Karen Johnson Davidson County
Batch# 1458757 AFFIDAVITH
08/11/2026 01:00:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20260811-0073979

Recordation Requested By/Return to:
OS NATIONAL
3097 SATELLITE BLVD, STE 230 BUILDING 700
DULUTH, GA 30096
File No. NA

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 Robertson)

Now on this 4th day of Aug 2026, I **JEANIE H. BURNS**, of lawful age, being duly sworn, state as follows:

On the 15 day of Nov, 1991, this interest was conveyed by document to William David Burns and wife Jeanie H. Burns, as Joints Tenants, the following real property situated in DAVIDSON County, State of TENNESSEE to wit:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

APN: 007-00-0-127-00

More commonly known as: 1818 FOX CHASE DRIVE, GOODLETTSVILLE, TN 37072

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, Book 8492 Page 363. There is attached hereto a certified copy of the Death Certificate of William David Burns deceased, issued by the Department of Health for the State of

Davidson showing that the deceased Joint Tenant died on the 04/29/2005.

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 Jeanie H Burns

Jeanie H Burns

JEANIE H. BURNS

Subscribed and sworn to before me this 4 day of August, 2026 by **JEANIE H. BURNS.**

My Commission Expires: 01/22/2030

Regina C. Hockett

Notary Public

REGINA C. HOCKETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-22-2030

Affiant:

Jeanie H Burns
JEANIE H. BURNS

STATE OF Tennessee

COUNTY OF Robertson

Personally appeared before me, the undersigned authority, **JEANIE H. BURNS**, 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 Joint Tenant, and who acknowledged that he executed the same for the purposes therein contained.

Witness my hand and official seal this 4 day of August, 2026.

(seal)

REGINA C. HOCKETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-22-2030

Regina C. Hockett
Notary Public
Printed Name: Regina C. Hockett
My Commission Expires: 01/22/2030

Exhibit "A"

Situated in the County of Davidson, State of Tennessee:

Land in Davidson County, Tennessee, being Lot No. 3 on the Plan of Fox Chase Meadows, of record in Book 5200, page 194, said Register's Office, to which plan reference is hereby made for a more complete description of said lot.

Being the same Property conveyed from FRED L. WHEELER AND WIFE KATHY R. WHEELER, to WILLIAM DAVID BURNS AND WIFE JEANIE H. BURNS, of record in Book 8492, Page 363, Recorded on 11/22/1991, in the Register's Office for DAVIDSON County Records.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0502408

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): William David Burns Sr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 29, 2005
4. SOCIAL SECURITY NUMBER: -9521
4a. AGE-LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR (Months / Days / Hours)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): December 05, 1946
7. BIRTHPLACE (City and State or Foreign Country): Hot Springs, Virginia
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 X ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Jeanie Harvey
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sales
12b. KIND OF BUSINESS/INDUSTRY: Data Cash Registers
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 1818 Fox Chase Dr
13e. INSIDE CITY LIMITS? 1 Yes 2 X No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 0 X No
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Frank Morris Burns Sr
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lora Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs Jeanie Burns
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1818 Fox Chase Dr,Goodlettsville, TN 37072

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole & Garrett Funeral Home and Cremati
20c. LOCATION (City or Town, State): Hendersonville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Don Graves
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3953
21c. SIGNATURE OF EMBALMER: Rick Smith
21d. LICENSE NUMBER OF EMBALMER: 5195
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home and Cremation Services - (G) 127 N. Main Street Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: Arlene K. Bowers
24. DATE FILED (Month, Day, Year): May 3, 2005

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner(s) stated. 1 X SIGNATURE AND TITLE OF PHYSICIAN: Rick Hogan M.D.
25b. LICENSE NUMBER: 0435
25c. DATE SIGNED (Month, Day, Year): May 2 2005
26a. 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(s) stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): 420 N. Main St. Goodlettsville TN 37072

PHYSICIAN OR MEDICAL EXAMINER RESPONSIBLE FOR CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE WITHIN 48 HOURS

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cerebral Hypoxia	DUE TO (OR AS A CONSEQUENCE OF):	2 min
b. Hypoxia	DUE TO (OR AS A CONSEQUENCE OF):	20 min
c. Pulmonary Embolism	DUE TO (OR AS A CONSEQUENCE OF):	1/2 hours
d. Diabetes w. Fx		1 year

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Renal Failure

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Renal Transplant, Hypertension, Hyperchloremia

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

FH-1659 (REV. 6-96)

BIRTH NO.

RDA 1398

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Local Registrar

7/27/2005
Date Issued

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

CERTIFICATION OF VITAL RECORD

Tennessee Certification of Electronic Document

I, Chloe Palladino, 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 08/04/2026 (date of document).

CPalladino
Affiant Signature

08/04/2026
Date

State of Georgia

County of Gwinnett

Sworn to and subscribed before me this 4th day of August, 2026.

Notary's Signature

MY COMMISSION EXPIRES: 9.21.29

NOTARY'S SEAL

OFFICIAL SEAL
Alesia Davis
NOTARY PUBLIC-GEORGIA
GWINNETT COUNTY
My Comm. Expires September 21, 2029