After Recording Return To:
Paul Brian Willis
4304 Baton Rouge Drive
Hermitage, TN 37076

Karen Johnson Davidson County
Batch# 1103866 AFFIDAVIT
02/22/2024 04:04:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20240222-0012342

APN: 075 11 0 162 00

AFFIDAVIT OF DEATH AND SURVIVING JOINT TENANT

STATE OF Tennessee)
) SS.
COUNTY OF Davidson)

BEFORE ME, the undersigned authority, personally appeared Paul Brian Willis, of lawful age, who after being duly sworn, deposes and states:

On 3/17/2016, the below mentioned interest was conveyed by Warranty Deed to PAUL BRIAN WILLIS AND JOE L E DWARD WILLIS AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP The deed conveyed the following real property situated in Davidson County, TN, to wit:

See Attached Exhibit A

Said document was recorded in the records of the County Clerk of Davidson County, State of Tennessee, as Instrument No. 20160318-0026091. There is attached hereto a certified copy of the Death Certificate of Joel Edward Willis, the deceased, issued by the Department of Health for the State of Tennessee showing that the deceased Joint Tenant died on 8/28/2018

Affiant further states that on the date of deceased Joint Tenant's death, the Joint Tenancy with Right of Survivorship had not been previously severed.

I, Paul Brian Willis, am the sole surviving issue of Joel Edward Willis, the sole surviving Joint-Tenant, and, by the right of survivorship, the sole owner of the aforementioned interest in property.

FURTHER AFFIANT SAYETH NAUGHT.

Paul Brian Willis

Paul Brian Willis

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Paul Brian Willis, who is personally known to me or who produced DL Licenses as identification and who did take an oath.

Witness my hand and official seal in the County and State aforesaid this 10th day of January, 2024

Takisha Murphy

NOTARY PUBLIC
STATE OF Tennessee

My commission expires: 5.3.2027

TAKISHA MURPHY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 05-03-2027

LEGAL DESCRIPTION

EXHIBIT "A"

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

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 84A ON THE ZONE LOT DIVISION OF LOTS 80 THROUGH 101 AND 103 THROUGH 107 RACHEL'S SQUARE, SECTION 2 OF RECORD IN PLAT BOOK 6250, PAGE 542, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION OF THE PROPERTY.

BEING THE SAME PROPERTY CONVEYED TO PAUL BRIAN WILLIS, UNMARRIED AND ANNA FAY WILLIS, UNMARRIED, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP FROM PAUL BRIAN WILLIS, UNMARRIED, BY DEED DATED JUNE 28, 2021, AND RECORDED ON JUNE 30, 2021, AS 202106300088423.

Parcel ID Number: 075 11 0 162.00

Commonly known as 4304 Baton Rouge Drive, Hermitage, TN 37076

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 047867

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK; NAME OF DECEDENT (first, middle, last); Physician to complete)

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
JOEL EDWARD WILLIS			MALE	08/28/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
01:53	36					04/06/1982	FORT BENNING, GA

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
TRISTAR 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
NEVER MARRIED		DISABLED	DISABLED

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-8779	TENNESSEE	DAVIDSON	HERMITAGE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
4304 BATON ROUGE DR	YES	37076	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

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
PAUL C WILLIS JR	ANNA PATTERSON

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
ANNA WILLIS	MOTHER	94 BERKLEY DR. 816, MADISON, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	MUSIC CITY MORTUARY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ CHAD SCOTT KEEL	16297	▶ /e/ Chad Scott Keel	16263

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216	1046

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	08/29/2018

CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ TOBY RAY SMITH	38068	08/29/2018

27d. NAME AND ADDRESS: TOBY RAY SMITH 5651 FRIST BLVD, SUITE 309, NASHVILLE, TN 37076

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). 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. ASPIRATION PNEUMONIA	
	DUE TO (OR A CONSEQUENCE OF)	
	b. EMPYEMA	
	DUE TO (OR A CONSEQUENCE OF)	
	c. GASTROPARESIS	
	DUE TO (OR A CONSEQUENCE OF)	
	d. DIABETES MELLITUS	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: RENAL FAILURE, DIABETIC NEPHROPATHY, OBESITY

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

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-1659 (Rev. 8/2017) RDA 10112

10346987

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.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 3 4 6 9 8 7

Date Issued AUG 30 2018

CERTIFICATION OF VITAL RECORD

202402220012342

Certificate of Authenticity

I, Abigail Gibson, do herby 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 is electronic document is true and exact copy of the original documents executed and authenticated according to law on 1/11/2024.

Affiant Signature

1/17/2024

Date

State of Rhode Island

County of Kent

Sworn to and subscribed before me this 17th day of January, 2024.

Notary Signature

My Commission Expires 12/15/26

Notary's Seal

ALEXANDRA MEROLLA
Notary Public, State of Rhode Island
My Commission Expires Dec. 15, 2026