIFE, FANNIE P. PROCTOR BY DEED FROM RANDALL PHILLIPS BUILDERS, INC. DATED August 19, 1963 AND RECORDED January 31, 1964 UNDER (book) 3677 / (page) 018 OF THE Davidson COUNTY, TN RECORDER'S OFFICE.

2.That Affiant and FANNIE P. PROCTOR remained married to each other continuously, without interruption from the date of taking title as per the deed recorded as of JANUARY 31, 1964 with the recording no (BOOK) 3677 (PAGE) 018 of official records of county of Davidson Tennessee to subject property.

3. That this Affidavit is made for the express purpose of inducing WFG National Title Insurance Company and/or its duly appointed agents to issue a Policy on the above described property and made under the full apprehension of the law, with the intent that full faith and credit is to be given to the contents thereof by WFG National Title Insurance Company, its agents or its attorneys.

FURTHER AFFIANTS SAYETH NOT.

Billie D Proctor

Affiant Signature – BILLIE D. PROCTOR

ACKNOWLEDGEMENT

STATE OF Tennessee)
) SS:
COUNTY OF Davidson)

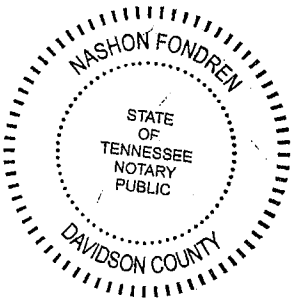
Before me, a Notary Public in and for said County and State, personally appeared Billie D. Proctor who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 26 day of May, 2023.

Signature Nashon Fondren

Printed Nashon Fondren

My Commission Expires: 01/08/2024



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 008386

1. Decedent's Legal Name			2. Sex	3. Date of Death
FANNIE PEARL PROCTOR			FEMALE	02/07/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
12:44 PM	87	03/04/1935	GREEN BRIER, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
3725 TURLEY DRIVE		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	BILLIE DEAN PROCTOR	BOOKKEEPER	HEALTH CARE	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-5293	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
3725 TURLEY DRIVE	YES	37211	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
CHARLES BAUMAN CLINARD		EARLINE DALLAS		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
GLORIA D PROCTOR	DAUGHTER	3725 TURLEY DRIVE, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	HERMITAGE MEMORIAL GARDENS	OLD HICKORY, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ ASHLEY ANN LUER	16204	▶ /e/ REBECCA SMITH	6672	
23a. Name and Address of Funeral Home			**23b. License Number**	
HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138			540	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		02/13/2023		

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/ THOMAS B MILLER	7539	02/10/2023

27d. Name and Address
THOMAS B MILLER 166 E. MAIN STREET, HENDERSONVILLE, TN 37075

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. CEREBRAL INFARCTION	2-4 MONTHS
	b. ISCHEMIC CEREBROVASCULAR DISEASE	5-10 YEARS
	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

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.

14800070

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Feb-14-2023

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAUTION ANTI-FRAUD PROTECTION

Tennessee Certification of Electronic Document

I, Lea Miller, 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 May 26, 2023 (date of document).

Lea Miller
Affiant Signature Lea Miller

June 6, 2023
Date

State of Pennsylvania
County of Allegheny

Sworn to and subscribed before me this 6th day of June, 2023.

Notary's Signature Brynn Law

MY COMMISSION EXPIRES: 11-22-26

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
Brynn Law, Notary Public
Beaver County
My commission expires November 22, 2026
Commission number 1429737