Prepared by:
Martin, Heller, Potempa & Sheppard
2122 21st Avenue South
Nashville, TN 37212

Karen Johnson Davidson County
Batch# 1389034 AFFIDAVIT
03/05/2026 12:09:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20260305-0017756

SCRIVENER'S AFFIDAVIT

KNOW ALL PERSONS BY THESE PRESENTS:

1. That **Adam Barber**, of the law office of Martin Heller Potempa & Sheppard, PLLC, had cause to record the following two (2) Affidavits of Heirship:
   a. Affidavit of Heirship executed on December 10, 2025, by Holly Chander (Affiant), of record in Instrument No. 20260129-0006159, in the Register's Office for Davidson County, Tennessee.
   b. Affidavit of Heirship executed on December 10, 2025, by Taylor Chandler (Affiant), of record in Instrument No. 20260129-0006160, in the Register's Office for Davidson County, Tennessee.
2. That the above referenced Affidavits of Heirship each referenced death certificates as Exhibit 1 and Exhibit 2 and were recorded without the exhibits attached. This was a scrivener's error and was made unintentionally.
3. The proper and correct Exhibit 1 document is attached to this Affidavit as ***"Exhibit A".*** The proper and correct Exhibit 2 document is attached to this Affidavit as ***"Exhibit B".***
4. That this Affidavit is given to correct and explain the error described above, and to assist the present owner, as well as all future owners, lenders, title examiners, and insurers.

EXECUTED on this, the 5 day of March 2026.

Adam Barber

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Adam Barber, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), to be the person who executed this Scrivener's Affidavit for the purposes therein contained. Witness my hand and official seal at office this 5 day of March 2026.

FELICIA LOPEZ
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 10/04/2027
DAVIDSON COUNTY

Felicia Lopez
Notary Public
My commission expires: 10/4/2027

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 014570

1. Decedent's Legal Name			2. Sex	3. Date of Death
HELEN SUZANNE KORNGUTH			FEMALE	02/28/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
04:15 PM	64	04/01/1960	NASHVILLE, TN	

8a. Place of Death
INPATIENT

8b. Facility Name	8c. City or Town	8d. County of Death
SAINT THOMAS WEST HOSPITAL	NASHVILLE	DAVIDSON

9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
WIDOWED		HOMEMAKER	DOMESTIC

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
-6605	TENNESSEE	DAVIDSON	NASHVILLE

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
440 THUNDERBIRD CT	YES	37209	NO

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
ASHBY VARNELL OAKLEY	NINA RUTH BARNES

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
SERENA MICHELLE STAK	DAUGHTER	440 THUNDERBIRD CT, NASHVILLE, TN 37209

21a. Method of Disposition	21b. Place of Disposition	21c. Location
CREMATION	NASHVILLE CREMATION PERMIT	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ MARIA FONSECA	20513	▶	

23a. Name and Address of Funeral Home	23b. License Number
MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604	40

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	03/06/2025

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/ RACHEL MARIE KINGREE	045998	03/05/2025

27d. Name and Address
RACHEL MARIE KINGREE 4230 HARDING PIKE SUITE 200, NASHVILLE, TN 37205

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. RESPIRATORY FAILURE	DAYS
	b. PNEUMONIA	DAYS
	c. INFLUENZA	DAYS
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE, MORBID OBESITY.

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	YES	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: Mar-06-2025

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THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202603050017756

B-406416

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

94 046627

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JAMES KEVEN KORNGUTH
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 26, 1994
4. SOCIAL SECURITY NUMBER (for Deceased): -2669
5a. AGE – LAST BIRTHDAY (Years): 29
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): AUG 29, 1965
7. BIRTHPLACE (City and State or Foreign Country): CONNECTICUT
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 4207 Elkins Avenue 910
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE 094
9d. COUNTY OF DEATH: DAVIDSON 19
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): SUZANNE OAKLEY
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): CONTRACTOR
12b. KIND OF BUSINESS/INDUSTRY: DRY WALL CO
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 094
13d. STREET AND NUMBER OR RURAL LOCATION: 4207 ELKINS AVE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE—American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

INFORMANT

17. FATHER'S NAME (First, Middle, Last): HERBERT KORNGUTH
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY LEWIS
19a. INFORMANT'S NAME (Type/Print): SUZANNE KORNGUTH
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4207 ELKINS AVE, NASHVILLE, TN 37209

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MT. OLIVET
20c. LOCATION—City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 4303
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Lawn
24. DATE FILED (Month, Day, Year): December 16, 1994

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, 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 time, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: [signature] MD
26b. LICENSE NUMBER: 25291
26c. DATE SIGNED (Month, Day, Year): 12-15-94

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): T.O. GILES, M.D., DAVIDSON CO. CHIEF MEDICAL EXAMINER, MPS-ORD-94, 84 HERMITAGE AVE., NASH. TN. 37210-2110

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-12-2025

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

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THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202603050017756

Certificate of Authenticity

I, Adam Barber, 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 5 March 2026.

Date

Affiant Signature

5 March 2026
Date

State of Tennessee

County of Davidson

Sworn to and subscribed before me this 5 day of March, 2026.

Notary's Signature

My Commission Expires: 10-4-2027
Date

Notary's Seal (if on paper)

FELICIA LOPEZ
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 10/04/2027
DAVIDSON COUNTY