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Karen Johnson Davidson County
Batch# 1161318 AFFIDAVIT
07/24/2024 01:52:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20240724-0055936

File No. ARS-100209

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Tennessee
COUNTY OF Davidson

I, **Willie B Wynn** ("Affiant"), whose mailing address is **801 Pebble Creek Court, Antioch, TN 37013,** 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 **Barbara Jean Hannah Wynn**, the decedent mentioned in the attached certified copy of Certificate of Death, who passed from this life on 12/02/2023, is the same person as **Barbara Wynn**, named as one of the parties in that certain deed dated December 13, 2022, executed by Willie B. Wynn and Barbara Wynn to Willie B. Wynn and Barbara Wynn, husband and wife, as joint tenants with right of survivorship, recorded at Instrument No. 20221220-0131495, on December 20, 2022, 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 ANTIOCH, COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS:

All that certain lot, piece or parcel of LAND in Davidson County, Tennessee, being Lot No. 12 on the Plan of Oakwood Subdivision, Phase Six, Section One, a Planned Unit Development, as of record in Book 7900. Page 419, and Surveyors Certificate of Correction, of record in Book 8705, Page 870, Registers Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same premises conveyed from Maria Arroyo Espinosa and from Roberto Espinosa to Willie B. Wynn and Barbara Hannah in a deed dated 03/31/2004 and recorded date 04/14/2004 in Instrument Number 20040414-0041915 of the official records. Being the same premises conveyed from Willie B. Wynn and Barbara Wynn who acquired title as Barbara Hannah to Willie B. Wynn and Barbara Wynn in a deed dated 12/13/2022 and recorded date 12/20/2022 in Instrument No. 20221220-0131495 of the official records.

Parcel ID: 149-10-0-046.00

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.

Willie B Wynn

STATE OF Tennessee

COUNTY OF Davidson

Subscribed and sworn to (or affirmed) before me on this 14th day of June, 2024, by **Willie B Wynn**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature Cheryl M Rodgers

Exp. 11-21-2027

FOR NOTARY STAMP

CHERYL M RODGERS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF RUTHERFORD

✓ 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 2023 078780

1. Decedent's Legal Name			2. Sex	3. Date of Death
BARBARA JEAN HANNAH WYNN			FEMALE	12/02/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
17:19	76	10/28/1947	NASHVILLE, TN	

8a. Place of Death		
INPATIENT		
8b. Facility Name	**8c. City or Town**	**8d. County of Death**
SAINT THOMAS WEST HOSPITAL	NASHVILLE	DAVIDSON

9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
MARRIED	WILLIE WYNN	DAY CARE	DAY CARE
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**
[redacted]	TENNESSEE	DAVIDSON	ANTIOCH

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
801 PEBBLE CREEK CT	YES	37013	NO

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. Father's Name	19. Mother's Name Prior to First Marriage
EUGENE CALDWELL	MARY UNKNOWN

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
WILLIE WYNN	HUSBAND	801 PEBBLE CREEK CT., ANTIOCH, TN 37013

21a. Method of Disposition	21b. Place of Disposition	21c. Location
BURIAL	GREENWOOD NORTH CEMETERY	GOODLETTSVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ GEORGE M BAKER JR	4695	▶ /e/ PATRICK LAMONT TUCKER	5072

23a. Name and Address of Funeral Home	23b. License Number
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406	1258

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	12/26/2023

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/ MARY ELIZABETH BELLES	65661	12/22/2023

27d. Name and Address
MARY ELIZABETH BELLES 4220 HARDING ROAD, NASHVILLE, TN 37205

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. METASTATIC ESOPHAGEAL ADENOCARCINOMA	
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

ACUTE KIDNEY INJURY; URINARY TRACT INFECTION; SEPSIS

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	PROBABLY	NOT PREGNANT WITHIN PAST YEAR

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

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.

15550340

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Dec-28-2023

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURE: ANTI-FRAUD PROTECTION

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 06/14/2024 (date of document).

Affiant Signature

06/27/2024
Date

State of California

County of Placer

Sworn to and subscribed before me this 27th day of June, 2024.

Notary's Signature

MY COMMISSION EXPIRES: 01/26/2025

NOTARY'S SEAL

