Prepared By and Return To:
Shala Mayberry
Nations Direct Title Agency, LLC
1034 N. US Hwy 1, Suite D,
Ormond Beach, FL 32174
877.236.2973

Karen Johnson Davidson County
Batch# 1202407 AFFIDAVIT
11/06/2024 01:27:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20241106-0086380

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

BEFORE ME, the undersigned authority, on this 31 day of October, 2024, personally appeared Laurie S. Hardin, who being duly sworn, deposes and says:

1. THAT Affiant along with Affiant's spouse, Robert A. Hardin obtained title to the following described property on January 23, 2017 :

Land in Davidson County, Tennessee, being building Site No. 140, on the plan of Arden Place Section Two, of record in Book 4675, Page 119, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Address: 4400 Belmont Park Terrace, Unit 140, Nashville, TN 37215

2. THAT Affiant was married to the above named spouse prior to the date of acquisition of the aforesaid property, and they remained continuously married from that date up to and including, the date of death of said spouse.

3. THAT Affiant's spouse died of natural causes in Davidson County, Tennessee.

4. That all Federal and State taxes on the Estate of the decedent have been paid in full.

5. That Affiant has not, since remarried.

FURTHER THE AFFIANT, SAYETH NOT.

DATED this 31 day of October, 2024

Laurie S. Hardin
_Laurie S. Hardin

STATE OF Tennessee
COUNTY OF Davidson

Sworn to and subscribed before me by means of [✓] physical presence or [ ] online notarization, this 31st day of October, 2024 by Laurie S. Hardin who is/are personally know to me or who has/have produced Drivers License as identification.

Printed Name: Denise Delozier
Notary Public
My commission Expires: July 26, 2025

DENISE DELOZIER
STATE OF TENNESSEE NOTARY PUBLIC
CHEATHAM COUNTY

AM-HARDIN-LAURIE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 024804

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT — To be completed by Physician or Institution)

1. DECEDENT'S LEGAL NAME: ROBERT A HARDIN					2. SEX: MALE	3. DATE OF DEATH: 04/28/2019	
4. TIME OF DEATH (Approx.): 15:14	5a. AGE: 88	5b. UNDER 1 YEAR: Months / Days		5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 11/08/1930	7. BIRTHPLACE: KELAT, KY	
8a. PLACE OF DEATH: HOSPICE FACILITY							
8b. FACILITY NAME: THE RESIDENCE/ALIVE HOSPICE		8c. CITY OR TOWN: NASHVILLE				8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): LAURIE SHAW		11a. DECEDENT'S USUAL OCCUPATION: HEART SURGEON			11b. KIND OF BUSINESS/INDUSTRY: MEDICAL	
12. SOCIAL SECURITY NUMBER: -6728	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE		
13d. STREET AND NUMBER: 4400 BELMONT PARK TERRACE 140		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37215		14. WAS DECEDENT EVER IN US ARMED FORCES?: YES		
15. DECEDENT'S EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE				

PARENTS

18. FATHER'S NAME: THEODORE HARDIN	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: KATHRYN WHEELER

DISPOSITION

20a. INFORMANT'S NAME: LAURIE HARDIN	20b. RELATIONSHIP TO DECEDENT: WIFE	20c. MAILING ADDRESS: 4400 BELMONT PARK TERRACE 140, NASHVILLE, TN 37215
21a. METHOD OF DISPOSITION: ENTOMBMENT	21b. PLACE OF DISPOSITION: WOODLAWN MEMORIAL PARK	21c. LOCATION: NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ KENNETH HODGES	22b. LICENSE NUMBER: 3691	22c. SIGNATURE OF EMBALMER: ▶ /e/ Allison C Klotz	22d. LICENSE NUMBER: 4856
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407			23b. LICENSE NUMBER: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 05/06/2019

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: ▶ /e/ EMILY DENNISON, M.D.	27b. LICENSE NUMBER: 53218	27c. DATE SIGNED: 05/02/2019

27d. NAME AND ADDRESS: EMILY DENNISON, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216

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.) 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. COMPLICATIONS OF BLUNT FORCE TRAUMA	
	DUE TO (OR A CONSEQUENCE OF)	
	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: ACCIDENT	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN	32. IF FEMALE: N/A	
33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY: 03/26/2019	34b. TIME OF INJURY: UNKNOWN	34c. INJURY AT WORK?: NO
	34d. PLACE OF INJURY: ASSISTED LIVING FACILITY		
	34e. DESCRIBE HOW INJURY OCCURRED: DECEDENT HAD UNWITNESSED FALL	34f. LOCATION OF INJURY: 4206 STAMMER PLACE, NASHVILLE, TN	

PH-1659 (Rev. 8/2017) RDA 10112

11118756

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

1 1 1 1 8 7 5 6
Date Issued MAY 0 2 2019

CERTIFICATION OF VITAL RECORD

202411060086380

NATIONS DIRECT
TITLE AGENCY

CERTIFICATION PAGE

Reference:

AM-HARDIN-LAURIE
Laurie S. Hardin
4400 Belmont Park Terrace, Unit 140, Nashville, TN 37215

I, Erica Bertrand, do hereby make oath that I am 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 this 31st day of October, 2024.

Erica Bertrand

Date: October 31, 2024

State of Florida

County of Volusia

Sworn to and subscribed before me on this 31st day of October, 2024.

ADAM L. LINDQUIST
Notary Public-State of Florida
Commission # HH 593620
My Commission Expires
October 05, 2028

Adam L. Lindquist

MY COMMISSION EXPIRES: 10/05/2028

NOTARY'S SEAL