Karen Johnson Davidson County
Batch# 1451772 AFFIDAVIT
07/27/2026 11:11:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20260727-0068036

Recordation Requested By/Return to:
MAINSTAY NATIONAL TITLE
3097 SATELLITE BLVD, BUILDING 700, SUITE 230
DULUTH, GA 30096
File No.

This Instrument Prepared By:
REGINALD HARRION, TN Bar No. 040700
o/b/o BC LAW FIRM, P.A.
1803 S. KANNER HWY
STUART, FL 34994

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF TENNESSEE)
) SS.
COUNTY OF Davidson)

Now on this 13 day of July 26, I, **HOWARD BERRY, JR.,** of lawful age,

being duly sworn, state as follows:

On the 28 day of August, 1992, this interest was conveyed by document to

HOWARD BERRY, JR. AND WIFE, CAMELLA BERRY, a married couple, the following real property situated in DAVIDSON County, State of TENNESSEE to wit:

Situated in the County of Davidson, State of Tennessee:

Being Lot 116 on the Plan of Harbor Gate, Revised, Section Two, as of record in Plat Book 6250, Page 33 in the Register's Office of said county, to which plat reference is hereby made for a more particular description of said property.

Being the same Property conveyed to HOWARD BERRY, JR. AND WIFE, CAMELLA BERRY from CARDINAL CONSTRUCTION, INC., of record in Instrument No. 42898, Book 8721, Page 482, Recorded on 09/03/1992, in the Register's Office for DAVIDSON County Records.

APN: 150-02-0-295-00

More commonly known as: 913 HIGH RIGGER COURT, NASHVILLE, TN 37217

This instrument was prepared without the benefit of a title examination.

Which document was recorded in the records of the County Clerk of **DAVIDSON** County, State of Tennessee in Instrument No. 42898, Book 8721, Page 482. There is attached hereto a certified copy of the Death Certificate of **CAMELLA BERRY** deceased, issued by the Department of Health for the State of Tennessee showing that the spouse died on the 24 day of January, 2023.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse.

And further affiant saith not.

Signed 7/13/26

HOWARD BERRY, JR.

Subscribed and sworn to before me this 13 day of July, 26 by **HOWARD BERRY, JR.**

My Commission Expires: 4/21/29

Notary Public

TONYA GREER
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

[The following Acknowledgment must be executed and recorded together with this Affidavit]

Affiant:

HOWARD BERRY, JR

STATE OF Tennessee

COUNTY OF Davidson

Personally appeared before me, the undersigned authority, **HOWARD BERRY, JR.**, with whom I am personally acquainted or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing Affidavit of Surviving Spouse, and who acknowledged that he executed the same for the purposes therein contained.

Witness my hand and official seal this 21st day of July, 2026.

(seal)

SHATIKA BRADY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
Printed Name: Shatika Brady
My Commission Expires: 5/8/2029

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 006200

1. Decedent's Legal Name			2. Sex	3. Date of Death
CAMELLA YOUNG-BERRY			FEMALE	01/24/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
01:08 AM	64	02/13/1958	CHICAGO, IL	

8a. Place of Death
INPATIENT

8b. Facility Name	8c. City or Town	8d. County of Death
SAINT THOMAS MIDTOWN 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	HOWARD BERRY JR	DISTRIBUTION MANAGER	CLARK MATERIALS

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
-2081	TENNESSEE	DAVIDSON	NASHVILLE

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
913 HOGHRIGGER COURT	YES	37217	NO

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. Father's Name	19. Mother's Name Prior to First Marriage
EDWARD EARL YOUNG	CLEMMIE MAY RICHARDSON

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
NAJA BERRY	DAUGHTER	913 HOGHRIGGER COURT, NASHVILLE, TN 37217

21a. Method of Disposition	21b. Place of Disposition	21c. Location
BURIAL	MIDDLE TN VETERANS CEMETERY	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ JEFFREY RUTLEDGE	16216	▶ /e/ JOHN ROY TAYLOR	4202

23a. Name and Address of Funeral Home	23b. License Number
NEW GENERATION FUNERAL HOME, 2930 MURFREESBORO PIKE, ANTIOCH, TN 37013-2226	1217

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	02/03/2023

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/ THOMAS ATWATER	52509	02/02/2023

27d. Name and Address
THOMAS ATWATER 300 20TH AVENUE NORTH STE G4, 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. ACUTE DECOMPENSATED RIGHT HEART FAILURE	DAYS
	b. PULMONARY HYPERTENSION	YEARS
	c. OBSTRUCTIVE SLEEP APNEA	
	d. MORBID OBESITY	

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

29a. Was an Autopsy Performed?	29b. Were Autopsy Findings Available to Complete the Cause of Death?
NO	

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 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.

14798565

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward A Bishop III

Edward G. Bishop III
State Registrar

Date Issued: Feb-03-2023

THE GREAT SEAL OF THE STATE OF TENNESSEE AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

CERTIFICATION REQUIRED BY TCA 66-24-101(D)

I, Jessica Jackson, 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 July 13, 2026 (date of document).

Jessica Jackson
Affiant Signature

July 13, 2026
Date

State of Texas
County of Collin

Sworn to and subscribed before me this 13th day of July, 20 26,

Notary's Signature

My Commission Expires: June 8 2028

Notary's Seal (if on paper)

MICHELE HARRIS
Notary ID #12354000
My Commission Expires
June 8, 2028