Karen Johnson Davidson County
Batch# 1125392 AFFIDAVIT
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File No. ARS-98463

AFFIDAVIT OF DEATH OF LIFE TENANTS

STATE OF Tennessee
COUNTY OF Davidson

I, **Gary Wood** ("Affiant"), whose mailing address is **518 Continental Drive, Nashville, TN 37209**, being of legal age of consent and competent to make this Affidavit, and I am familiar with the past ownership and occupancy of the real property described below in this Affidavit, being duly sworn, depose and say as follows:

That **James Howard Wood** and **Helene Gaynell Wood**, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as **Howard Wood** and **Helene Gaynall Wood**, named as the Grantors in that certain Quitclaim Deed Retaining Life Estate dated 3/31/1997, executed by Howard Wood and Helene Gaynall Wood to Gary Wood, subject however to a life estate in Howard Wood and Helene Gaynall Wood and the survivor of them during the terms of their joint and several lives, recorded at Official Records Book 10397 Page 672, on 4/1/1997, in the Office of the

County Recorder of Davidson County, State of Tennessee, concerning the following described real estate described below:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF NASHVILLE, COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS: LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 1321, ON THE PLAN OF CHARLOTTE PARK, SECTION 17, AS OF RECORD IN BOOK 3600, PAGES 21 AND 22, REGISTER'S OFFICE FOR SAID COUNTY. SAID LOT NO. 1321 FRONTS 72.80 FEET ON THE NORTHEASTERLY SIDE OF CONTINENTAL DRIVE AND EXTENDS BACK 155.8 FEET ON THE NORTHWESTERLY LINE AND 159.5 FEET ON THE SOUTHEASTERLY LINE, TO A DEAD LINE IN THE REAR ON WHICH IS MEASURES 84.00 FEET. Parcel ID: 102-03-0-049.00

Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Davidson County, Tennessee.

Affiant declares that the foregoing is true and correct.

Gary Wood

STATE OF TN

COUNTY OF Davidson

Subscribed and sworn to (or affirmed) before me on this 25 day of March, 2024 by **Gary Wood**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

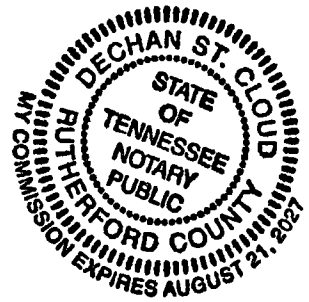
Signature Dechan St. Cloud

FOR NOTARY STAMP *

Prepared by: Thomas Granville McCroskey, Esq., Tennessee Bar No. 15569, Cordell Law LLC, 5315 N Clark Street #173, Chicago, IL 60640, (866) 363-3337.

The preparer of this instrument has neither been requested to nor has the preparer conducted a title search or an inspection of the real property transferred hereby. No representations or warranties as to accuracy of the description, the status of title or condition of the real property have been made by the preparer.

*



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 035143

1. Decedent's Legal Name			2. Sex	3. Date of Death
JAMES HOWARD WOOD			MALE	05/20/2022
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
04:00 PM	91	07/15/1930	ETTER, TN	
8a. Place of Death				
NURSING HOME/LONG TERM CARE				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
THE MEADOWS		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
WIDOWED		INSPECTOR	HARDWOOD LUMBER	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
518 CONTINENTAL DR		YES	37209	YES
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
PRINTIS HOWARD WOOD		GLADYS MARIE CONLEY		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
GARY WOOD	SON	518 CONTINENTAL DR., NASHVILLE, TN 37209		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	HATCHER HALL CEMETERY	MONROE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ GREGORY H BROWN	3079	▶ /e/ SEAN ANTHONY JOHNSON	6788	
23a. Name and Address of Funeral Home			**23b. License Number**	
BROWN FUNERAL CHAPEL, 202 WEST MAIN STREET, BYRDSTOWN, TN 38549			1129	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		05/24/2022		

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/ JAMES R. ANDERSON	15576	05/24/2022

27d. Name and Address

JAMES R. ANDERSON 313 NORTH MAIN ST, ASHLAND CITY, TN 37015

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. CONGESTIVE HEART FAILURE	
	b. ATRIAL FIBRILLATION	
	c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
	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	UNKNOWN	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

13768420

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 7 6 8 4 2 0

Date Issued: May 26 2022

CERTIFICATION OF VITAL RECORD

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STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

113 00525

2003 004348

1 DECEDENT'S NAME (First, Middle, Last): Helene Gaynell Wood
2 SEX: Female
3 DATE OF DEATH: January 18, 2003
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a AGE-LAST BIRTHDAY (Years): 73
5b UNDER 1 YEAR: MOS. DAYS
5c UNDER 1 DAY: HOURS MIN.
6 DATE OF BIRTH (Month, Day, Year): Jan 11, 1930
7 BIRTHPLACE (City and State or Foreign County): Pickett Co ,, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify) Treatment
9b FACILITY NAME (If not institution give street and number): Alive Hospice, Inc 930
9c CITY, TOWN, OR LOCATION OF DEATH: Nashville 094
9d COUNTY OF DEATH: Davidson 19
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Howard Wood
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE—STATE: TN
13b COUNTY: Davidson
13c CITY, TOWN, OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 518 Continental Drive
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37209
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes
15 RACE—American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17 FATHER'S NAME (First, Middle, Last): Ernest Keisling
18 MOTHER'S NAME (First, Middle, Maiden Surname): Dora Smith
19a INFORMANT'S NAME (Type/Print): Howard Wood
19b RELATIONSHIP TO DECEASED: Husband
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 518 Continental Drive, Nashville, TN
20a METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hatcher Hall Cemetery
20c LOCATION—City or Town, State: Monroe TN
21a SIGNATURE OF FUNERAL DIRECTOR: Gregory K. Brown
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3079
21c SIGNATURE OF EMBALMER: Gregory K. Brown
21d LICENSE NUMBER OF EMBALMER: 3533
22a NAME AND ADDRESS OF FUNERAL HOME: Brown Funeral Chapel, 504 West Main Street P O Box 65, Byrdstown, TN 38549
22b LICENSE NUMBER OF FUNERAL HOME: 1129
23 REGISTRAR'S SIGNATURE: Marianne H. Jones
24 DATE FILED (Month, Day, Year): February 5, 2003
25a PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. [X] SIGNATURE AND TITLE OF PHYSICIAN
25b LICENSE NUMBER: 34321
25c DATE SIGNED (Month, Day, Year): 1-30-03
26a MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b LICENSE NUMBER:
26c DATE SIGNED (Month, Day, Year):
OR MED. EX. NAME AND CERTIF.
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr John Mulder 1710 Patterson Street, Nashville, TN 37203
28 PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung Cancer
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death:
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:
29a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No
30 MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a DATE OF INJURY (Month, Day, Year):
31b TIME OF INJURY: M
31c INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d DESCRIBE HOW INJURY OCCURRED:
31e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
31f LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO

RDA 1399

13768418

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

1 3 7 6 8 4 1 8

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: May-24-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

20240522000288

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 03/25/2024 (date of document).

Affiant Signature

04/12/2024
Date

State of California

County of Placer

Sworn to and subscribed before me this 12th day of April, 2024.

Notary's Signature

MY COMMISSION EXPIRES: 01/26/2025

NOTARY'S SEAL

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