Karen Johnson Davidson County
Batch# 1254902 AFFIDAVIT
04/01/2025 03:06:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20250401-0024774

Prepared By:
John Warren Sr.
Liberty 1 Lending Inc.
33101 Schoolcraft Road
Livonia, MI 48150
(800) 226-6308

CONTINUOUS MARRIAGE AFFIDAVIT

Tenancy by the Entirety

STATE OF TENNESSEE)
) SS.
COUNTY OF DAVIDSON)

Pamela G. Wilkerson, hereinafter called Affiant, being duly sworn states that she resides at:

7712 Dan Kestner Dr., Nashville, TN 37221

That Affiant was married to Michael D. Wilkerson when they acquired title to the subject property by deed dated 05/13/1996 ("Acquisition Date"), and recorded as Book 10048, Page 489, in the official records of Davidson County, State of Tennessee;

That the Affiant held title as married, Tenants by the Entirety;

That the Affiant remained continuously married (without interruption by divorce) from the Acquisition Date through the date of Michael D. Wilkerson's death;

Subject property is located in Davidson County, Tennessee, described as:

A CERTAIN TRACT OR PARCEL OF LAND, TOGETHER WILL ALL TENEMENTS, HEREDITAMENTS AND APPURTENANCES THERETO LOCATED IN DAVIDSON COUNTY, STATE OF TENNESSEE, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEING LOT NO. 4 ON THE PLAN OF FIRST REVISION OF MEADE VUE AS OF RECORD IN PLAT BOOK 9700 AT PAGE 58, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.

That Affiant executes this Affidavit in order to induce First American and its Agent to make a complete settlement on the Property and issue its policy or policies of title insurance.

AFFIANT:

Pamela G. Wilkerson 3/7/2025
Pamela G. Wilkerson Date

Continuous Marriage Affidavit T by E, cont.

I HEREBY CERTIFY, That on this 7 day of March , 2025 before me, the subscriber, a Notary Public of the State aforesaid, personally appeared Pamel G. Wilkerson known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and who made oath before me as to the matters certified herein, and acknowledged that he/she executed the Affidavit for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Seal

J. WARREN EVANS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

[Print Name] J. Warren Evans

NOTARY PUBLIC
Commission Expires: May 8, 2028

My Commission Expires
May 8, 2028

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 004093

1. Decedent's Legal Name			2. Sex	3. Date of Death
MICHAEL DAVID WILKERSON			MALE	01/15/2020
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
09:41 AM	69	05/28/1953	NASHVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		8c. City or Town		8d. County of Death
TRISTAR CENTENNIAL 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	PAMELA MORRIS	FIREMAN		DAVIDSON COUNTY FIRE
12. Social Security Number	13a. Residence State or Foreign Country	13b. County		13c. City or Town
-4368	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
7712 DAN KESTNER DRIVE		YES	37221	YES
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
JOHN DULIN WILKERSON		EDITH ELIZABETH GLEAVES		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
PAMELA WILKERSON	WIFE	7712 DAN KESTNER DRIVE, NASHVILLE, TN 37221		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
BURIAL	HARPETH HILLS MEMORY GARDENS	NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ DENNY SHEPARD	4995	▶ /e/ Rebecca Smith		6672
22e. Name and Address of Funeral Home				22e. License Number
NASHVILLE CREMATION CENTER, 8120 SAWYER BROWN ROAD, #108, NASHVILLE, TN 37221				1319
24. Registrar's Signature			25. Date Filed	
▶ /e/ EDWARD G BISHOP III			01/27/2020	

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/ SUZETTE PANTON	040794	01/24/2020

27d. Name and Address

SUZETTE PANTON 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. REFRACTORY SHOCK	1 DAY
	b. ACUTE PULMONARY EMBOLISM	1 DAY
	c.	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	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

TN-VRE (Rev. 8/2019)

RDA 1012

766675

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

1176675

Date Issued: Jan-27-2020

202504010024774

Tennessee Certification of Electronic Document

I, Hana Neill, 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 3-7-25. (date of document).

Affiant Signature

3-10-25

Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 10th day of March, 2025.

Notary's Signature

MY COMMISSION EXPIRES: 1-25-2027

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
ELIZABETH TOBER - Notary Public
Allegheny County
My Commission Expires January 25, 2027
Commission Number 1427746