This instrument was prepared by:
Johnny Ellis Attorney-at-Law
3844 Old Hickory Blvd.
Old Hickory, TN 37138
615-847-2000
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Karen Johnson Davidson County
Batch# 1223145 AFFIDAVITH
01/03/2025 02:38:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20250103-0000742

AFFIDAVIT OF SURVIVORSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, **CONNIE S. BENSON**, after first being duly sworn, states that:

1. I am an adult citizen and resident of Davidson County, Tennessee residing at: 907 Lawrence St, Old Hickory, TN. 37138

2. I am the Co-Tenant and surviving spouse of **BYRON S. BENSON**, *deceased*, have personal knowledge of the facts stated herein, and am otherwise competent to make this affidavit.

3. **BYRON S. BENSON** (The Deceased) died on August 28, 2024, in Davidson County, Tennessee. A certified copy of his death Certificate is Attached hereto as **Exhibit "A"**

4. At the time of her death, **BYRON S. BENSON** and myself, **CONNIE S. BENSON,** were husband and wife, and Tenants by the entireties in a certain tract or parcel of land in Davidson County, Tennessee described Book 8366, page 668, RODC, TN, as follows:

   See Attached Legal Description Exhibit "B"

5. This Affidavit of Survivorship is given to record the death of **BYRON S. BENSON**, and the survivorship of **CONNIE S. BENSON**, to reflect that **CONNIE S. BENSON** is now the sole owner of the real property described in **Exhibit "B"** attached hereto.

Further Affaint Saith Not.

Connie S. Benson 1/3/25

CONNIE S. BENSON, Affiant Date

Tax Map# 044 15 0 / 150.00

Send Tax bill to:

Name: *CONNIE S. BENSON.*
Address: *907 Lawrence St*
Old Hickory, TN. 37138

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, Leroy J. Ellis IV, the undersigned, a notary public in the state of Tennessee, personally appeared CONNIE S. BENSON, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

Subscribed and sworn to before me, this the 3rd day of January, 2025.

LEROY JOHNSTON ELLIS IV
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

NOTARY PUBLIC
My Commission Expires: 01/24/2028

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2024 053548

1. Decedent's Legal Name: BYRON S. BENSON		2. Sex: MALE	3. Date of Death: 08/28/2024
4. Time of Death (Approx.): 15:46	5a. Age: 71	6. Date of Birth: 09/12/1952	7. Birthplace: NASHVILLE, TN
8a. Place of Death: INPATIENT			
8b. Facility Name: CENTENNIAL MEDICAL CENTER	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): CONNIE THOMPSON	11a. Decedent's Usual Occupation: OWNER	11b. Kind of Business/Industry: PAINTING
12. Social Security Number: 126	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: OLD HICKORY
13d. Street and Number: 907 LAWRENCE STREET	13e. Inside City Limits?: YES	13f. Zip Code: 37138	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: HOMER EARL BENSON JR		19. Mother's Name Prior to First Marriage: MARY	
20a. Informant's Name: CONNIE S. BENSON	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 907 LAWRENCE STREET, OLD HICKORY, TN 37138	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: HERMITAGE MEMORIAL GARDENS	21c. Location: OLD HICKORY, TN	
22a. Signature of Funeral Director: ▶ /e/ ASHLEY ANN LUER	22b. License Number: 16204	22c. Signature of Embalmer: ▶ /e/ REBECCA SMITH	22d. License Number: 6672
23a. Name and Address of Funeral Home: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138			23b. License Number: 540
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 09/03/2024	

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: ▶ /e/ JENNIFER A JOHNSON	27b. License Number: 042435	27c. Date Signed: 08/30/2024
27d. Name and Address: JENNIFER A JOHNSON 2300 PATTERSON STREET, NASHVILLE, TN 37203		

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. ALVEOLAR HEMORRHAGE WITH HYPOXIC RESPIRATORY FAILURE	2 WEEKS
	b. ST ELEVATION MYOCARDIAL INFARCTION WITH CARDIOGENIC SHOCK AND CARDIAC ARREST	
	c. CORONARY ARTERY DISEASE	
	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: NATURAL	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: 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-1659E

RDA 10112

EXHIBIT A

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.

Date Issued: Oct-22-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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

EXHIBIT "B"
LEGAL DESCRIPTION

Land in Davidson County, Tennessee, being Lot No. 267 on the Plan of Section "A", E. I. du Pont de Nemours and Company's Subdivision as shown of record in Book 1424, page 60, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete description.

Being all the same property conveyed to Byron S. Benson, and wife, Connie S. Benson, by Warranty Deed from George McLin, and wife, Thelma B. McLin, dated May 29th, 1991, and of record in Book 8366, page 668, Register's Office for Davidson County, Tennessee.

Davidson County Tax Map:
044 15 0 / 150.00

Property Address:
907 Lawrence St.
Old Hickory, TN. 37138

CERTIFICATE of AUTHENTICITY

I, **Leroy Johnston Ellis, IV** do hereby make oath that I am an Attorney licensed in the State of Tennessee, Bar # 017968, and 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 Jan 3 2025.

Leroy Johnston Ellis, IV, Affiant

Jan 3, 2025
Date

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Sworn to and subscribed before me this 3rd day of January, 2025.

Cheryl Denise Whitfield
NOTARY PUBLIC

My Commission Expires: 09/05/2028

CHERYL DENISE WHITFIELD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

This Certificate Prepared by:
Johnny Ellis, Attorney-at-Law
3844 Old Hickory Blvd.
Old Hickory, TN. 37138
(615) 847-2000
Johnny@LJELAW.com