Karen Johnson Davidson County
Batch# 1077218 AFFIDAVIT
12/01/2023 02:02:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20231201-0092928

Prepared by and Return to:
Timios, Inc.
5716 Corsa Ave., Suite 102
Westlake Village, CA 91362

CONTINUOUS MARRIAGE AFFIDAVIT
(Death of Spouse)

State of Tennessee

County of Davidson

BEFORE ME, the undersigned authority, authorized in the state and county aforesaid to take acknowledgments, personally appeared MICHAEL ELLEY, "Affiant", who after being duly sworn, deposes and says;

My spouse KAREN S ELLEY_ and I acquired title to the following described property, as husband and wife, by deed recorded in Official Records Instrument# 200001200006813 of the Public Records of DAVIDSON County, TENNESSEE which is further described as follows:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO WIT:

BEING LOT NO. 43, ON THE PLAN OF LAKESIDE WOODS, SECTION 3, OF RECORD IN PLAT BOOK 7900, PAGE 218, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.

APN: 086 10 0 122.00

BEING THE SAME PROPERTY CONVEYED TO KAREN S. ELLEY AND HUSBAND, MICHAEL H. ELLEY BY DEED FROM KAREN S. TROTTER AND HUSBAND, MICHAEL H. ELLEY RECORDED 01/20/2000 IN DEED INSTRUMENT NO. 200001200006813, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

At the time we acquired title to this property we were legally married to each other and that we were continuously married to each other without interruption from the date we acquired title to the above described property until the date of death of January 4th on 2023 at Hermitage, TN.

The purpose of this affidavit is to induce **Timios**, Inc. to eliminate items from its Commitment and issue title insurance as stated above based on the information given in this affidavit.

MICHAEL ELLEY

Sworn To, Subscribed and Acknowledged before me on 25 November 2023, by MICHAEL ELLEY, who is personally known to me or who has produced photo D.L. as identification.

Notary Public
Print Name: Helen F. Mackey
My Commission Expires: 06-29-2027

HELEN F MACKEY
TENNESSEE NOTARY PUBLIC
MY COMM. EXPIRES: 06-29-27
SUMNER COUNTY

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law: Marisela Loyola
MARISELA LOYOLA

THIS INSTRUMENT WAS PREPARED BY
MARISELA LOYOLA

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 001018

1. Decedent's Legal Name			2. Sex	3. Date of Death
KAREN SUE TROTTER ELLEY			FEMALE	01/07/2023
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
UNKNOWN	76	04/06/1946	NASHVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		8c. City or Town	8d. County of Death	
SUMMIT MEDICAL CENTER		HERMITAGE	DAVIDSON	
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry	
MARRIED	MICHAEL H ELLEY	AUTHOR ILLUSTRATOR DESIGNER	PUBLISHING	
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town	
0382	TENNESSEE	DAVIDSON	HERMITAGE	
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
220 DOCKSIDE CT		YES	37076	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		
FRANK JAMES CORBITT		BESSIE MAE DURHAM		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
MICHAEL H ELLEY	SPOUSE	220 DOCKSIDE CT, HERMITAGE, TN 37076		
21a. Method of Disposition		21b. Place of Disposition	21c. Location	
CREMATION		NASHVILLE CREMATION SERVICE	NASHVILLE, TN	
22a. Signature of Funeral Director		22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ STEPHANIE SYLVESTER		20411	▶	
23a. Name and Address of Funeral Home				23b. License Number
NEPTUNE SOCIETY, 1187 OLD HICKORY BLVD STE 100, BRENTWOOD, TN 37027-4240				1246
24. Registrar's Signature			25. Date Filed	
▶ /e/ EDWARD G BISHOP III			01/11/2023	

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/ JEAN RAINES LESSLY	035619	01/11/2023

27d. Name and Address: JEAN RAINES LESSLY 441 DONELSON PIKE SUITE 400, NASHVILLE, TN 37214

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. ADULT FAILURE TO THRIVE	
	b. ASPIRATION PNEUMONIA	
	c. DYSPHAGIA	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

HYPERTENSION, HYPERLIPIDEMIA

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.

14656368

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

Edward G. Bishop III
State Registrar

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 6 5 6 3 6 8
Date Issued: Jan-12-2023

CERTIFICATION OF VITAL RECORD

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Tennessee Certification of Electronic Document

I, Martin Adiwibowo, 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 11/25/2023 (date of document).

Affiant Signature

11/25/2023

Date

State of California

County of Los Angeles

Sworn to and subscribed before me this 30th day of November, 2023.

Notary's Signature

MY COMMISSION EXPIRES: 5-18-25

NOTARY'S SEAL

ELIANA L. NUNEZ-SANCHEZ
COMM. #2358076
Notary Public - California
Los Angeles County
My Comm. Expires May 18, 2025

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