Karen Johnson Davidson County
Batch# 1242645 AFFIDAVIT
03/03/2025 03:33:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20250303-0015810

AFFIDAVIT OF DEATH

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned authority, on this 14 day of February, 2025, personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is **William M. Dodson**, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, **Miranda Delane Dodson**, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed dated August 30, 1994, recorded September 1, 1994, in Book: 9454 and Page: 9, as Document/Instrument No. 87240, in the Official Records of **Davidson** County, State of **Tennessee**, to wit:

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

LAND IN DAVIDSON COUNTY, TN, BEING LOT NO. 484 ON THE PLAN OF BRADFORD HILLS, SECTION THIRTEEN, OF RECORD IN BOOK 7900, PAGE 6; AMENDED IN BOOK 7900, PAGE 661, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.
PARCEL ID NO: 172-12-0B-306-00

For Title reference see deed dated August 30, 1994, recorded September 1, 1994, in Book: 9454 and Page: 9, as Document/Instrument No. 87240, in the Official Records of Davidson County, State of Tennessee

Commonly known as: 508 Call Hill Place, Nashville, TN 37211

"3. That my spouse and I were married prior to August 30, 1994, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death **July 13, 2020**.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his death.

"5. That Affiant gives this Affidavit for the purpose of inducing Westcor Land Title

Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Westcor Land Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

William M. Dodson

WILLIAM M. DODSON

STATE OF TN

COUNTY OF Davidson

On this 14 day of February, 2025, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was Driver License to be the persons whose names are signed on the preceding document, and acknowledged to me that they signed it voluntarily and for its stated purpose.

Printed Name:

Notary Public, State of TN,
County of: Maury
Davidson

My Commission Expires: 10/25/2028
Acting in the County of: Maury

KEITH D. MCDUFFIE
STATE OF TENNESSEE NOTARY PUBLIC
MAURY COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 042461

1. Decedent's Legal Name			2. Sex	3. Date of Death
MIRANDA DELANE DODSON			FEMALE	07/13/2020
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
08:00 PM	65	06/27/1955	FAYETTEVILLE, NC	
8a. Place of Death				
ER/OUTPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
TRISTAR SOUTHERN HILLS MEDICAL CENTER		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	WILLIAM MICHAEL DODSON	HOUSEWIFE	HOME	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
239-94-9917	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
508 CALL HILL PLACE		YES	37211	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
KENNETH ANDRE HAIGLER		MARY LUCILLE MCLAURIN		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
WILLIAM MICHAEL DODSON	HUSBAND	508 CALL HILL PLACE, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	ELLIS CREMATORY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ TERRELL ANDRE BROADY	4009	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
TERRELL BROADY FUNERAL HOME, INC., 3855 CLARKSVILLE PIKE, NASHVILLE, TN 37218-2219			1137	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		07/21/2020		

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/ MICHAEL MILLER	000845	07/21/2020

27d. Name and Address
MICHAEL MILLER 66130 NOLENSVILLE PIKE, NASHVILLE, TN 37211

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. BREAST CANCER	
	b.	
	c.	
	d.	

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

END STAGE RENAL DISEASE,ANEMIA OF CHRONIC DISEASE , CARDIAC MYOPATHY

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	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			**34f. Location of Injury**

HH-1668 (Rev. 8/2017) RDA 10112

12049690

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 0 4 9 6 9 0

Date Issued: Jul-21-2020

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

2025030900413810

COPY NOT VALID FOR OFFICIAL USE

Tennessee Certification of Electronic Document

I, Emma Morrison, 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 02/14/2025 (date of document).

Affiant Signature

02/20/2025
Date

State of Rhode Island

County of Providence

Sworn to and subscribed before me this 20 day of February, 2025.

MICHELLE MEDEIROS
Notary Public-State of Rhode Island
ID# 772401
My Commission Expires
August 15, 2028

Notary's Signature

MY COMMISSION EXPIRES: 08/15/2028

NOTARY'S SEAL