This Instrument was prepared by:
S. S. RICHARDS
Attorney at Law
20 Music Circle East
Nashville, Tennessee 37203
(615) 255-1212

Karen Johnson Davidson County
Batch # 1438637 AFFIDAVITH
06/26/2026 01:44:34 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20260626-0058114

This attorney did not conduct a title search, issue a title opinion letter, or issue the title insurance regarding the sale of this property.

AFFIDAVIT OF SURVIVORSHIP

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	PARCEL ID:
Robert Earl Davis 3956 Lloyd Rd. Whites Creek, TN 37189	SAME	048 04 0 009.00

Comes now, Robert Earl Davis ("Affiant"), having been first duly sworn and makes oath as follows:

1. Affiant is the surviving spouse of Audrey B. Davis (the "Decedent"), who died on May 21, 2025. A certified copy of Decedent's death certificate is attached hereto as **Exhibit A**.

2. At the time of Decedent's death, Affiant and Decedent were married to one another.

3. The Decedent was a resident of Davidson County, Tennessee at the time of her death and owned a one-half undivided interest in property known as 3956 Lloyd Rd, Whites Creek, TN 37189 ("Real Property"), recorded by Warranty Deed in the Register's Office for Davidson County, Tennessee, as Instrument No. 20111021-0082149.

4. The legal description to the Real Property is as follows:

   Land in Davidson County, Tennessee, being Lot No. 21, on the Final Plat of Ole Orchard, Phase 2, of record in Instrument No. 20010504-0046318, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.
   Being the same property conveyed to John Johnson and Barbara Johnson, husband and wife, by Deed dated August 23, 2001, from Country Maid Farms, Incorporated, a Tennessee Corporation, of record in Instrument No. 20010904-0095529, Register's Office for Davidson County, Tennessee. John Johnson and Barbara Johnson are not now and have never been married to each other. Barbara Johnson is one and the same person as Barbara M. Jones aka Barbara W. Jones aka Barbara McElroy Jones.

5. At the time of Decedent's death, the Affiant and Decedent co-owned the above-described property as tenants by the entirety with right of survivorship.

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

FURTHER AFFIANT SAITH NOT.

Robert E. Davis
ROBERT EARL DAVIS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me personally appeared **ROBERT EARL DAVIS**, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this 10 day of June, 2026.

Chinowa Bass
Notary Public
My Commission Expires: 1/4/2027

CHINOWA BASS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-4-2027

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 033465

1. Decedent's Legal Name			2. Sex	3. Date of Death
AUDREY BURNICE DAVIS			FEMALE	05/21/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
11:57 AM	81	03/12/1944	SWAINSBORO, GA	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
SAINT THOMAS WEST HOSPITAL		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	ROBERT DAVIS	TEACHER	METRO NASHVILLE PUBLIC	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
I-7941	TENNESSEE	DAVIDSON	WHITES CREEK	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
3956 LLOYD RD		YES	37189	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**		**17. Decedent's Race**	
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		BLACK OR AFRICAN AMERICAN	
18. Father's Name			**19. Mother's Name Prior to First Marriage**	
WILLIE HODGES			DORA SALTER	
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
ROBERT DAVIS	HUSBAND	3956 LLOYD RD, WHITES CREEK, TN 37189		
21a. Method of Disposition	**21b. Place of Disposition**		**21c. Location**	
BURIAL	MIDDLE TENNESSEE STATE VETERANS		NASHVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ GEORGE M BAKER JR	4695	▶ /e/ PATRICK LAMONT TUCKER		5072
23a. Name and Address of Funeral Home				**23b. License Number**
HIGHLAND HILLS FUNERAL HOME AND CREMATORY, 2422 BRICK CHURCH PIKE, NASHVILLE, TN 37207-4406				1258
24. Registrar's Signature			**25. Date Filed**	
▶ /e/ EDWARD G BISHOP III			05/27/2025	

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/ STACEY LOUISE VALLEJO	039104	05/23/2025

27d. Name and Address

STACEY LOUISE VALLEJO 4230 HARDING PIKE, NASHVILLE, TN 37205

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. LACTIC ACIDOSIS	HOURS
	b. SHOCK	HOURS
	c.	
	d.	

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

END STAGE RENAL DISEASE, MYELODYSPLASTIC SYNDROME

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: May-27-2025

0 1 7 2 8 5 4 8 0

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

VERIFY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE