Karen Johnson Davidson County
Batch # 1438168 AFFIDAVITH
06/25/2026 11:12:56 AM 3 pgs
Fees: $17.00 Taxes: $0.00
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Prepared by:
Ferraro Hancock & Associates PLLC (TH)
4219 Hillsboro Pike, Suite 306
Nashville, Tennessee 37215

AFFIDAVIT OF SURVIVORSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, Janice Cato, (the, Affiant"), being over eighteen (18) years of age and of sound body and mind, being first duly sworn do depose and state as follows:

1. I am the widow of William Keith Cato (the "Decedent").

2. The Decedent died on December 18, 2022, as evidenced by that certificate of death attached hereto and incorporated herein as **Exhibit A**.

3. At the time of his death, the Decedent and I were lawfully married and owned certain real property in Davidson County, Tennessee as tenants by the entireties, by Warranty Deed of record at Instrument No. 20181231-0126342, Register's Office for Davidson County, Tennessee and being more particularly described as follows:

> Land in Davidson County, Tennessee, being Unit No. 323 on the Plan of Creekside, as shown on Exhibit "B" of the Master Deed of Record in Instrument No. 20050204-0013611 and amended in Instrument No. 20050329-0034131 and in Instrument No. 20050822-0100021 Register's Office for said County, to which plan reference is thereby made for a more complete and accurate description. (the "Property")

4. By reason of the death of the Decedent and the survivorship estate created in the above referenced deed, Affiant is now the sole owner in fee simple of the Property.

5. This Affidavit is made for the purpose of evidencing survivorship and vesting title of record in Affiant.

FURTHER AFFIANT SAYETH NOT.

Janice Cato

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

BEFORE ME, Todd Hancock, a Notary Public of the State and County aforementioned, personally appeared **Janice Cato** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

WITNESS my hand and seal, this 12th day of May, 2026.

Notary Public
My Commission Expires: 1/22/30

TODD H. HANCOCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 086690

1. Decedent's Legal Name			2. Sex	3. Date of Death
WILLIAM KEITH CATO			MALE	12/18/2022
4. Time of Death (24 hr)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
08:30 PM	66	04/16/1956	MADISON COLLEGE, TN	
8a. Place of Death				
ASSISTED LIVING				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
6030 CLOVERLAND DRIVE		BRENTWOOD	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	JANICE MAE FEENSTRA	CPA	ACCOUNTING	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
3286	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
323 SHADY CREEK LANE	YES	37211	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
WILLIE TOBIN CATO		ERCELL MAXINE WATTS		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
JANICE CATO	WIFE	323 SHADY CREEK LANE, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	MUSIC CITY CREMATORY SERVICE	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ JERRY W. MAXWELL	8318	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211			760	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/04/2023		

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/ SASHA L. BOWERS	052952	12/28/2022

27d. Name and Address
SASHA L. BOWERS 235 NOAH DRIVE, FRANKLIN, TN 37064

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. EARLY-ONSET ALZHEIMERS 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	N/A		
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

14655017

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

Edward H Bishop III
Edward G. Bishop III
State Registrar

Morgan McDonald
Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 6 5 5 0 1 7

Date Issued: Jan-05-2023

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAUTION EXAMPLE PROTECTION