Karen Johnson Davidson County
Batch # 1420851 AFFIDAVITH
05/14/2026 02:40:33 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20260514-0043575

AFFIDAVIT OF SURVIVORSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, the undersigned authority, personally appeared **Ernest H. Matthews, Jr.** ("Affiant"), who being first duly sworn, states as follows:

1. Affiant is over the age of eighteen (18) years and is competent to make this Affidavit.
2. Affiant is the surviving spouse of
3. **Loretta R. Matthews** ("Decedent"), who died on the **30th** day of **September, 2024.**
4. At the time of Decedent's death, Decedent and Affiant owned the following real property located in Davidson County, Tennessee:

Property Address:

506 W. Due West Avenue, Madison, Tennessee 37115

Map/ Parcel Number: **051-06-0-023.00**

5. Said property was conveyed by Warranty Deed recorded in Book 9486, Page 234, Register's Office for Davidson County, Tennessee.
6. The deed conveyed the property to:
   "Ernest H. Matthews, Jr. and his wife, Loretta R. Matthews."
7. Decedent is now deceased, and Affiant is the surviving spouse and surviving owner of the above-described property.
8. Attached hereto is a certified copy of the Decedent's Death Certificate.

FURTHER AFFIANT SAITH NOT.

Ernest H. Matthews, Jr.

Affiant Signature

Ernest H. Matthews, Jr.

Printed Name

506 W. Due West Avenue
Address

Madison, Tennessee 37115
City, State, Zip

615) 275-8063 – Cellular (615) 868-5408 – House
Phone Number

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed and sworn before me on this 13th day of May, 2026.

Michon R Broadnax
Notary Public

My Commission Expires: September 7, 2026

MICHON R BROADNAX
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 09-07-2026

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2024 063554

1. Decedent's Legal Name			2. Sex	3. Date of Death
LORETTA MATTHEWS			FEMALE	09/30/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
08:33	90	11/01/1933	MEMPHIS, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
506 DUE WEST AVENUE		MADISON		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
MARRIED	E. HOLMES MATTHEWS	INVESTIGATOR		UNITED STATES DEPARTMENT OF
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
-6506	TENNESSEE	DAVIDSON		MADISON
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
506 DUE WEST AVENUE	YES	37115	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
CHARLES MARTIN		MARTHA VIRGINIA SULLIVAN		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
E. HOLMES MATTHEWS	HUSBAND	506 DUE WEST AVENUE, MADISON, TN 37115		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
ENTOMBMENT REMOVAL FROM STATE	VINE STREET HILL CEMETERY	CINCINNATI, OH		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ A. BRANDON STARKS	04453	▶ /e/ TROY BROADY		04047
23a. Name and Address of Funeral Home				**23b. License Number**
ANDERSON FUNERAL HOME - LEWISBURG, 825 WAKEFIELD STREET, LEWISBURG, TN 37091-6219				209
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		10/17/2024		

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	045572	10/16/2024

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. PANCREATIC ADENOCARCINOMA WITH LIVER METASTASES	
	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.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Oct-24-2024

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE