Karen Johnson Davidson County
Batch# 1154256 AFFIDAVIT
07/08/2024 08:34:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20240708-0050573

CONTINUOUS MARRIAGE AFFIDAVIT

(Death of Spouse)

State of Tennessee
County of Davidson

BEFORE ME, Michelle Matthews-Davis the undersigned authority, authorized in the state and county aforesaid to take acknowledgments, personally appeared Harvey L. Rucker who after being duly sworn deposes and says;

That Affiant is the surviving spouse of Cora M. Rucker.

That Affiant is one and the same person as that certain dated 10/25/1979 and recorded 10/26/1979 in Book 5520 Page 706 who took title to the following described real property, together as Harvey L. Rucker and wife Cora M. Rucker.

That Affiant was legally married to Cora M. Rucker at the time they took title to the following described real property located in 3117 Towne Village Rd, Antioch, TN 37013, to-wit:

BEING LOT NO. 6 ON THE PLAN OF TOWNE VILLAGE OF THE COUNTRY, SECTION I, AS OF RECORD IN BOOK 5200, PAGES 55 AND 56, SAID REGISTER'S OFFICE. SAID LOT NO. 6 FRONTS 65 FEET ON THE SOUTHWESTERLY MARGIN OF TOWNE VILLAGE ROAD AND EXTENDS BACK 119.28 FEET ON THE SOUTHEASTERLY LINE AND 130 FEET ON THE NORTHWESTERLY LINE TO A BROKEN LINE IN THE REAR MEASURING 104.67 FEET THEREON.

Further, that Affiant was continuously married to Cora M. Rucker without interruption from the date they acquired title to the above described property until the date of death of Cora M. Rucker on April 30, 2016

The purpose of this affidavit is to induce Realeo, Inc. and Westcor Land Title Insurance Company to eliminate items from its Commitment and issue title insurance pursuant to file number 15731, insuring the above described property.

FURTHER, Affiant herein agrees to indemnify and hold harmless Realeo, Inc. against any loss or damage resulting from its issuance of title insurance as stated above based on the information given in this affidavit.

Further Affiant sayeth naught.

Harvey Rucker

State of Tennessee
County of Davidson

Sworn To, Subscribed and Acknowledged before me on June 26, 2024, by Harvey Rucker who is _____personally known to me or who ✓ has produced a valid driver's license as identification.

Notary Public Michelle Matthews Davis

Notary Print Name
My Commission Expires: May 23, 2028

MICHELLE MATTHEWS DAVIS
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on
05/23/2028
ROBERTSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Cora Marie Rucker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 30, 2016
4. TIME OF DEATH (Actual): 5:41 am
5a. AGE-Last Birthday (Years): 68
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 DAY — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 20, 1948
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, TN

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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
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): Harvey Lee Rucker, Jr.
11a. DECEDENT'S USUAL OCCUPATION: Teacher's Aide
11b. KIND OF BUSINESS/INDUSTRY: Metro School System

12. SOCIAL SECURITY NUMBER: -4048
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 3117 Towne Village Road
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN U.S. 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): Lenzy Otis Collier
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Johnnie Mal Brown

DISPOSITION

20a. INFORMANT'S NAME: April Rucker
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3117 Towne Village Road, Antioch, TN 37013
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood North Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tonya Scales Haynes
22b. LICENSE NUMBER: 5681
22c. SIGNATURE OF EMBALMER: ▶ Tonya Scales Haynes
22d. LICENSE NUMBER: 5682
23a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, Tennessee 37013
23b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kristi Patrick DR
25. DATE FILED (Month, Day, Year): 5/4/16

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ Roderick E. Baker
27b. LICENSE NUMBER: 37171
27c. DATE SIGNED (Month, Day, Year): 5/5/2016
27d. NAME AND ADDRESS: Roderick E. Baker / 5188 First Blvd / Hermitage, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Atherosclerotic Cardiovascular Disease — Approximate interval: Onset to death: Years
Due to (or as a consequence of): b. Multiple Sclerosis — Years
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.

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

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: ☒ 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)

FH-1650 (Rev. 10/2011) RDA 1309

8503936

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

MAY 06 2016

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8503936
Date Issued

CERTIFICATION OF VITAL RECORD

202407080050573

Tennessee Certification of Electronic Document

I, Alyssa Graham, 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 JUNE-26-2024 (date of document).

Affiant Signature

07-04-2024
Date

State of PENNSYLVANIA

County of ALLEGHENY

Sworn to and subscribed before me this 7th day of July-2024.

Notary's Signature

MY COMMISSION EXPIRES: 11-22-26

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
Brynn Law, Notary Public
Beaver County
My commission expires November 22, 2026
Commission number 1429737