Karen Johnson Davidson County
Batch# 1265874 AFFIDAVIT
04/30/2025 08:41:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20250430-0033192

After Recording Return to:
WFG Lender Services
5000 Legacy Drive, Suite #190, Plano, TX 75024
Order No.: 2614606TN
PID Number: 041-07-0-062-00

AFFIDAVIT OF CONTINUOUS MARRIAGE – DECEASED SPOUSE

BEFORE ME, the undersigned authority, on this 21st day of April, 2025, personally appeared DEBORAH J ZIMMERLEE, an married person, who being first duly sworn upon oath, deposes and says:

1. That Affiant and RONALD FREEMAN ZIMMERLEE were wife and husband upon obtaining title to the following described property:

See Exhibit "A" attached hereto and made a part hereof

2. That Affiant and RONALD FREEMAN ZIMMERLEE, remained married to each other continuously, without interruption from the date of taking title to subject property until the date of death on MAY 12, 2017.

3. That this Affidavit is made for the express purpose of inducing WFG National Title Insurance Company and/or its duly appointed agents to issue a Policy on the above described property and made under the full apprehension of the law, with the intent that full faith and credit is to be given to the contents thereof by WFG National Title Insurance Company, its agents or its attorneys.

FURTHER AFFIANTS SAYETH NOT.

Deborah J Zimmerlee
Affiant Signature – DEBORAH J ZIMMERLEE

ACKNOWLEDGEMENT

STATE OF Tennessee)
) SS:
COUNTY OF Davidson)

Before me, a Notary Public in and for said County and State, personally appeared Deborah J. Zimmerlee who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this 21st day of April, 2025

Signature Karen R. Campbell
Printed Karen R. Campbell
My Commission Expires: Sept. 8, 2025

KAREN R. CAMPBELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires Sept. 8, 2025

EXHIBIT "A"
LEGAL DESCRIPTION

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 355 ON THE PLAN OF BELLSHIRE ESTATES SUBDIVISION, SECTION A, AS OF RECORD IN BOOK 2331, PAGES 115 AND 116, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE. SAID LOT NO. 355 BEGINS AT A POINT IN THE NORTHWEST MARGIN OF SUSSEX DRIVE THE COMMON FRONT CORNER OF LOTS NOS. 353 AND 355; THENCE NORTHWEST 196.9 FEET TO A POINT, THE COMMON REAR CORNER OF LOTS NOS. 353 AND 355; THENCE EASTERLY 216.8 FEET TO A POINT IN THE WESTERLY MARGIN OF RUGSBY DRIVE, BEING THE COMMON FRONT CORNER OF LOTS NOS. 355 AND 356; THENCE SOUTH, ALONG A SLIGHT CURVE IN SAID MARGIN 99.2 FEET TO A POINT, THE BEGINNING OF A CURVE, THENCE 36.7 FEET AROUND SAID CURVE, HAVING A RADIUS OF 25 FEET, TO A POINT IN THE NORTHWEST MARGIN OF SUSSEX DRIVE; THENCE ALONG SAID MARGIN SOUTHWESTERLY 138.7 FEET TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE.

THIS BEING THE SAME PROPERTY CONVEYED TO RONALD F. ZIMMERLEE AND WIFE, DEBORAH J. ZIMMERLEE BY DEED FROM NORMA SUE FRANCK, UNMARRIED DATED SEPTEMBER 23, 1976 AND RECORDED SEPTEMBER 30, 1976 UNDER (BOOK) 5073 / (PAGE) 909 OF THE DAVIDSON COUNTY, TN RECORDER'S OFFICE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ronald Freeman Zimmerlee
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 12, 2017
4. TIME OF DEATH (Approx.): 04:55
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 28, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 4040 Sussex Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Deborah Jean Hollis
11a. DECEDENT'S USUAL OCCUPATION: Owner
11b. KIND OF BUSINESS/INDUSTRY: Janitorial Supply Business
12. SOCIAL SECURITY NUMBER: 3523
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4040 Sussex Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): James Edward Zimmerlee
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nellie Flexter Wallace

20a. INFORMANT'S NAME: Deborah Jean Zimmerlee
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4040 Sussex Drive, Nashville, Tennessee 37207

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nathaniel Holman
22b. LICENSE NUMBER: 5974
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Cremation Center, 8120 Sawyer Brown Road-Suite108, Nashville, TN 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 1319

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Paca Russell (DR)
25. DATE FILED (Month, Day, Year): 05/17/2017

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

27a. SIGNATURE OF CERTIFIER: ▶
27b. LICENSE NUMBER: 52952
27c. DATE SIGNED (Month, Day, Year): 5/15/17
27d. NAME AND ADDRESS: Sasha Bowers, M.D. 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

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)	a. CONGESTIVE HEART FAILURE, UNSPECIFIED	
Due to (or as a consequence of)		
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	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.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, off co. building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

09218223

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.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 2 1 8 2 2 3
Date Issued: MAY 17 2017

CERTIFICATION OF VITAL RECORD

202504300033192

Tennessee Certification of Electronic Document

I, Jessica Ursitz, 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 4-22-2025 (date of document).

Affiant Signature

4/22/25
Date

State of PA

County of Allegheny

Sworn to and subscribed before me this 22 day of April, 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