Karen Johnson Davidson County
Batch# 1333196 AFFIDAVIT
10/10/2025 02:12:30 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20251010-0081242

This Instrument Prepared By:
Metropolitan Escrow, Inc.
217 Pineway Drive
Nashville, TN 37217

SCRIVENER'S AFFIDAVIT

RE: Correction of Derivation in Quiclaim Deed
from Jackie Johnson to Juan Calo Ramos, Jackie Johnson and David Johanson,
of record in Instrument 20110725-0056867, Register's Office for
Davidson County, Tennessee
Map/Parcel #150030205900

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes now, David Johanson, who prepared the above referenced Quitclaim Deed and whose address is 3512 Gondola Drive, Antioch, TN 37013, and would state as follows:

Recorded in Instrument 20110725-0056867, in the Register's Office for Davidson County, Tennessee, is a Quitclaim Deed conveying certain real property that was executed by Jackie Johnson, as GRANTOR, to Juan Calo Ramos, Jackie Johnson and David Johanson, as GRANTEES.

The foregoing instrument contains a scrivener's error in that the Derivation is incomplete on said Warranty Deed. This error was unintentional. The correct and proper legal description and derivation which should appear in the deed of record in said Register's Office, is as follows:

Being Lot No. 88-A Zone Lot Division of Lots 78 thru 80, 117 and 118 on the plan of Chelsea of Priest Lake, Section 2A and Lots 85 thru 88, Chelsea Priest Lake, Section 2B, of record in Plat Book 6250, Page 631, amended in Book 6250, Page 423 and Book 6250, Page 449, Register's Office for Davidson County, Tennessee.

Being the same propeorty conveyed to Jackie D. Johnson and husband, Lonnie Johnson by Warranty deed of record in Instrument 20070417-0045560, Register's Office for Davidson County, Tennessee. The said Lonnie Johnson having since died on April 7, 2009.

This Affidavit is made of my personal knowledge to correct the error described above.

The undersigned certifies under penalty of perjury that the foregoing is true and correct.

EXECUTED on this 10th day of October, 2025.

(AFFIANT) – David Johanson

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn and subscribed before me this 10th day of October, 2025, as being executed by David Johanson.

My commission expires: 1/24/28

Notary Public

PATRICIA NICHOLLS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for the State and County aforesaid, David Johanson, to me known to be the person described herein with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and seal at office, this 10th day of October, 2025.

My Commission Expires: 1/24/28

Notary Public

PATRICIA NICHOLLS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

9901944

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lonnie Millard Johnson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 07, 2009
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: Months
5c. UNDER 24 HOURS: Hours
6. DATE OF BIRTH (Month, Day, Year): Jul 28,1927
7. BIRTHPLACE (City and State or Foreign Country): Woodbury,TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; DOMICILE: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 201 Raywood Court
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE: (If wife, give maiden name) Jackie Willard
12a. DECEDENT'S USUAL OCCUPATION: (Give kind of work done during most of working life. Do not use retired.) Brick Mason
12b. KIND OF BUSINESS/INDUSTRY: Self Employed
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 201 Raywood Ct
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIPCODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if "Yes" 1 [ ] Yes 2 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hobert Lee Johnson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Delia Mae Moon

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jackie Dean Johnson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 201 Raywood Ct.Nashville,TN 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Whitley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3618
21c. SIGNATURE OF EMBALMER: No Embalming
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Service 2527 Nolensville Pike, Nashville, Tn. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 0775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Borders, DR
24. DATE FILED (Month, Day, Year): April 8 2009

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. 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 as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Stacl A Turner MD
26b. LICENSE NUMBER: 38978
26c. DATE SIGNED (Month, Day, Year): April 08, 2009

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Stacl A Turner, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC09-0666

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. HYPERTENSIVE AND ATHEROSCLERCTIC CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. DUE TO, OR AS A CONSEQUENCE OF: c. DUE TO, OR AS A CONSEQUENCE OF: d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Diabetes Mellitus
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City, or State)

TH-1059 (REV. 6/01)
BIRTH NO.
RDA 105

3318709

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

APR 09 2009
Date Issued

CERTIFICATION OF VITAL RECORD

202510100081242

Certification of Recorded Documents

I, Anita Lester, 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 October 10, 2025.

(AFFIANT) – Anita Lester

10/10/2025
Date

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

My commission expires: 11/2/24

Notary Public

JAMIE C POLK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY