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20250213-0010871

File No. ARS-108870

Affidavit of Continuous Marriage

Before me, the undersigned Notary Public, appeared **Laura Love Ware** (hereinafter "Affiant"), who states that she has personal knowledge of the facts and matters set forth herein.

Affiant is over the age of eighteen (18) years and makes this Affidavit in connection with the conveyance of property known as 493 Rockwood Drive, Hermitage, TN 37076, and more particularly described in "Exhibit A" attached hereto.

That Affiant is the surviving spouse of WALTER ROBERT WARE, JR.

That Affiant is one and the same person as that certain grantee who took title to the property described in "Exhibit A" attached hereto, together with WALTER ROBERT WARE, JR, as husband and wife, by Warranty Deed dated December 23, 1996, and recorded December 30, 1996 among the Land Records of Davidson County, State of Tennessee in Book 10303, Page 63 Instrument No. 0259526.

Affiant further states that she is executing this Affidavit for the purpose of establishing in the public records that she was married to WALTER ROBERT WARE, JR and such marriage was continuous and uninterrupted from the date they acquired title to the property described in "Exhibit A" attached hereto, through the date of his death, that being April 18, 2010.

Affiant is aware that grantee/lender and STEWART TITLE GUARANTY COMPANY (hereinafter "Underwriter") are relying upon this Affidavit to issue title insurance policies without exception to the matter(s) noted above. Affiant does hereby indemnify Underwriter against any loss or damage occasioned as of reliance upon this Affidavit (including attorneys' fees and costs) caused as a result of any inaccuracies contained in this Affidavit.

Affiant is familiar with the nature of an oath and with the penalties provided by the laws of the State of Tennessee for falsely swearing to statements made in an Affidavit of this nature. Affiant further certifies that she has read this Affidavit and completely understands its contents.

Affiant declares that the foregoing is true and correct.

Laura Love Ware

Laura Love Ware

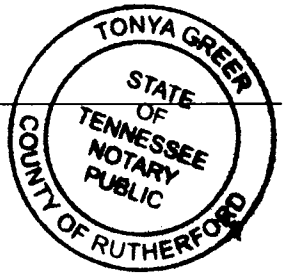
STATE OF Tn

COUNTY OF Davidson

Subscribed and sworn to (or affirmed) before me on this 19 day of December, 2024, by **Laura Love Ware**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature



FOR NOTARY STAMP

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.

Title No: ARS-108870

LEGAL DESCRIPTION

EXHIBIT "A"

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 26, ON THE PLAN OF SECTION THREE, HERMITAGE WOODS, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 5050, PAGE 109 AND 110, AMENDED IN BOOK 5285, PAGE 11, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION. BEING THE SAME PROPERTY CONVEYED TO NANCY M HENDERSON BY DEED OF RECORD IN BOOK 8830, PAGE 722, QUIT-CLAIM DEED IN BOOK 8830, PAGE 720 AND QUIT-CLAIM DEED IN BOOK 8810, PAGE 232 AND DEED OF RECORD IN BOOK 5712, PAGE 40 REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE. THE SAID NANCY M HENDERSON HAVING SINCE DIED INTESTATE LEAVING HER ONLY HEIR, MAVIS LAWTEY. THIS CONVEYANCE IS MADE SUBJECT TO: TAXES FOR THE YEAR 1997 AND SUBSEQUENT YEARS, A LIEN, BUT NOT YET DUE AND PAYABLE. RESTRICTIVE COVENANTS CONTAINED IN AN INSTRUMENT OF RECORD IN BOOK 5211, PAGE 812, AMENDED IN BOOK 6145, PAGE 135, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TN. THIS IS IMPROVED PROPERTY KNOWN AS 493 ROCKWOOD DRIVE, HERMITAGE, TN 37076

Parcel ID: 086-12-0-003 (ALT - 78764)

Commonly known as: 493 Rockwood Drive, Hermitage, TN 37076

However, by showing this address no additional coverage is provided

Being the same property conveyed to WALTER ROBERT WARE, JR AND WIFE, LAURA LOVE WARE from MAVIS LAWTEY by Warranty Deed dated December 23, 1996 and recorded December 30, 1996 among the Land Records of Davidson County, State of Tennessee in Book 10303, Page 63 Instrument No. 0259526.

Walter R. Ware, Jr. departed this life on April 18, 2010 leaving Laura Love Ware as surviving tenant by the entirety.

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — 10023[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Walter R. Ware Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 18, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5. AGE - LAST BIRTHDAY (Years): 65 — 5a. UNDER 1 YEAR (MOS / DAYS) — 5b. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): June 4, 1944
7. BIRTHPLACE (City and State or Foreign Country): Daytona Beach, Florida
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA — OTHER 4 Nursing Home 5 Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at Skyline Madison
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Laura P. Love
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): State Employee
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 493 Rockwood Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — College (1-4 or 5+): 1

NAME OF DECEDENT — For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter R. Ware, SR.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Williams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Laura Ware
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 493 Rockwood Drive Hermitage TN 37076-

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify): _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Wilson Co. Memorial Gardens
20c. LOCATION—City or Town, State: Lebanon, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendy Hellum
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3548
21c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5102
22a. NAME AND ADDRESS OF FUNERAL HOME: J.C. Hellum Funeral Home LLC 107 Stokes St., Lebanon, Tennessee 37087-
22b. LICENSE NUMBER OF FUNERAL HOME: 478

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): April 21, 2010

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Wendy Knowlton MD
25b. LICENSE NUMBER: 17558
25c. DATE SIGNED (Month, Day, Year): April 21, 2010
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Wendy Knowlton MD, 500 Hospital Dr. 2nd Floor, Madison TN 37115

CAUSE OF DEATH

28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Non-Small Cell Lung Cancer — DUE TO (OR AS A CONSEQUENCE OF): — dx 12/2005

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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 resulting in the underlying cause given in Part I: Tobacco abuse, COPD, HTN, bronchopleural fistula

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6/99)

BIRTH NO _____

RDA 1399

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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.

7201634

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7201634

Date Issued 9/8/2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

20250213001087l

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 12/19/2024 (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