Karen Johnson Davidson County
Batch# 1197002 AFFIDAVIT
10/23/2024 08:54:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20241023-0082271

After recording return to:
WFG Lender Services
2625 Townsgate Road, Suite 101
Westlake Village, CA 91361
File No. 2518626TN

This document prepared by:
John Windsor, Esq.
8940 Main Street
Clarence, NY 14031
866-333-3081

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BEFORE ME, the undersigned Notary Public, personally appeared **BEBEE P. GRACE**, of legal age, as the surviving spouse, "Affiant", who upon being duly sworn, deposes and states upon his/her oath and affirmation, the following:

1. My Name is **BEBEE P. GRACE** and I reside at 216 Lexington Way, Nashville, TN 37076.

2. I owned real property as a spouse with **JERRY WILSON GRACE,** my spouse, who, at the time of his demise, was one of the owners of such real property located in Davidson County, State of TN, described as follows:

BEING BUILDING ENVELOPE 216 ON THE PLAN OF LEXINGTON, A PLANNED UNIT DEVELOPMENT OF RECORD IN BOOK 6250, PAGE 340 AND 341, REGISTERS OFFICE FOR DAVIDSON COUNTY, TENNESSEE, LOCATED IN THE SECOND (2ND) CIVIL DISTRICT OF DAVIDSON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION.

Parcel ID No.: 064-12-0C-216-00

Property commonly known as: 216 Lexington Way, Nashville, TN 37076

BEING the same property conveyed by Deed from Zahra Parsa Ghafoorian Kia, Mahmood Ghafoorian Kia, and Abolghassem Ghafoorian Kia Administrator of the estate of Mahtab Ghafoorian Kia, dated 06/16/1995 and recorded 07/14/1995 in the County of Davidson, State of Tennessee in (Book) 9731 (Page) 274 unto Jerry W. Grace and wife, BeBee P. Grace.

3. **JERRY WILSON GRACE**, my deceased spouse, departed this life on 10/27/2017 as evidenced by a copy of the death certificate of the deceased attached hereto and we were continuously married up until the date of his death.

4. Affiant is the surviving spouse of the property described herein.

Dated this 12th **day of** OCTOBER **20**24.

Bebee P. Grace

Affiant - BEBEE P. GRACE

Subscribed, sworn to and acknowledged before me this 12th day of October, 2024 by BEBEE P. GRACE.

Angie Seriana

Notary Public

My Commission Expires: October 20, 2026

ANGIE SERIANA
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

Address of owner of the property:
Bebee P. Grace
216 Lexington Way
Nashville, TN 37076

Mail Tax Statements to:
Bebee P. Grace
216 Lexington Way
Nashville, TN 37076

Recordation Requested By:
WFG Lender Services
2625 Townsgate Rd, Suite 101
Westlake Village, California 91361

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 107392

DECEDENT

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
JERRY WILSON GRACE				MALE	10/27/2017

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
02:47 AM	83					11/06/1933	KIRKMANSVILLE, KENTUCKY

8a. PLACE OF DEATH: HOSPICE FACILITY

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
ALIVE HOSPICE AT SKYLINE - MADISON	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	BEBEE PHIPPS	SUPERVISOR	MANUFACTURING

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-1936	TENNESSEE	DAVIDSON	HERMITAGE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
216 LEXINGTON WAY	YES	37076	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

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
IVY GRACE SR.	BUNA WILSON

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
BEBEE GRACE	WIFE	216 LEXINGTON WAY, HERMITAGE, TENNESSEE 37076

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL REMOVAL FROM STATE	KENTUCKY VETERANS CEMETERY WEST	HOPKINSVILLE, KENTUCKY

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ MARY KATHERINE MOORE	5994	▶ /e/ Allison C Klotz	4856

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TENNESSEE 37138	540

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ LORI FERRANTI	11/01/2017

CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ ROBERT J BERKOMPAS	017891	10/31/2017

27d. NAME AND ADDRESS: ROBERT J BERKOMPAS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 37203

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.

			APPROXIMATE INTERVAL: ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	MALIGNANT MELANOMA OF SKIN	
		DUE TO (OR 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.		
		DUE TO (OR A CONSEQUENCE OF)	
	c.		
		DUE TO (OR 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? 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	NO	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-1659 (Rev 8/2017) RDA 10112

09495400

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 03 2017

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 9 4 9 5 4 0 0
Date Issued

CERTIFICATION OF VITAL RECORD

202410230082271

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 10/12/2021 (date of document).

Affiant Signature

10/12/2021
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 12 day of October, 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