THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

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BILL GARRETT, Davidson County
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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. Section 30-2-712, I, SIMINTAJ SOROUSHAZARI, being duly sworn, hereby state as follows:

1. My full name is SIMINTAJ SOROUSHAZARI. I currently reside at 2706 Sunset Place, Nashville, Tennessee 37212.

2. My husband, BARRY DAVID LICHTER (the "Decedent"), died on February 2, 2014 in Nashville, Tennessee, as evidenced by the Certificate of Death attached hereto as Exhibit A.

3. I married the Decedent on March 31, 2006, and remained married to him until the Decedent's death, as evidenced by the Marriage Certificate attached hereto as Exhibit B.

4. At the time of the Decedent's death, the Decedent and I owned improved property located at 2706 Sunset Place, Nashville, Tennessee 37212 (the "Property") as tenants by the entirety. This Property was deeded to the Decedent and I by a Warranty Deed recorded as Instrument Number 20060703-0078907 in the Register's Office for Davidson County, Tennessee.

5. This affidavit will confirm that title to the Property vested in me immediately following the Decedent's death.

FURTHER, AFFIANT SAITH NOT.

Dated this the 24th day of September, 2015.

SIMINTAJ SOROUSHAZARI

Sworn to and subscribed before me
on this the 24th day of September, 2015.

Notary Public

My Commission Expires: September 11, 2017



EXHIBIT A

Certificate of Death of Barry David Lichter

(Attached)

STATE OF TENNESSEE
Office of Vital Records

1400691

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Barry David Lichter
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 1, 2014
4. TIME OF DEATH (Approx.): 11:45 pm
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 29, 1931
7. BIRTHPLACE (City and State or Foreign Country): Chelsea, MA

TYPEPRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Westmeade Place
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Simintaj Soroushazar
11a. DECEDENT'S USUAL OCCUPATION: Professor
11b. KIND OF BUSINESS/INDUSTRY: Education
12. SOCIAL SECURITY NUMBER: 030-22-6556
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2706 Sunset Place
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37212
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☒ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Morris Lichter
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ada Ullian

DISPOSITION

20a. INFORMANT'S NAME: Simintaj Soroushazar
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2706 Sunset Place, Nashville, TN 37212
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kimberly Ann Seaman
22b. LICENSE NUMBER: 6725
22c. SIGNATURE OF EMBALMER: ▶ n/a
22d. LICENSE NUMBER: n/a
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Elizabeth Edwards OR
25. DATE FILED (Month, Day, Year): February 7, 2014

CERTIFIER

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

26. CERTIFIER (Check only one):
26a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER: ▶ Richard Gorman
27b. LICENSE NUMBER: MD 013402
27c. DATE SIGNED (Month, Day, Year): 2/6/14
27d. NAME AND ADDRESS: Richard Gorman 300 20th Ave North Nashville

MEDICAL CERTIFICATION

29. 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)
a. Aspiration pneumonia
Due to (or as a consequence of)
b. Dysphagia
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 as a consequence of)
c. Dementia - Alzheimers with Parkinsonism
Due to (or as a consequence of)
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? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1059 (Rev. 10/2011) RDA 1399

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6437531

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.

6437531

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued FEB 10 2014

CERTIFICATION OF VITAL RECORD

EXHIBIT B

Marriage Certificate of Barry David Lichter and Simintaj Soroushazari

(Attached)

Certificate of Marriage

STATE OF TENNESSEE

COUNTY OF DAVIDSON

To Anyone Legally Authorized to Celebrate the Rites of Matrimony
You Are Hereby Licensed to Celebrate the

Rites of Matrimony

Between Barry David Lichter 74 AGE

and Simintaj Soroushagari 63 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this

24th day of March

in the year of our Lord Two Thousand

Six

Bill Covington

BILL COVINGTON COUNTY CLERK

BY: Patsy Davis DEPUTY CLERK

By Virtue of A License from the Davidson County Clerk,

I have this day celebrated the Rites of Matrimony between

The parties herein named, as authorized in the foregoing license.

Given under my hand this the 31st day of March A.D. 2006

Book No. 200

Page No. 16

James G. Traub

SIGNATURE OF OFFICIANT