Karen Johnson Davidson County
Batch# 1462488 AFFIDAVIT
08/20/2026 03:12:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20260820-0077789

Recordation Requested By/Return to:
MAINSTAY NATIONAL TITLE
3097 SATELLITE BLVD, BUILDING 700, SUITE 230
DULUTH, GA 30096
File No. MNT-627135

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 JOINT TENANT

STATE OF TENNESSEE)
) SS.
COUNTY OF DAVIDSON)

Now on this 13th day of August, 2026, I, **VICTOR LLOYD FISHBACK,** of lawful age, being duly sworn, state as follows:

On the 16th day of March, 1992, this interest was conveyed by document to

Victor Lloyd Fishback And Stephanie M. Goodman, As Joint Tenants In Common ,

the following real property situated in DAVIDSON County, State of TENNESSEE to wit:

Situated in the County of Davidson, State of Tennessee:

Land in the 2nd Civil District of Davidson County, Tennessee, being Lot No. 127 of Pebble Trace, Section 1, as of record in Plat Book 6900, page 34, Register's Office for said County to which plat reference is hereby made for a more complete legal description, said description is incorporated herein by reference the same as if copied fully herein verbatim.

Being the same Property conveyed from VICTOR LLOYD FISHBACK, to VICTOR LLOYD FISHBACK AND STEPHANIE M. GOODMAN, AS JOINT TENANTS IN COMMON, of record in Instrument No. 93418, Book 8577, Page 626, Recorded on 03/18/1992, in the Register's Office for DAVIDSON County Records.

APN: 149-05-0-190-00

More commonly known as: 2324 RADER RIDGE ROAD, ANTIOCH, TN 37013

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

Which document was recorded in the records of the County Clerk of **D**AVIDSON County, State

Of Tennessee, in Instrument No. 93418, Book 8577, Page 626**,** There is attached hereto a certified copy of the

Death Certificate of Stephanie Marie Goodman deceased, issued by the Department of Health for the State of

Tennessee, showing that the deceased Joint Tenant died on the December 25, 2024.

Affiant further states that he/she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

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 August 13, 2026

VICTOR LLOYD FISHBACK

By: Lesli Oliver Wright, Conservator

Lesli Oliver Wright, Esq., as Conservator over the Person and Property of Victor Lloyd Fishback, pursuant to Order of Conservatorship entered September 5, 2025, Docket No. 25P-299, Second Circuit Court for Davidson County, Tennessee (Probate Division)

State of Virginia County of King William

Subscribed and sworn to before me this 13th day of August, 2026 by **LESLI OLIVER WRIGHT, ESQ.**, as Conservator over the Person and Property of Victor Lloyd Fishback, pursuant to Order of Conservatorship entered September 5, 2025, Docket No. 25P-299.

My Commission Expires: 10/31/2029

Notary Public

My Commission Number: 7899517

COMMONWEALTH OF VIRGINIA · ELECTRONIC NOTARY PUBLIC · N

Melissa Donovan Mitchell

REGISTRATION NUMBER
7899517
COMMISSION EXPIRES
October 31, 2029

Notarized remotely online using communication technology via Proof.

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

Affiant:

VICTOR LLOYD FISHBACK

By: Lesli Oliver Wright, Conservator

Lesli Oliver Wright, Esq., as Conservator over the Person and Property of Victor Lloyd Fishback, pursuant to Order of Conservatorship entered September 5, 2025, Docket No. 25P-299, Second Circuit Court for Davidson County, Tennessee (Probate Division)

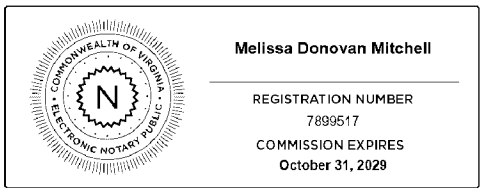
STATE OF Virginia

COUNTY OF King William

Personally appeared before me, the undersigned authority, **LESLI OLIVER WRIGHT, ESQ.**, as Conservator over the Person and Property of Victor Lloyd Fishback, pursuant to Order of Conservatorship entered September 5, 2025, Docket No. 25P-299, 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 13th day of August, **20** 26.

(seal)



Notary Public

Printed Name: Melissa Donovan Mitchell

My Commission Expires: 10/31/2029

My Commission Number: 7899517

Notarized remotely online using communication technology via Proof.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 082327

1. Decedent's Legal Name: STEPHANIE MARIE FISHBACK				2. Sex: FEMALE	3. Date of Death: 12/25/2024
4. Time of Death (Approx.): 01:02 PM	5a. Age: 66	6. Date of Birth: 04/25/1958	7. Birthplace: TUCSON, AZ		
8a. Place of Death: NURSING HOME/LONG TERM CARE					
8b. Facility Name: MCKENDREE VILLAGE		8c. City or Town: HERMITAGE		8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): VICTOR FISHBACK		11a. Decedent's Usual Occupation: MANAGER	11b. Kind of Business/Industry: REAL ESTATE OFFICE	
12. Social Security Number: 0-6148	13a. Residence-State or Foreign Country: TENNESSEE		13b. County: DAVIDSON	13c. City or Town: ANTIOCH	
13d. Street and Number: 2324 RADER RIDGE RD		13e. Inside City Limits?: YES	13f. Zip Code: 37013	14. Was Decedent ever in US Armed Forces?: NO	
15. Decedent's Education: BACHELOR'S DEGREE		16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: ROBERT GOODMAN			19. Mother's Name Prior to First Marriage: ELEANOR MITCHELL		
20a. Informant's Name: VICTOR FISHBACK		20b. Relationship to Decedent: HUSBAND	20c. Mailing Address: 4347 LEBANON PIKE, HERMITAGE, TN 37076		
21a. Method of Disposition: CREMATION		21b. Place of Disposition: NASHVILLE CREMATION SERVICE		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ RONALD DAVID GRAEFF		22b. License Number: 20659	22c. Signature of Embalmer: ▶		22d. License Number
23a. Name and Address of Funeral Home: HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3556					23b. License Number: 942
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 01/15/2025		

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/ THOMAS B MILLER	7539	01/08/2025

27d. Name and Address: THOMAS B MILLER 166 E. MAIN STREET, HENDERSONVILLE, TN 37075

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. CARDIO RESPIRATORY ARREST	
	b. CARDIAC ARRHYTHMIA	
	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	UNKNOWN	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.

Date Issued: Jul-29-2026

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

0 1 8 0 9 9 4 4 5

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tennessee Certification of Electronic Document

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 August 13, 2026 (date of document).

Affiant Signature

August 13, 2026
Date

State of TEXAS

County of COLLIN

Sworn to and subscribed before me this 13 day of August, 2026.

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

Notary's Signature

MY COMMISSION EXPIRES: 6-8-28

NOTARY'S SEAL