Karen Johnson Davidson County
Batch# 1164782 AFFIDAVIT
08/01/2024 09:31:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20240801-0058281

RECORD AND REQUESTED BY:
GODEEDS, INC.
Attn: LegalZoom Dept.
8940 Main Street
Clarence, NY 14031
File No. 564706620-77246565

This document prepared by:
JOHN O. WINDSOR, ESQ. Bar # 102155
1775 Lelia Drive Suite E (2nd floor)
Jackson, MS 39216
866-333-3081

Tax ID No.: 006-00-0-077

AFFIDAVIT OF DECEASED JOINT TENANT

STATE OF TENNESSEE
COUNTY OF Davidson

BEFORE ME, the undersigned Notary Public, personally appeared John W. Henry, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon his oath and affirmation, the following:

1. My Name is John W. Henry and I reside at 2149 Baker Station Road, Goodlettsville, TN 37072.

2. I owned real property as a joint tenant with Bruce Henry, Jr., who, at the time of his demise, was one of the owners of such real property located in Davidson County, State of TENNESSEE, as evidenced in a Quit Claim Deed from Bruce Henry, Jr. to Bruce Henry, Jr. and John W. Henry, as joint tenants with survivorship, recorded 05/23/1988 under Book 7550, Page 989, further described as follows:

SEE ATTACHED EXHIBIT A

3. Bruce Henry, Jr., my joint tenant, departed this life on 11-20-2010. As evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the sole surviving joint tenant of the property described herein.

Dated this 31st day of May, 2024

John W. Henry

John W. Henry

STATE OF TN
COUNTY OF Davidson

Subscribed and sworn to (or affirmed) before me this 31st day of May, 2024 by John W. Henry, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public
(Seal)

ASA A. WOODARD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT A
LEGAL DESCRIPTION

ALL that certain real property in Davidson County, Tennessee, described as follows, to-wit:

A tract of land in the Tenth Civil District of Davidson County, Tennessee and described as follows:

BEGINNING at an iron pin in the northern boundary of Bakers Station Road, thence S. 68 degrees 23' W. 45.00 feet to an iron pin, thence N. 82 degrees 04' W. 229.14 feet to an iron pin, thence S. 35 degrees 18' W. 175.14 feet to an iron pin, thence S. 88 degrees 58' W. 254.64 feet to an iron pin, thence N. 73 degrees 24' W. 130.46 feet to an iron pin, thence N. 86 degrees 40' W. 229.14 feet to an iron pin, thence S. 35 degrees 18' W. 175.14 feet to an iron pin, thence S. 88 degrees 58' W. 254.64 feet to an iron pin, thence N. 73 degrees 24' W. 130.46 feet to an iron pin, thence N. 86 degrees 40' W. 229.14 feet to an iron pin, thence N. 10 degrees 29' E. 226.32 feet to an iron pin, thence S. 81 degrees 28' E. 947.69 feet to the point of beginning, containing 3.24 acres, more or less, according to a survey on November 7, 1972, by Dewayne Caldwell.

APN: 006-00-0-077

PROPERTY COMMONLY KNOWN AS: 2177 Baker Station Road, Goodlettsville, TN 37072

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2010 059050

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Bruce Henry Jr.	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): November 20, 2010	
4. SOCIAL SECURITY NUMBER (of Deceased): 1-4694	5a. AGE-LAST BIRTHDAY (Years): 65	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): October 11, 1945	7. BIRTHPLACE (City and State or Foreign Country): Goodlettsville, Tennessee		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [✓] Yes 2 [ ] No	9a. PLACE OF DEATH (Check only one): 1 [✓] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number): Alvin C. York VA Hospital 174	9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro	9d. COUNTY OF DEATH: Rutherford	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed	11. SURVIVING SPOUSE (If wife, give maiden name):	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Laborer	12b. KIND OF BUSINESS/INDUSTRY: Factory
13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Goodlettsville,	13d. STREET AND NUMBER OR RURAL LOCATION: 2177 Baker Station Road
CENSUS TRACT 14a. INSIDE CITY LIMITS? 1 [✓] Yes 2 [ ] No	14b. ZIP CODE: 37072	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [✓] No Specify, if yes:	15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10 College (1-4 or 5+):			
PARENTS 17. FATHER'S NAME (First, Middle, Last): Bruce Henry Sr.	18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Bowers		
INFORMANT 19a. INFORMANT'S NAME (Type/Print): Alvin C. York VA Hospital	19b. RELATIONSHIP TO DECEASED: None	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2400 Lebanon Pike, Murfreesboro, TN 37129	
DISPOSITION 20a. METHOD OF DISPOSITION: 1 [✓] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle TN State Vetrans Cemetery	20c. LOCATION-City or Town, State: Nashville, Tennessee	
21a. SIGNATURE OF FUNERAL DIRECTOR: Terrell Broady	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009	21c. SIGNATURE OF EMBALMER: Terrell Broady	21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc.; 3855 Clarksville Pike, Nashville, TN 37218	22b. LICENSE NUMBER OF FUNERAL HOME: 1137		
REGISTRAR 23. REGISTRAR'S SIGNATURE: Brenda Hughes, DR.	24. DATE FILED (Month, Day, Year): Dec 23, 2010		
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. 1 [✓] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER: MD24907AL	25c. DATE SIGNED (Month, Day, Year): Nov 22, 2010	
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)	
PHYSICIAN OR MEDICAL EXAMINER: EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.	27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Jyoti M. Patel, M.D., 3400 Lebanon Pike, Murfreesboro, TN 37129		

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

BIRTH NO.

FH-1088
REV. 2-83

RDA 1288

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jul-24-2024

016391562

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tennessee Certification of Electronic Document

I, Frank P. Dec 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 5/31/2024 . [date of document]

Affiant Signature

7/2/2024
Date

State of New York

County of Erie

Sworn to and subscribed before me this 2nd day of JULY , 2 024

Notary's Signature

MY COMMISSION EXPIRES:

NOTARY'S SEAL

JAMES ROALDI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RO6128100
Qualified in Erie County
Commission Expires June 06, 2025