RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO

Visionet Systems Inc.
111 Technology Dr
Pittsburgh, PA 15275

Escrow No.: 34455211 _39926_

Prepared by:
Martin Adiwibowo
1320 Flynn Rd #201
Camarillo, CA 93012

Karen Johnson
Batch # 1413786
04/30/2026 12:02:12 PM
Fees: $17.00 Taxes: $0.00

Davidson County
AFFIDAVIT
3 pgs

20260430-0038448

APN:
064 03
0B
070.00

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

Carole Pierce & Roberta Slukis, of legal age, being first duly sworn, deposes and says:

That Pecola Toliver Pierce, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Deed dated 12/31/2004 and executed by Robert W. Robinson and Sherry L. Robinson, recorded 01/03/2005 as instrument number _200501030000292, Official Records of _Davidson_ County, TN, covering the following described property situated in the City of Old Hickory, County of Davidson, State of Tennessee:

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

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING ALL OF LOT NO. 229, ON THE FINAL PLAT OF PHASE FIVE, SECTION ONE, BRANDYWINE POINTE, A PLANNED UNIT DEVELOPMENT AS SHOWN BY PLAT APPEARING OF RECORD IN PLAT BOOK 7900, PAGE 618, AS AMENDED IN BOOK 9308, PAGE 349, OF THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR MORE COMPLETE DETAILS OF SAID LOT.

THIS CONVEYANCE IS SUBJECT TO THE FOLLOWING: DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF RECORD IN BOOK 8120, PAGE 170, AS AMENDED IN BOOK 8671, PAGE 484 AND IN BOOK 9123, PAGE 648; AMENDMENT TO BY-LAWS OF BRANDYWINE POINTE COMMUNITY ASSOCIATION, INC. OF RECORD IN BOOK 10721, PAGE 835; CHARTER FOR BRANDYWINE POINTE HOMEOWNERS' ASSOCIATION OF RECORD IN BOOK 9013, PAGE 39, AS AMENDED IN BOOK 9117, PAGE 77; LAND LEASE FOR CLUBHOUSE OF RECORD IN BOOK 9128, PAGE 615; ALL MATTERS SHOWN ON PLAT OF RECORD IN PLAT BOOK 7900, PAGE 618, AS AMENDED IN BOOK 9308, PAGE 349; AND ANY AND ALL MATTERS OF RECORD, ALL IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

APN: 064 03 0B 070.00

Being the same premises conveyed from ROBERT W. ROBINSON AND SHERRY L. ROBINSON, HUSBAND AND WIFE to CAROLE E. PIERCE, UNMARRIED, PECOLA T. PIERCE, UNMARRIED AND ROBERTA SLUKIS, UNMARRIED, AS TENANTS IN COMMON WITH EXPRESSED RIGHTS OF SURVIVORSHIP in a deed dated 12/31/2004 and recorded date 01/03/2005 in Instrument Number 200501030000292 of the official records.

APN #: 064 03 0B 070.00

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

Dated: April 20, 2026

Carole Pierce

Carole Pierce

Roberta Slukis

Roberta Slukis

STATE OF Tennessee
COUNTY OF Davidson

Subscribed and sworn to (or affirmed) before me on this 20 day of ~~November 2023,~~ DMB April, 2026 by Carole Pierce, Roberta Slukis, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me, Derrick M Bradshaw, Notary Public.

Signature _____ (Seal) _____

My Commission Expires 1-24-2028

DERRICK M. BRADSHAW
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF TENNESSEE
Office of Vital Records

1307226

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Pecola Toliver Pierce
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Nov 26, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 97
5b. UNDER 1 YEAR: Month / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 27, 1916
7. BIRTHPLACE (City and State or Foreign Country): Brookeville, MS

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Goverment
12. SOCIAL SECURITY NUMBER: ---5849
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 1008 Williams Way
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Neal Toliver
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Catherine (Unknown)

20a. INFORMANT'S NAME: Carole Pierce
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1008 Williams Way Old Hickory, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Funeral and Cremation
21c. LOCATION (City or Town and State): Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Waddell
22b. LICENSE NUMBER: 6471
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: Larry B Kelly, Jr DR
25. DATE FILED (Month, Day, Year): Dec 2, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: Brian Scott MD
27b. LICENSE NUMBER: 37604
27c. DATE SIGNED (Month, Day, Year): November 27, 2013
27d. NAME AND ADDRESS: Brian Scott, MD 5653 Frist Boulevard, Suite 630, Hermitage, TN 37076

MEDICAL CERTIFICATION

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.

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

		Approximate interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Congestive heart failure	Minutes
	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Coronary artery disease

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDING AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - at home, farm, street, factory, office building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

6303618

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6303618
Date Issued: DEC 3 2013

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD