AFFIDAVIT OF SURVIVORSHIP

(Davidson County, Tennessee)

Prepared By:
Casey Goggin
1458 Rebecca Johns Drive
Murfreesboro, TN 37128

After Recording Return To:
Frances R. George
1027 Riverview Run
Madison, Tennessee 37115

Karen Johnson Davidson County
Batch # 1416828 AFFIDAVITH
05/06/2026 02:29:48 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20260506-0040916

AFFIDAVIT OF SURVIVORSHIP

State of Tennessee
County of DAVIDSON

Before me, the undersigned authority, personally appeared **Frances R. George**, who being first duly sworn, does hereby make oath and say as follows:

1. **Affiant** is **Frances R. George**, whose address is 1027 Riverview Run, Madison, Tennessee 37115.
2. Affiant was lawfully married to **Hollis George**, and they were husband and wife at the time they acquired the real property described below.
3. Said **Hollis George** died on the 23 day of September, ***2013***, and a **certified copy of his death certificate** is attached hereto or will be recorded contemporaneously herewith.
4. At the time of death, **Frances R. George and Hollis George held title to the real property described below as tenants by the entirety**, and by operation of Tennessee law, full title vested immediately in the surviving spouse, **Frances R. George**.
5. The real property is located in **Davidson County, Tennessee**, and is more particularly described as follows:

LEGAL DESCRIPTION

Lot No. 11 on the plan of Fox Chase Meadows of record in Book 6224, page 137, Register's Office, Davison County, Tennessee.

Commonly known as: 1852 Fox Chase Drive, Goodlettsville, Tennessee, 37072

Parcel identification number: 007 00 0 135.00

1. The source of title is a deed recorded in Deed Book 6224, Page 137, in the Register's Office for Davidson County, Tennessee.
2. This Affidavit is made for the purpose of **memorializing the death of Hollis George**, confirming survivorship, and clarifying the public land records to show **Frances R. George as the sole owner of record**.

FURTHER AFFIANT SAYETH NOT.

AFFIANT

Frances R. George

Frances R. George

ACKNOWLEDGMENT

State of Tennessee
County of DAVIDSON

Before me, the undersigned Notary Public, personally appeared **Frances R. George**, who acknowledged that she executed the foregoing Affidavit of Survivorship for the purposes therein stated.

Witness my hand and official seal this **5th** day of **May, *2026***.

Preston George

Signature

Preston George

Print Name

PRESTON GEORGE
TENNESSEE NOTARY PUBLIC
My Comm Exp. 07/19/2028
COUNTY OF WILSON

Notary Public

My Commission Expires: 7/19/2028

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2013 045481

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Hollis Edward George
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 23, 2013
4. TIME OF DEATH (Approx): 8:40 am
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 4, 1931
7. BIRTHPLACE (City and State or Foreign Country): Lynchburg, TN

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): NHC-Hendersonville
8c. CITY OR TOWN: Hendersonville 104
8d. COUNTY OF DEATH: Sumner 83

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): Frances Marie Russell George
11a. DECEDENT'S USUAL OCCUPATION: Welder
11b. KIND OF BUSINESS/INDUSTRY: Iron Worker
12. SOCIAL SECURITY NUMBER: -6158
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 127 Liberty Lane
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
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): Ross Edward George
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Alice Smith

DISPOSITION

20a. INFORMANT'S NAME: Frances Marie George
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 127 Liberty Lane, Madison, TN 371115
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Willow Mount Cemetery
21c. LOCATION - City or Town and State: Shelbyville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Chris Neighbours
22b. LICENSE NUMBER: 4249
22c. SIGNATURE OF EMBALMER: ▶ Reid Y. Van Ness
22d. LICENSE NUMBER: 4275
23a. NAME AND ADDRESS OF FUNERAL HOME: Cremation & Funeral Services of Nashville 1332 Rosa Parks Blvd Nashville TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 1233

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Suzette Clay (D.R)
25. DATE FILED (Month, Day, Year): September 24, 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: ▶ [signature] Daniel Conrad, Jr MD
27b. LICENSE NUMBER: 43521 TN UL
27c. DATE SIGNED (Month, Day, Year): 9-24-13
27d. NAME AND ADDRESS: 464 New Shackle Island Rd Hendersonville TN 37075

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Failure To Thrive — Approximate interval: Onset to death: Days
Due to (or as a consequence of):
b. Respiratory Failure — wks
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS 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

6250107

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

6250107

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Oct-22-2013

CERTIFICATION OF VITAL RECORD