AFFIDAVIT OF FACTS

Karen Johnson Davidson County
Batch# 1023710 AFFIDAVIT
07/07/2023 01:45:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20230707-0052112

STATE OF Tennessee §
§
COUNTY OF Davidson §

BEFORE ME, the undersigned authority, on this day personally appeared theundersigned affiant, who swore on oath that the following facts are true:

"1. My name is Denise F Ethridge, I am of sound mind, capableof making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, Jerry Ethridge now deceased, and I were therecord title holders of the following described property, as evidenced by that Deed recorded in Deed Book _, Page _, among the land Records of Davidson, TN, to wit:_

"3. That my spouse and I were married prior to _, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of myspouse's death, 10, 2022.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritancetax due as a result of his or her death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity NationalTitle Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Fidelity National Title Insurance Company harmlessof and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

Denise F. Ethridge (SEAL)

_____ (SEAL)

Executed, subscribed and sworn to before me the day and year above written.

_____
Notary Public

My Commission expires: 12/21/2024

DIONNE CARVER
TENNESSEE NOTARY PUBLIC
My Comm Exp. Dec 21, 2024
COUNTY OF WILLIAMSON

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 029362

1. Decedent's Legal Name			2. Sex	3. Date of Death
JERRY ALAN ETHRIDGE			MALE	04/10/2022
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
01:03	65	10/24/1956	CLARKSVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
VANDERBILT UNIVERSITY MEDICAL CENTER		NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
MARRIED	DENISE FINN	SHOP COORDINATOR		TINY'S DEMOLITION
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
-4860	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**		**14. Was Decedent ever in US Armed Forces?**
5002 MANUEL DRIVE	YES	37211		NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
WAYNE GRAY ETHRIDGE		MARY MCCRAW		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
DENISE ETHRIDGE	WIFE	5002 MANUEL DRIVE, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	MIDDLE TN CREMATION CENTER	MOUNT JULIET, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ WENDELL L. BYRD	2556	▶		
23a. Name and Address of Funeral Home				**23b. License Number**
WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211				760
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		04/28/2022		

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	**27b. License Number**	**27c. Date Signed**
▶ /e/ MAIE H EL-SOURADY	044197	04/11/2022

27d. Name and Address
MAIE H EL-SOURADY 1215 21ST AVENUE SOUTH 7TH FLOOR, MEDICAL CENTER EAST, NASHVILLE, TN 37232

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. HEMORRHAGIC STROKE	
	b. METASTATIC CANCER OF UNKNOWN PRIMARY	
	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	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 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.

14091020

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 4 0 9 1 0 2 0
Date Issued: Apr-29-2022

CERTIFICATION OF VITAL RECORD

Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS:

LAND IN DAVIDSON COUNTY, TENNESSEE, AND BEING LOT NO. 33 ON THE PLAN OF CRIEVEWOOD AS OF RECORD AT PLAT BOOK 2331, PAGE 99, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH PLAN REFERENCE IS HEREBY MADE AND THE SAME INCORPORATED HEREIN FOR A COMPLETE DESCRIPTION OF SAID LOT.

Parcel ID:146-12-0-081-00

Commonly known as 5002 Manuel Dr, Nashville, TN 37211
However, by showing this address no additional coverage is provided

The instrument constituting the source of the Borrower's interest in the foregoing described property was a Quitclaim Deed recorded in Instrument: 20080103-0000563 in the Register's Office of Davidson County, Tennessee.

Tennessee Certification of Electronic Document

I, Candice Weyant, 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 6-30-23 (date of document).

Candice Weyant
Affiant Signature

7-7-23
Date

State of NC

County of Mecklenburg

Sworn to and subscribed before me this 7 day of July, 2023.

Amanda Simpson
Notary's Signature

Amanda Simpson
NOTARY PUBLIC
Union County
North Carolina
My Commission Expires 06/03/2026

MY COMMISSION EXPIRES: _____

NOTARY'S SEAL