Affidavit of Survivorship

Karen Johnson
Batch # 1393891
03/17/2026 10:53:46 AM
Fees: $12.00 Taxes: $0.00
Davidson County
AFFIDAVIT
2 pgs
20260317-0021156

Prepared by:
Stephen Dane Key
3631 Hoggett Ford Rd.
Hermitage, TN 37076

Return to:
Stephen Dane Key
3631 Hoggett Ford Rd.
Hermitage, TN 37076

AFFIDAVIT OF SURVIVORSHIP
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, the undersigned authority, personally appeared Stephen Dane Key, who after being duly sworn, states as follows: Affiant is a resident of Davidson County, Tennessee, and is over eighteen (18) years of age and competent to make this affidavit.
Affiant and Carol Anne Key, now deceased, acquired title to the real property described below as husband and wife with right of survivorship / tenants by the entirety by deed recorded in the Register of Deeds Office for Davidson County, Tennessee.
Carol Anne Key died on May 13, 2025
Attached hereto is a certified copy of the death certificate of Carol Anne Key.
By operation of law, Affiant is now the sole owner of the real property described below.
Property Address:

3631 Hoggett Ford Rd.
Hermitage, TN 37076

Legal Description
Key, Stephen & Carol
FURTHER AFFIANT SAYETH NOT.
Stephen Dane Key

X _____

Subscribed and sworn before me this 13th day of March, 2026.

Notary Public

X Sherry Ann Mercer
My Commission Expires: Feb 2, 2030

(Official Seal)

SHERRY ANN MERCER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON
MY COMM. EXP. FEB. 02, 2030

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 032511

1. Decedent's Legal Name			2. Sex	3. Date of Death
CAROL ANNE KEY			FEMALE	05/13/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
11:40 PM	63	08/21/1961	KIRKLAND, WA	
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**	
MARRIED	STEPHEN DANE KEY	COSMETOLOGIST	COSMETOLOGY	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
[redacted]	TENNESSEE	DAVIDSON	HERMITAGE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
3631 HOGGETT FORD RD	YES	37076	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**		
LESTER JOHN NOLLETTE		MARGARET LENA WEIMER		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
STEPHEN D. KEY	SPOUSE	3631 HOGGETT FORD RD, HERMITAGE, TN 37076		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ JAMES R FADGETT	5534	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
NEPTUNE SOCIETY, 1187 OLD HICKORY BLVD STE 100, BRENTWOOD, TN 37027-4240			1246	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		05/21/2025		

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/ ANNA CARR	5731	05/21/2025

27d. Name and Address

ANNA CARR 4220 HARDING PIKE, 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. [redacted]	DAYS
	b. [redacted]	YEARS
	c.	
	d.	

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

CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PNEUMONIA, ANXIETY, ORAL CANDIDIASIS

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	UNKNOWN	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: May-21-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE