Karen Johnson Davidson County
Batch# 1080314 AFFIDAVIT
12/08/2023 03:07:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20231208-0095040

Return to:
Patricia A. Lawrence
517 Augusta Drive,
Hermitage, TN 37076

Property Tax ID#: 075 04 0 162.00
Order #: NTN-1393235

AFFIDAVIT OF DEATH

(Earl Lawrence, Deceased)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **Patricia A. Lawrence,** of legal age, being first duly sworn, deposes and says:

That **Earl Lawrence,** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Earl Lawrence,** named as one of the parties in that certain **DEED** dated June 29, 1973, executed by Larry Raymond Snell and wife, Bettie S. Snell, Grantor(s) to Earl Lawrence and wife, Patricia A. Lawrence, as Grantees, and recorded on July 9, 1973 **as Book 4726 Page 54 as Instrument No. C14478,** of Official Records of **Davidson** County, TENNESSEE, covering the following described property situated in said Davidson County, State of TENNESSEE:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

Tax Id#: 075 04 0 162.00
Property Address: 517 Augusta Drive, Hermitage, TN 37076

That the Decedent departed this life at 703 Heritage Road, Davidson County, State of Tennessee on or about October 1, 2015 being 78 years of age at the date of death.

Witness my hand this the 4 day of December, 2023

Patricia A. Lawrence

Patricia A. Lawrence

STATE OF Tennessee }

COUNTY OF Davidson }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within **Patricia A. Lawrence,** the Grantor, with whom I am personally acquainted (or who has proven to me on the basis of satisfactory evidence), and who has acknowledged and executed the within Affidavit of Death for the purposes therein contained.

Witness my hand and official seal this the 4 day of December, 2023

BARBARA COLLINS STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

My Commission Expires Oct. 20, 2026

Barbara Collins

Notary Public
My Commission expires: 10/26/2026

No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and /or their agents; no boundary survey was made at the time of this conveyance.

This Instrument Prepared by:
National Deed Network, Inc.
36181 East Lake Road #382
Palm Harbor, FL 34685

EXHIBIT "A"

A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows: to-wit: Land in Davidson County, Tennessee, being Lot No. 412 on the Plan of Tulip Grove, Section Six, of record in Book 4460, Page 19, Register's Office for said County.

Said Lot No. 412 fronts 100.0 feet on the westerly side of Augusta Drive and runs back 135.0 feet between parallel lines.

Being the same property or a portion of the same property conveyed to Earl Lawrence and wife, Patricia A. Lawrence by Instrument dated June 29, 1973 from Larry Raymond Snell and wife, Bettie S. Snell filed on July 9, 1973 as Document Number C14478 and in Book 4726 at Page 54 in the Davidson County records.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): EARL LAWRENCE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 1, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 78
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 20, 1937
7. BIRTHPLACE (City and State or Foreign Country): Lafayette, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 703 Heritage Road
8c. CITY OR TOWN: Lebanon
8d. COUNTY OF DEATH: Wilson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Patricia Medley
11a. DECEDENT'S USUAL OCCUPATION: VP of Operations
11b. KIND OF BUSINESS/INDUSTRY: Banking
12. SOCIAL SECURITY NUMBER: -4565
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 517 Augusta Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37076
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Ira Lawrence
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Edna Hire

DISPOSITION

20a. INFORMANT'S NAME: Patricia Lawrence
20b. RELATIONSHIP TO DECEDENT: wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 517 Augusta Drive, Hermitage, TN 37076
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mt. Juliet Memorial Gardens
21c. LOCATION - City or Town and State: Mt. Juliet, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Judd Sellars
22b. LICENSE NUMBER: 5266
22c. SIGNATURE OF EMBALMER: ▶ Judd Sellars
22d. LICENSE NUMBER: 5267
23a. NAME AND ADDRESS OF FUNERAL HOME: Sellars Funeral Home at Mt. Juliet, 2229 N. Mt. Juliet Road, Mt. Juliet, TN 37122
23b. LICENSE NUMBER OF FUNERAL HOME: 382

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Cassandra Dooley DR
25. DATE FILED (Month, Day, Year): October 12, 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER: ▶ C.A. Sellars MD
27b. LICENSE NUMBER: 49913
27c. DATE SIGNED (Month, Day, Year): 10/9/2015
27d. NAME AND ADDRESS: C.A. Sellars MD 1400 Donelson Pike #B5 Nashville, TN 37217

MEDICAL CERTIFICATION

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)	a. Late Effects of Cerebrovascular Accident — Due to (or as a consequence of):	18 months
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	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.
Dementia, CKD Stage III

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

7993479

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.

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

7993479

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FAAFP, FACOEM
COMMISSIONER

Date Issued 10-12-15

CERTIFICATION OF VITAL RECORD

202312080095040

Tennessee Certification of Electronic Document

I, **Meghan Napoli**, 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 December 4, 2023 (date of document).

Affiant Signature

December 4, 2023
Date

State of **Missouri**

County of **St. Louis**

Sworn to and subscribed before me this 4 day of December 2023.

Notary's Signature

MY COMMISSION EXPIRES: **01/14/2026**

NOTARY'S SEAL

JESSIE AREVALO
Notary Public, Notary Seal
State of Missouri
St. Charles County
Commission # 14567095
My Commission Expires 01-14-2026