Karen Johnson Davidson County
Batch# 1322890 AFFIDAVIT
09/16/2025 01:01:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20250916-0073906

File Number 25187773

Please return after recording to:
BCHH,
181 Montour Run Road, Coraopolis, PA 15108

Parcel #032 09 0 040.00

Mail tax statement to:
Gary Dante Garrett
4849 Indian Summer Dr, Nashville, TN 37207

Affidavit- Death of Joint Tenant

STATE OF TN.
COUNTY OF Davidson

I, Gary Dante Garrett, residing at 4849 Indian Summer Dr, Nashville, TN 37207, being of legal age, depose and say that:

That Lou Gennie Betts Garrett died on 12/07/2024 as evidenced by:

☑ A certified copy of the Certificate of Death of Decedent is attached hereto and made a part hereof.

☐ The Certificate of Death of Decedent was recorded on _____ at _____.

And is the same person named as one of the parties named in that certain deed recorded on 04/28/2023 at Instrument Number 20230428-0031487 in the records of Davidson, Tennessee, covering the following described real property:

The real property more fully described in Exhibit "A," attached hereto and incorporated herein for all purposes.

[Signature Page Follows]

Gary Dante Garrett, Affiant

Acknowledgement

THE STATE OF TN §

§

COUNTY OF Davidson §

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, on the 25 day of August, 2025, personally appeared Gary Dante Garrett, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed, and in the capacity therein stated.

SUSIE J INGRAM
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-2-2026

NOTARY PUBLIC

File Number: 25187773

Exhibit "A"

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 121 ON THE PLAN OF SECTION ONE, QUAIL RIDGE OF RECORD IN PLAT BOOK 6250, PAGE 396, SAID PLAT BEING REVISED IN PLAT BOOK 6900, PAGE 300, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:BEGINNING AT A POINT ON THE NORTHERLY MARGIN OF INDIAN SUMNER DRIVE, SAID POINT BEING A COMMON FRONT COMER WITH LOT NO. 122 ON SAID PLAN; THENCE RUNNING N 5 58' E, A DISTANCE OF 212.0 FEET TO A POINT, SAID POINT BEING A COMMON REAR CORNER WITH LOT NO. 122; THENCE RUNNING S 84 02' E, A DISTANCE OF 94.34 FEET TO A POINT; THENCE SUNNING S 05 58' W, A DISTANCE OF 212.0 FEET TO A POINT ON THE NORTHERLY MARGIN OF INDIAN SUMNER DRIVE, 94.34 FEET TO A POINT, SAID POINT, SAID POINT BEING THE POINT OF BEGINNING

Parcel Number: 032 09 0 040.00

Commonly known as: 4849 Indian Summer Dr, Nashville, Tennessee 37207

Subject to all valid easements, rights-of-way, reservations, covenants and restrictions of record.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 077091

1. Decedent's Legal Name: LOU GENNIE B GARRETT AKA LOIS B GARRETT				2. Sex: FEMALE	3. Date of Death: 12/07/2024
4. Time of Death (Approx.): 06:30 PM	5a. Age: 97	6. Date of Birth: 10/04/1927	7. Birthplace: SHERARD, MS		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 4849 INDIAN SUMMER DR		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SCHOOL TEACHER		11b. Kind of Business/Industry: EDUCATION	
12. Social Security Number: [redacted] 9708	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 4849 INDIAN SUMMER DR		13e. Inside City Limits?: YES	13f. Zip Code: 37207	14. Was Decedent ever in US Armed Forces?: NO	
15. Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN			
18. Father's Name: CLARENCE LORENZA BETTS		19. Mother's Name Prior to First Marriage: TEZZIE MAE DELOACH			
20a. Informant's Name: GARY DANTE GARRETT	20b. Relationship to Decedent: SON	20c. Mailing Address: 4849 INDIAN SUMMER DR, NASHVILLE, TN 37207			
21a. Method of Disposition: ENTOMBMENT	21b. Place of Disposition: SPRING HILL CEMETERY		21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ TARYN JEAN CLOSEN	22b. License Number: 20619	22c. Signature of Embalmer: ▶ /e/ TARYN JEAN CLOSEN		22d. License Number: 20437	
23a. Name and Address of Funeral Home: SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216				23b. License Number: 1046	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 12/17/2024			

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/ KEVIN CHILDERS	051782	12/17/2024

27d. Name and Address: KEVIN CHILDERS ANOVA MEDICAL ASSOCIATES 555 HARTSVILLE PIKE, GALLATIN, TN 37066

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. CARDIOPULMONARY ARREST	
	b. CEREBROVASCULAR DISEASE	
	c. CARDIOVASCULAR DISEASE	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: STROKE; GASTROINTESTINAL STROMAL TUMOR; HYPERLIPIDEMIA; HYPERTENSION; DIABETES MELLITUS; CONGESTIVE HEART FAILURE; ATRIAL FIBRILLATION; PULMONARY EMBOLI

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.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Dec-18-2024

0 1 6 7 3 3 6 9 5

202509160073906

Tennessee Certification of Electronic Document

I, Jennifer Bowers, 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 August 25, ~~203~~ 2025 (w) (date of document).

Jennifer Bowers
Affiant Signature

September 4, 2025
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 4th day of September, 2025.

Thomas E Workman
Notary's Signature

MY COMMISSION EXPIRES: 2-10-2029

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
THOMAS E WORKMAN, Notary Public
Beaver County
My Commission Expires February 10, 2029
Commission Number 1391170