Karen Johnson Davidson County
Batch# 1468894 AFFIDAVIT
09/04/2026 01:11:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20260904-0082584

AFFIDAVIT OF DEATH

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BEFORE ME, the undersigned authority, on this 24 day of July, 2026 personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is **Qui Van Nguyen**, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, **Xuan Chau Nguyen**, now deceased, and I were the record title holders of the following described property, as evidenced by that Deed dated July 28, 1994, recorded August 2, 1994, in Book: 9425 and Page: 310, as Document/Instrument No. 77257, in the Official Records of **Davidson** County, State of **Tennessee**, to wit:

A CERTAIN TRACT OR PARCEL OF LAND, TOGETHER WITH ALL TENEMENTS, HEREDITAMENTS AND APPURTENANCES THERETO LOCATED IN DAVIDSON COUNTY, STATE OF TENNESSEE, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEING LOT NUMBER 342 ON THE PLAN OF SECTION 7, CHERRY HILLS, OF RECORD IN PLAT BOOK 4660 AT PAGE 49, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.
PARCEL ID NO: 150 05 0 281.00

For Title reference see deed dated July 28, 1994, recorded August 2, 1994, in Book: 9425 and Page: 310, as Document/Instrument No. 77257, in the Official Records of Davidson County, State of Tennessee

Commonly known as: 2948 MOSSDALE Drive, Antioch, TN 37013

"3. That my spouse and I were married prior to July 28, 1994, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death **June 25, 2018**.

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his death.

"5. That Affiant gives this Affidavit for the purpose of inducing Westcor Land Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Westcor Land Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.

QUI VAN NGUYEN

STATE OF TN

COUNTY OF Davidson

On this 24 day of July 2026, 20__, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was Driver's License to be the persons whose names are signed on the preceding document, and acknowledged to me that they signed it voluntarily and for its stated purpose.

Erica A. Hansbrough
Printed Name:

Notary Public, State of TN.
County of: Williamson

My Commission Expires: 09-27-2028
Acting in the County of: Davidson

ERICA A. HANSBROUGH
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires 09-27-2028

SWORN TO and subscribed before me by Qui Van Nguyen this 24 day of July 2026.

Notary Public

My commission expires: 08/16/28

MICHELLE MEDEIROS
Notary Public-State of Rhode Island
ID# 772401
My Commission Expires
August 15, 2028

Prepared by and Return to:
Marisa Silva - Summit Settlement Services LLC
50 Jordan Street | Suite 101
East Providence RI 02914
401-865-6400

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 034949

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
XUAN CHAU NGUYEN				FEMALE	06/25/2018
4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
12:58 PM	73					04/24/1945	VIETNAM

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
NURSING HOME/LONG TERM CARE	WESTMORELAND HEALTH AND REHABILITATION CENTER	KNOXVILLE	KNOX

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	QUI VAN NGUYEN	COMPUTER OPERATOR	HOSPITAL

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
	TENNESSEE	DAVIDSON	ANTIOCH

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
2948 MOSSDALE DR	YES	37013	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	VIETNAMESE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
HUONG CHAU	PHO TRUONG

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
QUI VAN NGUYEN	HUSBAND	2948 MOSSDALE DR., ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	CREMATION SERVICES OF EAST TENNESSEE	MOHAWK, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ DARRELL ALDER	5920	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
ALDER FUNERAL HOME, 4524 W. ANDREW JOHNSON HWY, MORRISTOWN, TN 37814	1209

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	06/26/2018

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ MARIE J MORRISON	43707	06/26/2018

27d. NAME AND ADDRESS
MARIE J MORRISON 7051 STRAWBERRY PLAINS PIKE, KNOXVILLE, TN 37914

MEDICAL CERTIFICATION

28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSE D 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) →	a. ACUTE RESPIRATORY FAILURE	HOURS
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	DUE TO (OR A CONSEQUENCE OF) b. ASPIRATION PNEUMONIA	DAYS
	DUE TO (OR A CONSEQUENCE OF) c. OROPHARYNGEAL DYSPHAGIA	YEARS
	DUE TO (OR A CONSEQUENCE OF) d. CEREBROVASCULAR ACCIDENT	YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I	29a. WAS AN AUTOPSY PERFORMED?
VASCULAR DEMENTIA, HYPERTENSION, PROTEIN CALORIE MALNUTRITION	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-1659 (Rev. 8/2017) RDA 10112

10196137

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 G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10196137

Date Issued JUN 28 2018

CERTIFICATION OF VITAL RECORD

COPY NOT VALID UNLESS PRINTED ON SECURITY PAPER WITH RED SEAL

Tennessee Certification of Electronic Document

I, Steven Sot, 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 07/24/2026 (date of document).

Affiant Signature

07/31/2026

Date

State of Rhode Island

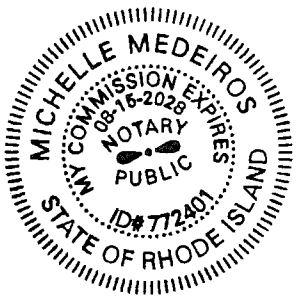
County of Providence

Sworn to and subscribed before me this 7th day of August, 2026.

Notary's Signature

MY COMMISSION EXPIRES: 08/15/2028

NOTARY'S SEAL



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