Karen Johnson Davidson County
Batch# 1229939 AFFIDAVIT
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20250124-0005556

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File No. ARS-109547

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF Tennessee
COUNTY OF Davidson

I, **Paula Heidebreicht** ("Affiant"), whose mailing address is 1032 Fitzpatrick Road, Nashville, TN 37214, being of legal age of consent and competent to make this Affidavit, and I am familiar with the past ownership and occupancy of the real property described below in this Affidavit, being duly sworn, depose and say as follows:

That **Francine Antonacci**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Francine Antonacci**, named as one of the parties in that certain Quitclaim Deed dated January 24, 2008, executed by Francine Antonacci, single and Paula Heidebreicht, single and Myjo Lynn Kimmons, Trustee to **Francine Antonacci and Paula Heidebreicht, as joint tenants with rights of survivorship**, recorded at Instrument No. 20080307-0023021, on March 7, 2008, in the Office of the County of Davidson County, State of Tennessee, concerning the following described real estate described below:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS:

BEING Lot No. 351 on the Plan of Section Seven, Larchwood of record in Plat Book 6900, Page 274, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete legal description.

Parcel ID: 108 04 0 189.00

Commonly known as 1032 Fitzpatrick Road, Nashville, TN 37214

Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Davidson County, Tennessee.

Affiant declares that the foregoing is true and correct.

Paula Heidebreicht

Paula Heidebreicht

STATE OF Tennessee

COUNTY OF Davidson

Subscribed and sworn to (or affirmed) before me on this 9th day of December 2024, by **Paula Heidebreicht**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature J. Warren Evans

FOR NOTARY STAMP

My Commission Expires
May 8, 2028

Prepared by: Thomas Granville McCroskey, Esq., Tennessee Bar No. 15569, Cordell Law LLC, 5315 N Clark Street #173, Chicago, IL 60640, (866) 363-3337.

The preparer of this instrument has neither been requested to nor has the preparer conducted a title search or an inspection of the real property transferred hereby. No representations or warranties as to accuracy of the description, the status of title or condition of the real property have been made by the preparer.

J. WARREN EVANS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 007668

1. Decedent's Legal Name			2. Sex	3. Date of Death
FRANCINE ANTONACCI			FEMALE	02/06/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
12:06 PM	72	01/01/1951	CORNING, NY	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE		HERMITAGE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
NEVER MARRIED		AREA MANAGER AND ADVISOR	GENERAL MOTORS	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
1032 FITZPATRICK ROAD	YES	37214	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
FRANK ANTHONY ANTONACCI		ROSE MARY QUATTRINI		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
PAULA HEIDEBREICHT	PARTNER	1032 FITZPATRICK ROAD, NASHVILLE, TN 37214		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ KENNETH HODGES	3691	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138			540	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		02/09/2023		

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	27b. License Number	27c. Date Signed
▶ /e/ TOBY RAY SMITH	38068	02/08/2023

27d. Name and Address
TOBY RAY SMITH 5651 FRIST BLVD, SUITE 309, NASHVILLE, TN 37076

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 listen on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**	a. ANOXIC BRAIN INJURY	
	b. CARDIAC ARREST	
	c. ACUTE AND CHRONIC RESPIRATORY FAILURE	
	d. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	

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	YES	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			34f. Location of Injury

PH-1659E RDA f0112

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.

14798925

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Feb-10-2023

CERTIFICATION OF VITAL RECORD

202501240005556

Tennessee Certification of Electronic Document

I, Sylvia Flake, 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 12/9/2024 (date of document).

Affiant Signature

01/15/2025
Date

State of California

County of Placer

Sworn to and subscribed before me this 15th day of January, 2025.

Notary Public: Marissa M Kale

My Commission Expires: 03-17-2025

MARISSA M. KALE
COMM. # 2352039
NOTARY PUBLIC • CALIFORNIA
PLACER COUNTY
Comm. Exp. MAR. 17, 2025

NOTARY'S SEAL