THIS INSTRUMENT PREPARED BY: Carolyn Dale, Attorney at Law* c/o Betters Law Firm PLLC 800 Town & Country Boulevard, Suite 500 Houston, Texas 77024	WHEN RECORDED RETURN TO: BCHH, 181 Montour Run Road, Coraopolis, PA 15108	Map & Parcel No. 042 07 0A 022.00

Karen Johnson Davidson County
Batch# 1205636 AFFIDAVITH
11/15/2024 01:37:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20241115-0089228

Affidavit of Death

STATE OF Tennessee
COUNTY OF Davidson

I, Lester E. Creamer, Jr., residing at 708 Heritage Square Drive, Madison, TN 37115, being of legal age, depose and say that:

That Romona McIntyre Creamer died on 12/04/2018 as evidenced by a certified copy of the Certificate of Death, attached hereto:

That I am the successor to the estate of the decedent and to the decedents interest in funds held by various institutions and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Davidson, TN for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

I certify under penalty of perjury under the laws of the State/Commonwealth of TN that I know the contents of this Affidavit signed by me and that the statements are true and correct.

24175107

EXECUTED this 24 day of JULY, 2024.

Lester E. Creamer Jr

Lester E. Creamer, Jr., Affiant

THE STATE OF Tennessee §
§
COUNTY OF Davidson §

Sworn to and subscribed before me this 24 day of July, 2024, by Lester E Creamer Jr.

NOTARY PUBLIC

(Seal)

My Commission Expires: 1-24-2028

DERRICK M. BRADSHAW
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 068254

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
ROMONA MCINTYRE CREAMER			FEMALE	12/04/2018

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
08:20 PM	69					03/17/1949	NASHVILLE, TN

8a. PLACE OF DEATH: HOSPICE FACILITY

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

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give maiden name)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	LESTER CREAMER	CONSUMER OPERATIONS SPECIALIST	SUNTRUST

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

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
708 HERITAGE SQUARE DR	YES	37115	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
UNKNOWN	MABEL ANN WRIGHT

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
LESTER CREAMER	HUSBAND	708 HERITAGE SQUARE DR., MADISON, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	FOREST LAWN MEMORIAL GARDENS	GOODLETTSVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
/s/ MILENA SMITH	5280	/s/ MELINDA CRAWFORD	5233

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
FOREST LAWN FUNERAL HOME, 1100 S DICKERSON RD, GOODLETTSVILLE, TN 37072	027

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
/s/ EDWARD G BISHOP III	12/11/2018

CERTIFIER

26. CERTIFIER

20a. ☒ PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
20b. ☐ 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/LAST EXAMINED AND FIRST VIEWED TIMES

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
/s/ LAURA THARPE	048442	12/11/2018

27d. NAME AND ADDRESS
LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 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 ENTERING THE UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED THE EVENTS) WHICH GAVE RISE TO THEM.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METASTATIC BREAST CANCER	
DUE TO (OR AS A CONSEQUENCE OF)	b.	
DUE TO (OR AS A CONSEQUENCE OF)	c.	
DUE TO (OR AS A CONSEQUENCE OF)	d.	

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

28a. WAS AN AUTOPSY PERFORMED? NO

28b. 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	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

35. LOCATION OF INJURY

VH-1050 (Rev 6-2017) RDA 10112

10606784

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.

1 0 6 0 6 7 8 4

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued DEC 11 2018

SEAL OF THE STATE OF TENNESSEE — DEPARTMENT OF HEALTH

CERTIFICATION OF VITAL RECORD

202411150089228

Tennessee Certification of Electronic Document

I, Rob Newman, 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 7-24-2024 (date of document).

Affiant Signature

8-16-2024
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 16th day of August, 2024.

Thomas E Workman
Notary's Signature

MY COMMISSION EXPIRES: 2-10-2025

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
THOMAS E. WORKMAN, Notary Public
Beaver County
My Commission Expires February 10, 2025
Commission Number 1391170