Prepared by
Dan Alexander
Attorney at Law
2016 8th Ave S.
Nashville, TN 37204

Bill Garrett Davidson County
Batch# 98226 AFFIDAVITH
05/30/2018 12:30:36 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20180530-0051484

AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills To:	Map/par No.
MOHAMMAD NASER CHOURAZGHI-AZAD 4816 Indian Summer Drive, Nashville, TN 37207	**Same**	**32-9-59**

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Lot No 148 on the revised Plan of Quail Ridge, Section I of record in Book 6900, page 300., Register's Office for Davidson County, Tennessee.

Being a part of the property conveyed to Grantor by deed of record in Book 8909, page 294, said Register's Office.

Being the same real property conveyed by Warranty Deed from Barbara J. Jones to Nasser M. Azad and wife, Natalie Azad dated January 24, 1994 of record in Book 9230, Page 722 Register's Office of Davidson County, Tennessee. Natalie Azad was the lawful wife of Nasser M. Azad and Nasser M. Azad is one and the same as **MOHAMMAD NASER CHOURZAGHI-AZAD**

This is improved property known as 4816Indian Summer Drive, Nashville, Davidson County, Tenn. 37207

Comes now, **MOHAMMAD NASER CHOURAZGHI-AZAD**, and after first being duly sworn according to law, attests and states as follows:

1. Affiant, MOHAMMAD NASER CHOURAZGHI-AZAD, is one and the same as Nasser M. Azad owner of the above real property.

2. Affiant, MOHAMMAD NASER CHOURAZGHI-AZAD was lawfully married to Natalie Azad until the death of Natalie Azad on January 24, 1996. (Death Certificate Attached).

3. Affiant, MOHAMMAD NASER CHOURAZGHI-AZAD, and his lawfully married wife, Natalie Azad, owned the above real property as husband and wife and owned the above real property

as tenants by the entirties until the death of Natalie Azad.

4. All right, title and interest in the real property above described vested in Affiant, MOHAMMAD NASER CHOURAZGHI-AZAD with death of Natalie Azad.

5. **FURTHER AFFIANT SAITH NOT.**

Naser Azad

Affiant, MOHAMMAD NASER CHOURAZGHI-AZAD

State of Tennessee)
County of Davidson)

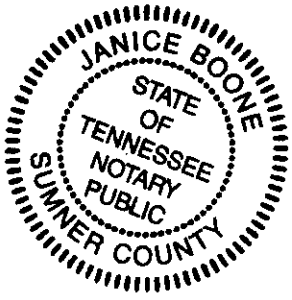
Personally appeared before me, the undersigned authority, a Notary Public in and for the within named Affiant, MOHAMMAD NASER CHORZAGHIAZAD, the bargainor(s) with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 29th day of May 2018.

My Commission Expires: 9-25-2019

Janice Boone

Notary Public



Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

FEB 20 1996

John L. Burns
LOCAL REGISTRAR

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9600750

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): NATALIE ANDREA AZAD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 25, 1996
4. SOCIAL SECURITY NUMBER (of Deceased): 412-15-6092
5a. AGE-LAST BIRTHDAY (Years): 30
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Nov 15 1965
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt University 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): Naser Azad
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4816 Indian Summer Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

NAME OF DECEDENT: Azad, Natalie — For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Marion E. Pyburn
18. MOTHER'S NAME (First, Middle, Maiden Surname): C. Ruth Wilkes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Naser Azad
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4816 Indian Summer Drive Nashville, Tennessee 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Wilson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #3182
21c. SIGNATURE OF EMBALMER: ▶ Jerry Wilson
21d. LICENSE NUMBER OF EMBALMER: #3567
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, Madison, Tennessee 37115
22b. LICENSE NUMBER OF FUNERAL HOME: #690

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marietta D. Agee
24. DATE FILED (Month, Day, Year): February 20, 1996

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 as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Ann L. Bucholtz
26b. LICENSE NUMBER: 26337
26c. DATE SIGNED (Month, Day, Year): 2-6-96

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): ANN L. BUCHOLTZ, M.D., 84 HERMITAGE AVENUE, NASHVILLE, TENN. 37210-2110, MEC96-0082

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. BLUNT FORCE TRAUMA	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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

30. MANNER OF DEATH: 1 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 1-24-96
31b. TIME OF INJURY: 10:30P M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Driver, motor vehicle accident
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Roadway
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): I-24 East near Ewing Lane Overpass, Nashville, Tenn.

BIRTH NO.

PH-1659
REV. 2-93

RDA 1399