Karen Johnson Davidson County
Batch# 1416799 AFFIDAVITH
05/06/2026 01:34:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20260506-0040877

AFFIDAVIT OF SURVIVORSHIP

I, Nancy A. Tuana ("Affiant"), a resident of Nashville, State of Tennessee, being of legal age and duly sworn, do hereby depose and say:

1. That Affiant has personal knowledge of the facts stated in the Affidavit.

2. That Charles E. Scott ("Decedent") is the deceased as listed in the certified copy of Decedent's death certificate, a copy of which certified death certificate is attached as Exhibit A to this Affidavit of Survivorship, and that the Decedent died on the 30th day of March, 2026.

3. That the Decedent is the same party named as one of the parties to that certain Quitclaim Deed, dated the 17th day of April, 2014, executed by Charles E. Scott, a married person, as the grantor, to Charles E. Scott and Nancy A. Tuana, husband and wife, as the grantees, which Quitclaim Deed was recorded on April 17, 2014 in the official records of the Office of the Register of Deeds, Davidson County, State of Tennessee, uniquely identified as or under Document Number 20140417-0032452 as to that certain real property located at 2016 Kingsbury Drive, Nashville, Davidson County, State of Tennessee, and more specifically described as:

> Land in Davidson County, Tennessee, being Lot 30, Hillsboro Park, Section II, as shown on plat of record in Plat Book 2331, pages 61 and 62, in the Register's Office, Davidson County, Tennessee to which plat reference is hereby made for a more particular description of said property.
>
> Being the same property conveyed to Charles E. Scott and Nancy A. Tuana, husband and wife, by Quitclaim Deed from Charles E. Scott, a married person, recorded on the 17th day of April, 2014 as Instrument No. 20140417-0032452, in the Register's Office of Davidson County, Tennessee.

4. That, at the time of Decedent's death, the Affiant and Decedent co-owned the above-described property as *joint tenants* or *tenants by the entirety with right of survivorship.*

5. That Affiant, as the surviving owner, acquired title to the above-described property through a right of survivorship upon the death of the Decedent.

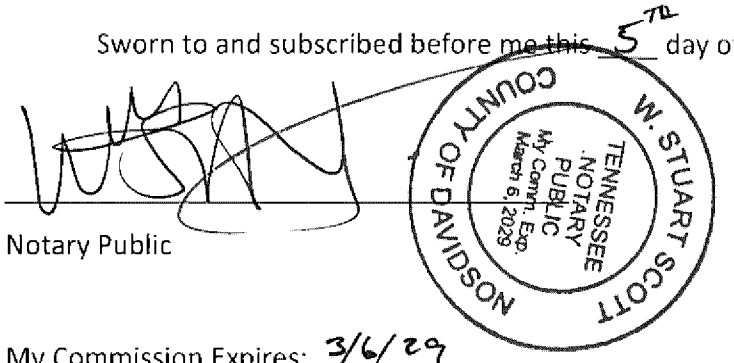
Nancy A. Tuana, Affiant

State of Tennessee)

)

County of Davidson)

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



Notary Public

My Commission Expires: 3/6/29

EXHIBIT A TO AFFIDAVIT OF SURVIVORSHIP

[copy attached]

202605060040877

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 021176

1. Decedent's Legal Name			2. Sex	3. Date of Death
CHARLES EDWARD SCOTT			MALE	03/30/2026
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
20:05	90	09/03/1935	OKLAHOMA CITY, OK	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
TRISTAR CENTENNIAL MEDICAL CENTER		NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
MARRIED	NANACY TUANA	PROFESSOR		UNIVERSITY
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
445-34-0035	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
2016 KINGSBURY DR		YES	37215	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**		**17. Decedent's Race**	
DOCTORATE OR PROFESSIONAL DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
WILLIAM LESTER SCOTT		MILDRED MCFALL		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
NANCY TUANA	SPOUSE	731 SUNSET RD, STATE COLLEGE, PA 16803		
21a. Method of Disposition	**21b. Place of Disposition**		**21c. Location**	
CREMATION	AFFILIATED CREMATORY		NASHVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ TIMOTHY ADAM RODGERS	4621	▶		
23a. Name and Address of Funeral Home				**23b. License Number**
PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216				331
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		04/09/2026		

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/ ERIN M CARNEY, M.D.	50160	04/08/2026

27d. Name and Address
ERIN M CARNEY, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216

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. COMPLICATIONS OF LEFT FEMORAL FRACTURE	
	b.	
	c.	
	d.	

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

HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

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:**		
ACCIDENT	UNKNOWN	N/A		
33. If Transportation Injury, Specify:	**34a. Date of Injury**	**34b. Time of Injury**	**34c. Injury at Work?**	**34d. Place of Injury**
	03/24/2026	UNKNOWN	NO	RESIDENCE
	34e. Describe How Injury Occurred			**34f. Location of Injury**
	FELL AND STRUCK HIP			2016 KINGSBURY DR, NASHVILLE, TN

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: Apr-09-2026

018004063

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tennessee Certification of Electronic Document

I, Ralph Z. Levy, Jr., 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 May 5, 2026 (date of document).

Affiant Signature

May 6, 2026
Date

State of TENNESSEE

County of DAVIDSON

Sworn to and subscribed before me this 6th day of May, 2026

Notary Signature

MY COMMISSION EXPIRES: March 9, 2027

NOTARY'S SEAL

DEIRDRIU COFFMAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY