Karen Johnson Davidson County
Batch# 1311604 AFFIDAVIT
08/19/2025 09:43:30 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20250819-0066067

AFFIDAVIT OF CONTINUOUS MARRIAGE

BEFORE ME, the undersigned authority, personally appeared Don Earl Crutchfield (Affiant), who after having been duly sworn according to law, deposed and stated as follows:

1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

Property Address: 3918 Creekside Drive, Nashville, TN 37211
Tax/Parcel ID No.: 148 10 0 049.00

2. At the time Affiant acquired title to the Property, Affiant was married to Nancy Carolyn Crutchfield and remained continuously married to him/her without interruption up to the date of his/her death.

3. Affiant states and acknowledges that he/she is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this affidavit and understands its context.

4. Affiant acknowledges that this affidavit is made for the purpose of providing title insurance and shall be relied upon by FNC Title Services, LLC.

Don Earl Crutchfield
Don Earl Crutchfield

STATE OF TN, COUNTY OF Davidson, to wit:

Subscribed and sworn to before me this 17 day of July, 2025
by Don Earl Crutchfield who is personally known to me.

Laura Machado
Notary

My commission expires: 01.24.2028

LAURA MACHADO
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 01/24/2028
DAVIDSON COUNTY

ARS. 117993 1 of 3

This Affidavit was Prepared by *
an employee of FNC Title Services, LLC,
1300 Piccard Drive, Suite 105
Rockville, MD 20850
* Josalyn Pagonis

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 056736

1. Decedent's Legal Name			2. Sex	3. Date of Death
NANCY CAROLYN CRUTCHFIELD			FEMALE	09/13/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
01:30 AM	78	06/10/1946	NASHVILLE, TN	
8a. Place of Death				
HOSPICE FACILITY				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
ALIVE HOSPICE		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	DON EARL CRUTCHFIELD	CLAIMS	HEALTHCARE	
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?**	
3918 CREEKSIDE DRIVE	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	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
SAMUEL FITZGERALD STEPHENS		VIDA MAI STEVERSON		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
DON EARL CUTCHFIELD	HUSBAND	3918 CREEKSIDE DRIVE, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	SPRING HILL CEMETERY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ KYLE PETE	6530	▶ /e/ MELINDA CRAWFORD	5230	
23a. Name and Address of Funeral Home			**23b. License Number**	
SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216			1046	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		09/17/2024		

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/ JOEL SHACKSON	66385	09/16/2024

27d. Name and Address

JOEL SHACKSON 1718 PATTERSON ST, 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. GLIOBLASTOMA	
	b.	
	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	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 10112

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Date Issued: Sep-17-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

016521714

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 07/17/2025 (date of document).

Affiant Signature

08/5/2025
Date

State of California

County of Placer

Sworn to and subscribed before me this 5th day of August, 2025.

MARISSA KALE
Notary Public - California
Yuba County
Commission # 2521465
My Comm. Expires May 26, 2029

Notary's Signature - Marissa Kale

My Commission Expires: May 26, 2029

NOTARY'S SEAL