Prepared By:
Misha Medeiros
Summit Settlement Services, LLC
50 Jordan Street
East Providence, RI 02914
(401) 865-6400

Karen Johnson Davidson County
Batch# 1403666 AFFIDAVIT
04/09/2026 10:43:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20260409-0028775

AFFIDAVIT OF DEATH

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned authority, on this 3 day of April, 2026 personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is **Robert J. Merritt**, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, **Zula M. Merritt**, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed dated March 23, 1989, recorded March 27, 1989, in Book: 7801 and Page: 63, in the Official Records of **Davidson** County, State of **Tennessee**, to wit:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS: TO-WIT:

BEING LOT NO. 93 ON THE PLAN OF COLLEGE HILL SUBDIVISION, SECTION 2, AS OF RECORD IN BOOK 2133, PAGE 52, REGISTER'S OFFICE FOR SAID COUNTY.

BEING THE SAME PROPERTY CONVEYED TO CHARLIE L. TOWNSEND AND WIFE, LONNIE L. TOWNSEND BY DEED OF RECORD IN BOOK 4384, PAGE 98, REGISTERS OFFICE FOR DAVIDSON COUNTY, TN. THE SAID LONNIE L. TOWNSEND HAVING SINCE DECEASED.

SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY.

PARCEL ID NO: 092 05 0 272.00

For Title reference see deed dated March 23, 1989, recorded March 27, 1989, in Book: 7801 and Page: 63, in the Official Records of Davidson County, State of Tennessee

Commonly known as: 3500 CLIFTON Avenue, Nashville, TN 37209

"3. That my spouse and I were married prior to March 23, 1989, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death **February 26, 2026**.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his death.

"5. That Affiant gives this Affidavit for the purpose of inducing Westcor Land Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Westcor Land Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

Robert J. Merritt
ROBERT J. MERRITT

STATE OF TN

COUNTY OF Davidson

On this 3 day of April, 2026 before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was Robert J. Merritt to be the persons whose names are signed on the preceding document, and acknowledged to me that they signed it voluntarily and for its stated purpose.

Ella K. Butler
Printed Name: Ella K. Butler

Notary Public, State of TN,
County of: Davidson

My Commission Expires: 07/03/2028
Acting in the County of: Davidson

ELLA K. BUTLER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 012548

1. Decedent's Legal Name			2. Sex	3. Date of Death
ZULA M MERRITT			FEMALE	02/26/2026
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
23:11	78	02/14/1948	ETHEL, MS	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
3500 CLIFTON AVE		NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
MARRIED	ROBERT MERRITT	DEMESTIC		RETIRED
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
1138	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**		**14. Was Decedent ever in US Armed Forces?**
3500 CLIFTON AVE	YES	37209		NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
AUDLEY LATTIMORE		LOSSIE M WINTERS		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
ROBERT MERRITT	HUSBAND	3500 CLIFTON AVE, NASHVILLE, TN 37209		
21a. Method of Disposition	**21b. Place of Disposition**		**21c. Location**	
BURIAL	GREENWOOD NORTH		NASHVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ TERRY LEE ALEXANDER	4575	▶ /e/ PATRICK LAMONT TUCKER		5072
23a. Name and Address of Funeral Home				**23b. License Number**
DAVIS-CAMPBELL FUNERAL HOME, 1404 JEFFERSON ST, NASHVILLE, TN 37208				403
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		03/02/2026		

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	27b. License Number	27c. Date Signed
▶ /e/ ANH THI MEADOWS	045872	03/02/2026

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. VASCULAR DEMENTIA, CEREBROVASCULAR 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	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.

Date Issued: Mar-03-2026

Edward G. Bishop III
State Registrar

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

202604090028775

Tennessee Certification of Electronic Document

I, Steven Sot, 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 04/03/2026 (date of document).

Affiant Signature

04/08/2026
Date

State of Rhode Island

County of Providence

Sworn to and subscribed before me this 08 day of April, 2026.

Notary's Signature

MY COMMISSION EXPIRES: 08/15/2028

NOTARY'S SEAL

