prepared by
Rachel Wilcox
4212 Stone Hall Blvd
Hermitage, TN 37076

AFFIDAVIT OF SURVIVORSHIP

Karen Johnson Davidson County
Batch # 1398948 AFFIDAVIT
03/30/2026 11:46:27 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20260330-0024979

State of: Tennessee

County of: Hermitage

I, Rachel Lynn Wilcox and Allen Brian Wilcox III ("the Affiant"), residing at 4212 Stone Hall Blvd , in the County of Hermitage in the State of Tennessee, being of legal age and duly sworn, do hereby depose and say:

1. That on December 10 2021 by general warranty deed, duly recorded with an Instrument Number (or Book and Page number) of 20141205-0111786, the Affiant and Susan Lynn Curtis became owners of property commonly known as 4212 Stone Hall Blvd Hermitage TN 37076.

2. That the legal description of said property is as follows:

> Land in Davidson County, Tennessee, being Lot No. 223 as shown on the Plan of The Reserve at Stone Hall (Formerly Eversong at Ravenwood) Phase 1, Section 2B Planned Unit Development, of record in Plat Instrument No. 20131014-0107217, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete and accurate legal description.

3. That the Affiant and Susan Lynn Curtis own the property in joint tenancy with right of survivorship.

4. That Susan Lynn Curtis died on February 8 2026, as evidenced by the attached certified copy of their death certificate.

5. That by virtue of Susan Lynn Curtis's death, the Affiant is the owner of the above-described property and requests that this fact be reflected on the land and tax records of the County.

Date: February 19 2026

Signature: Rachel Wilcox
Allen B. Wilcox III

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Tennessee
County of Davidson

On February 19, 2026, before me, Rachel Wilcox and Allen Brian Wilcox III, personally appeared who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within the Affidavit of Survivorship and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of Tennessee that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public: Breanna Simmons
Print Name: Breanna Simmons
My Commission Expires: 5-8-2029, 20___

BREANNA SIMMONS
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 05-08-2029

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2026 008057

1. Decedent's Legal Name: SUSAN LYNN CURTIS			2. Sex: FEMALE	3. Date of Death: 02/08/2026
4. Time of Death (Approx.): 07:34	5a. Age: 68	6. Date of Birth: 02/27/1957	7. Birthplace: PENSACOLA, FL	
8a. Place of Death: NURSING HOME/LONG TERM CARE				
8b. Facility Name: ABE'S GARDEN		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: MANAGER		11b. Kind of Business/Industry: TVA
12. Social Security Number: 0961	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: HERMITAGE
13d. Street and Number: 4212 STONE HALL BLVD		13e. Inside City Limits?: YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: CHARLES EDWARD SELLS		19. Mother's Name Prior to First Marriage: RUBY JEWELL SMITH		
20a. Informant's Name: RACHEL WILCOX	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 4212 STONE HALL BLVD, HERMITAGE, TN 37076		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: SFH CREMATION		21c. Location: GALLATIN, TN	
22a. Signature of Funeral Director: ▶ /e/ MATTHEW JUDD SELLARS	22b. License Number: 5266	22c. Signature of Embalmer: ▶	22d. License Number	
23a. Name and Address of Funeral Home: SELLARS FUNERAL HOME AT HENDERSONVILLE, 108 MONTHAVEN BLVD, HENDERSONVILLE, TN 37075			23b. License Number: 1347	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 02/12/2026		

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: ▶ /e/ ANH THI MEADOWS	27b. License Number: 045572	27c. Date Signed: 02/11/2026

27d. Name and Address: ANH THI MEADOWS 1718 PATTERSON STREET, 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. ALZHEIMER'S DISEASE	
	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: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: 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

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

Date Issued: Feb-13-2026

017968602

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE