Karen Johnson Davidson County
Batch# 1109655 AFFIDAVIT
03/11/2024 03:06:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20240311-0016807

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Calvin Ray Lassiter (Affiant), who after having been duly sworn according to law, deposed and stated as follows:

1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

Property Address: 129 Old Trinity Lane, Nashville, TN 37207
Tax/Parcel ID No.: 07107001100
Legal description attached hereto as Exhibit "A"

2. At the time Affiant acquired title to the Property, Affiant was married to Peggy G. Lassiter and remained continuously married to him/her without interruption up to the date of his/her death.

3. Affiant states and acknowledges that he/she is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this affidavit and understands its context.

4. Affiant acknowledges that this affidavit is made for the purpose of providing title insurance and shall be relied upon by FNC Title Services, LLC.

See attached Exhibit "A"

Calvin Ray Lassiter

STATE OF TN, COUNTY OF DAVIDSON, to wit:

Subscribed and sworn to before me this 19 day of JAN, 2024 by Calvin Ray Lassiter who is personally known to me.

Notary

My commission expires: 3/9/27

MARK GROLL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

✓ When Recorded Return to:
This Affidavit was Prepared by Kim Johnson
an employee of FNC Title Services, LLC,
1300 Piccard Drive, Suite 105
Rockville, MD 20850

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): Peggy Ann Lassister
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 31, 2016
4. TIME OF DEATH (Approx.): 6:30 PM
5a. AGE-Last Birthday (Years): 61
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 13, 1955
7. BIRTHPLACE (City and State or Foreign Country): Dickson Co., TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Calvin Lassister
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 129 Old Trinity Ln.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[X] 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)
[X] 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): Everett Gray
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lucille Lyell

INFORMANT

20a. INFORMANT'S NAME: Calvin Lassister
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 129 Old Trinity Ln., Nashville

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify): _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Richlawn Crematory
21c. LOCATION - City or Town and State: Waverly, TN 37185

22a. SIGNATURE OF FUNERAL DIRECTOR: Lois U. Sanders
22b. LICENSE NUMBER: 4544
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:

23a. NAME AND ADDRESS OF FUNERAL HOME: Dickson Funeral Home - 209 E. College St. Dickson, TN
23b. LICENSE NUMBER OF FUNERAL HOME: 0235

REGISTRAR

24. REGISTRAR'S SIGNATURE: DLBramley DR
25. DATE FILED (Month, Day, Year): 11/4/16

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF HEALTH 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. [X] 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: Thomas Deering M/D
27b. LICENSE NUMBER: 28369
27c. DATE SIGNED (Month, Day, Year): November 01, 2016
27d. NAME AND ADDRESS: Thomas Deering, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC16-2649

MEDICAL FINDINGS

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. Acute subdural hematoma with anticoagulation.	
Due to (or as a consequence of):		
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. Complications of end stage renal disease with hemodialysis	
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.

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

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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 [X] 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 (e.g., 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-1935 (Rev. 9/2011) RDA 1390

Peggy Ann Lassister 129 Old Trinity Ln. Nashville, TN 37207

HP

08851050

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.

NOV 04 2016

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 8 5 1 0 5 0
Date Issued

CERTIFICATION OF VITAL RECORD

20240311O016807

Title No: ARS-92947

LEGAL DESCRIPTION

EXHIBIT "A"

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

Being the easterly half of Lot No. 11 on the Map of T.J. Cage's Subdivision, of the Tarpley Place, of record in Book 332, Page 97, Register's Office for Davidson County, Tennessee.

Said part of lot No. 11 fronts 50 feet on the northerly side of Old Trinity Lane and extends back between parallel lines 200 feet to the southerly line of Lot No. 12.

Parcel ID: 07107001100

Commonly known as: 129 Old Trinity Lane, Nashville, TN 37207

However, by showing this address no additional coverage is provided

✓ Being the same property conveyed to Calvin Ray Lassiter and wife, Peggy G. Lassiter from Mortgage Electronic Registration Systems, Inc. as nominee for Household Finance Corporation by Special Warranty Deed dated July 24, 2003 and recorded August 4, 2003 among the Land Records of Davidson County, State of Tennessee in Instrument No. 20030804-0109741.

Wherein Peggy G. Lassiter (aka Peggy Ann Lassister) departed life on October 31, 2016 as evidenced by a copy of her death certificate, hereby passing title to Calvin Ray Lassiter, as surviving tenant by the entirety.

Tennessee Certification of Electronic Document

I, Sylvia Flake, 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 01/19/2024 (date of document).

Affiant Signature

02/22/2024
Date

State of California

County of Placer

Sworn to and subscribed before me this 22nd day of February, 2024.

Notary's Signature

MY COMMISSION EXPIRES: 01/26/2025

NOTARY'S SEAL

MGC1 HOLLY OVERBY COMM. # 2343414 NOTARY PUBLIC - CALIFORNIA PLACER COUNTY COMM. EXPIRES JAN. 26, 2025 MGC1