WARRANTY DEED

Karen Johnson Davidson County
Batch# 227472 DEEDWARR
05/08/2019 11:28:30 AM 9 pgs
Fees: $48.00 Taxes: $1,294.63
20190508-0043081

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $349,900.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 7TH DAY OF MAY, 2019.

Notary Public

MY COMMISSION EXPIRES: 10/11/21

(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
Sidwell & Barrett, PC
Stewart Title Company Tennessee Division, 121 1st Ave S, Ste 200, Franklin, TN 37064-6300

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP PARCEL NUMBERS
Paul E. Abrams	New Owner	141050A21900CO
(NAME)	(NAME)	
1205 Scarcroft Lane		
(ADDRESS)	(ADDRESS)	
Nashville, TN 37221		
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

For and in consideration of the sum of ten dollars, cash in hand paid by the hereinafter named GRANTEE(S), and other good and valuable considerations, the receipt of which is hereby acknowledged, Robert Chas Bache, a single man, hereinafter called the GRANTOR(S), has/have bargained and sold, and by these presents do transfer and convey unto Lois L. Abrams and Paul E. Abrams, wife and husband, hereinafter called the GRANTEE(S), his/her/their assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

Land in Davidson County, Tennessee, being Lot No. 219 on the Plan of Avondale Park, Phase I, Section 4, of record in Plat Instrument No. 200903180024196, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.

Being the same property conveyed to Robert Bache, a single man by Warranty Deed from Terry J. Hoffman and Natalie E. Hoffman, husband and wife, dated April 17, 2015 and recorded April 23, 2015 of record in Instrument No. 20150423-0036515, Register's Office for Davidson County, Tennessee.

The said Robert Bache aka Robert John Bache died intestate on February 16, 2019, leaving the said Robert Chaz Bache as his sole Heir at Law as evidenced in File No. 19P700, Probate Clerk's Office for Davidson County, Tennessee.

See attached Exhibit "A" for Affidavits of Heirship

This conveyance is further subject to (1) all applicable zoning ordinances (2) utility, sewer, drainage and other easements of record, (3) all subdivision/condominium assessments, covenants, bylaws, restrictions, declarations and easements of record, (4) building restrictions, and (5) other matters of public record.

unimproved ☐

This is improved ☒ 1205 Scarcroft Lane, Nashville, TN 37221

(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE(S), his/her/their assigns forever; and we do covenant with the said GRANTEE(S) that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE(S), his/her/their assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Effective the 7th day of May, 2019.

Robert Chaz Bache

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Robert Chaz Bache, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledge that he/she executed the forgoing instrument for the purposes therein contained.

Witness my hand and Official seal this 7th day of May, 2019.

Notary Public:
My Commission Expires: 11/4/21

K. THOMAS SIDWELL
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

RETURN TO:
Stewart Title Company Tennessee Division
121 First Avenue South, Ste 200
Franklin, TN 37064

This instrument prepared by:
Sidwell & Barrett, PC
121 First Avenue S, Suite 200
Franklin, TN 37064

AFFIDAVIT OF HEIRSHIP

I, Dee Russell, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant presently resides at the following address: 9308 Navaho Drive Brentwood, TN 37027
2. That Affiant personally knew Robert John Bache, deceased, hereinafter referred to as Decedents, and has personal knowledge of the family of the Decedent;
3. That Decedent died intestate on February 16, 2019;
4. That Decedent was unmarried at the time of death;
5. That Robert Chaz Bache is the only child of the Decedent, natural born or adopted, living or deceased.

FURTHER THE AFFIANT SAITH NOT.

Dee Russell

STATE OF TENNESSEE
COUNTY OF Williamson

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Affiant, Dee Russell, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

Witness my hand and seal this 6 day of May, 2019.

Notary Public
My Commission Expires: 3-25-23

NANCY L. SCHNEIDER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
My Commission Expires

THIS INSTRUMENT PREPARED BY: Shannon L. Crutcher, Esq., 751 Cool Springs Boulevard, Suite 207, Franklin, Tennessee 37067

THIS AFFIDAVIT OF HEIRSHIP WAS PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH USING INFORMATION PROVIDED BY THE PARTIES AND THE PREPARER MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE OF THE PROPERTY HEREIN.

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. § 30-2-712, GINGER B. BACHE, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant is at least eighteen (18) years of age, and is a resident of Davidson County, Tennessee, presently residing at 1046 Woodbury Falls Drive, Nashville, Tennessee 37221.

2. That Affiant is the ex-spouse of ROBERT J. BACHE, deceased, hereinafter referred to as Decedent. That Affiant and Decedent were married for 24 years. That Affiant has known the Decedent for 28 years.

3. That Affiant knew, at the time of Decedent's death, Decedent owned in fee simple a parcel of real property, commonly known as 1205 Scarcroft Lane, Nashville, Tennessee 37221, lying in Davidson County, Tennessee, and being more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 219 on the plan of AVONDALE PARK, PHASE I, SECTION 4, as shown by plat of record in Instrument No. 200903180024196, in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.
>
> Being the same property conveyed to ROBERT BACHE, a single man, by deed from TERRY J. HOFFMAN and NATALIE E. HOFFMAN, husband and wife, dated April 17, 2015, and of record in Instrument No. 201504230036515, Register's Office for Davidson County, Tennessee.

The above-described real property is identified by the Assessor of Property for Davidson County, Tennessee as Map 141, Parcel 219.00.

The above legal description is copied verbatim from the last deed of record.

4. That the Decedent died on February 16, 2019, and was a resident of Davidson County, Tennessee. A copy of the death certificate is attached hereto.

5. That the Decedent was not married at the time of his death.

6. That the Decedent died intestate. The estate of the Decedent is being administered in a proceeding supervised by the Circuit Court for Davidson County, Tennessee.

7. That as of the Decedent's date of death, and as of the date of execution of this Affidavit of Heirship, the Affiant's adult son, ROBERT CHAZ BACHE, constitutes the sole heir at law under the laws of descent and distribution.

8. That Affiant is aware that Tenn. Code Ann. § 30-2-712(f) provides that whoever willfully, corruptly and falsely swears to any statement in any Affidavit of Heirship known by such person to be false, or about which such person does not have sufficiently definite knowledge to justify the making of such a sworn statement, and the statement is false, commits a Class E felony.

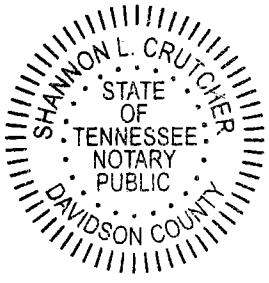
IN WITNESS WHEREOF, Affiant has executed the foregoing Affidavit of Heirship, pursuant to Tenn. Code Ann. § 30-2-712, for the purpose of establishing heirship with respect to any real property owned by the Decedent, this 1 day of May, 2019.

Ginger B Bache
GINGER B. BACHE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, GINGER G. BACHE, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and who made oath that the statements contained in the foregoing Affidavit are true of Affiant's own knowledge and acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal this 1 day of MAY, 2019.



Shannon L Crutcher
NOTARY PUBLIC

My Commission Expires: 03/08/2021

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 008981

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: ROBERT JOHN BACHE					2. SEX: MALE	3. DATE OF DEATH: 02/16/2019
4. TIME OF DEATH (Approx.): 18:16	5a. AGE: 56	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 05/08/1962	7. BIRTHPLACE: POMONA, CA	
8a. PLACE OF DEATH: ER/OUTPATIENT						
8b. FACILITY NAME: SOUTHERN HILLS MEDICAL CENTER		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: DIVORCED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: INSURANCE		11b. KIND OF BUSINESS/INDUSTRY: INSURANCE	
12. SOCIAL SECURITY NUMBER: ---1059	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 1205 SCARCROFT LN		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37221		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO	
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

PARENTS

18. FATHER'S NAME: JOHN BACHE	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LINDA CRAIG

20a. INFORMANT'S NAME: GINGER BACHE	20b. RELATIONSHIP TO DECEDENT: EX-WIFE	20c. MAILING ADDRESS: 1045 WOODBURY, NASHVILLE, TN 37221

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION	21b. PLACE OF DISPOSITION: NASHVILLE CREMATION SERVICE	21c. LOCATION: NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ SHERROD KIMMINS	22b. LICENSE NUMBER: 6617	22c. SIGNATURE OF EMBALMER: ▶	22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604			23b. LICENSE NUMBER: 40

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III	25. DATE FILED: 02/20/2019

CERTIFIER

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

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: ▶ /s/ RANDY S. TASHJIAN, M.D.	27b. LICENSE NUMBER: 54455	27c. DATE SIGNED: 02/19/2019
27d. NAME AND ADDRESS: RANDY S. TASHJIAN, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216		

MEDICAL CERTIFICATION

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) →	a. PENDING	
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.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

28a. WAS AN AUTOPSY PERFORMED?

28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: PENDING INVESTIGATION	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE: N/A		
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-1850 (Rev. 6-2017) RDA 10112

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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
Edward G. Bishop III
State Registrar

1 0 9 1 1 0 3 4

Date Issued: FEB 21 2019

CERTIFICATION OF VITAL RECORD

201905080043081

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

DELAYED REPORT OF DIAGNOSIS - DEATH

STATE FILE NUMBER 2019 008981

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: ROBERT JOHN BACHE
2. SEX: MALE
3. DATE OF DEATH: 02/16/2019
5a. AGE: 56
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 05/08/1962
8b. FACILITY NAME: SOUTHERN HILLS MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON

A DELAYED REPORT OF DIAGNOSIS MAY BE FILED IF THE CAUSE OF DEATH CANNOT BE DETERMINED WITHIN 48 HOURS

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP, III
25. DATE FILED: 04/10/2019

26. CERTIFIER (Check only one):
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.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE. ITEM NUMBERS ARE SKIPPED SO THAT NUMBERS ARE THE SAME AS ON CERTIFICATE OF DEATH.

27a. SIGNATURE OF CERTIFIER: /e/ RANDY S. TASHJIAN, M.D.
27b. LICENSE NUMBER: 54455
27c. DATE SIGNED: 04/10/2019
27d. NAME AND ADDRESS: RANDY S. TASHJIAN, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216

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)	a. PROBABLE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
	Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	
	Due to (or as a consequence of)	
	c.	
	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.
OBESITY

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 ☐ Could not be determined ☐ Suicide
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
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

VS-1065 (REV. 8/2017) RDA 10112

1115637

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

1 1 1 1 5 6 3 7
Date Issued
APR 10 2019

CERTIFICATION OF VITAL RECORD

201905080043081

CERTIFICATE OF AUTHENTICITY

I, Donald R. Barrett, Jr., do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Attorney or Custodian

Stewart Title Company

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

Personally appeared before me, Jill L Swicegood, a notary public in and for the aforesaid county and state, the within named Donald R. Barrett, Jr., who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

JILL L SWICEGOOD STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY (SEAL)

Notary Public

My Commission Expires: July 9, 2022

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