THIS DOCUMENT PREPARED BY: Justin M. Gilbert
Music City Estate Law
1650 Murfreesboro Rd., Suite 208
Franklin, TN 37067

OWNER: Don Lee David Stratton
4609 Illinois Ave.
Nashville, TN 37209

Map & Parcel No.: 091-120-032.00

Karen Johnson Davidson County
Batch# 320339 AFFIDAVITH
11/26/2019 03:16:57 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20191126-0122455

SEND TAX NOTICE TO: Don Lee David Stratton
4609 Illinois Ave.
Nashville, TN 37209

**AFFIDAVIT OF HEIRSHIP – REAL PROPERTY**

STATE OF CALIFORNIA )
COUNTY OF ALAMEDA )

The undersigned, DAVID ANDREW LEKASHMAN, residing at 1025 Fair Oaks Avenue, Alameda, CA 94501, brother of Deborah Gaeila Lonrau, (deceased), being duly sworn, deposes and says:

1. I have personal knowledge of the matters stated in this affidavit.

2. On September 1, 2019, Deborah Gaeila Lonrau, (the "Decedent") died at Nashville, Davidson County, Tennessee. Her death certificate is attached.

3. At the time of Decedent's death, she resided at **4609 Illinois Avenue, Nashville, TN 37209.**

4. Decedent died intestate.

5. At the time of her death, Deborah Gaeila Lonrau, owned a 100% interest in the following described property:

**A certain tract or parcel of land in Davidson County, Tennessee, described as follows to wit:**
**Being Lot Nos. Five Hundred and Sixteen (516) and Five Hundred and Eighteen (518) of Block 85, Plan No. 1, West, Nashville which is of record in Book 57, pages 74 and 75, Register's Office Davidson County, Tennessee. Said Lot Nos. 516 and 518 join each other and front each twenty five (25) feet on the southerly side of Illinois Avenue and run back between parallel lines, One Hundred Fifty (150) feet to an alley.**

Being the same property conveyed to Deborah G. Lonrau, unmarried, by Warranty Deed from Randall Lee Craft, unmarried, dated August 31, 1995, recorded September 5, 1995 in Book 9783, Pages 794-796 of the Register's Office for Davidson County, Tennessee.

This property more commonly known as: **4609 Illinois Avenue, Nashville, TN 37209.**

6. The Decedent was married to Don Lee David Stratton and had no children.

7. The ownership interest owned by the deceased in the above referenced real property now vests as follows: Don Lee David Stratton, 100%.

Signed this 4th day of November 2019.

DAVID ANDREW LEKASHMAN, Affiant

**A notary public or other officer completing this certificate certifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

State of California )

County of Alameda )

Signed and sworn (or affirmed) before me on E Zendejas Alvarez 2019 by DAVID ANDREW LEKASHMAN.

Notary Public (seal)

My Commission Expires: Aug 4, 2023

E ZENDEJAS ALVAREZ
Notary Public - California
Contra Costa County
Commission # 2300253
My Comm. Expires Aug 4, 2023

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

# STATE OF TENNESSEE
## Office of Vital Records

Page 1 of 2

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH**

STATE FILE NUMBER: 2019 050825

| | | | | |
|---|---|---|---|---|
| 1. DECEDENT'S LEGAL NAME: DEBORAH GAERLA LONRAU | | | 2. SEX: FEMALE | 3. DATE OF DEATH: 09/01/2019 |
| 4. TIME OF DEATH (Approx.): 11:55 AM | 5a. AGE: 60 | 5b. UNDER 1 YEAR: Months / Days | 5c. UNDER 1 DAY: Hours / Minutes | 6. DATE OF BIRTH: 02/23/1959 |
| 7. BIRTHPLACE: NEW YORK, NY | | | | |
| 8a. PLACE OF DEATH: DECEDENT'S HOME | | | | |
| 8b. FACILITY NAME: 4609 ILLINOIS AVE | 8c. CITY OR TOWN: NASHVILLE | 8d. COUNTY OF DEATH: DAVIDSON | | |
| 9. MARITAL STATUS: MARRIED | 10. SURVIVING SPOUSE (name prior to first marriage): DON STRATTON | 11a. DECEDENT'S USUAL OCCUPATION: DISABLED | 11b. KIND OF BUSINESS/INDUSTRY: NOT IN WORK FORCE | |
| 12. SOCIAL SECURITY NUMBER: 0508 | 13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE | 13b. COUNTY: DAVIDSON | 13c. CITY OR TOWN: NASHVILLE | |
| 13d. STREET AND NUMBER: 4609 ILLINOIS AVE | 13e. INSIDE CITY LIMITS?: YES | 13f. ZIP CODE: 37209 | 14. WAS DECEDENT EVER IN US ARMED FORCES?: NO | |
| 15. DECEDENT'S EDUCATION: MASTER'S DEGREE | 16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO | 17. DECEDENT'S RACE: WHITE | | |
| 18. FATHER'S NAME: JOHN LEKASHMAN | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: BARBARA LEKASHMAN | | | |
| 20a. INFORMANT'S NAME: DON STRATTON | 20b. RELATIONSHIP TO DECEDENT: HUSBAND | 20c. MAILING ADDRESS: 4609 ILLINOIS AVE, NASHVILLE, TN 37209 | | |
| 21a. METHOD OF DISPOSITION: CREMATION | 21b. PLACE OF DISPOSITION: NASHVILLE FUNERAL & CREMATION | 21c. LOCATION: NASHVILLE, TN | | |
| 22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ JONATHAN SCOTT KEENE | 22b. LICENSE NUMBER: 5939 | 22c. SIGNATURE OF EMBALMER: ▶ | 22d. LICENSE NUMBER: | |
| 23a. NAME AND ADDRESS OF FUNERAL HOME: NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7506 | | | 23b. LICENSE NUMBER: 1136 | |
| 24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G BISHOP III | 25. DATE FILED: 09/12/2019 | | | |

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: ▶ /e/ EMILY DENNISON, M.D. | 27b. LICENSE NUMBER: 53219 | 27c. DATE SIGNED: 09/12/2019 |
| 27d. NAME AND ADDRESS: EMILY DENNISON, M.D. 650 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. 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 | (OR A CONSEQUENCE OF) b. | |
| | (OR A CONSEQUENCE OF) c. | |
| | (OR A CONSEQUENCE OF) d. | |

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

28b. WAS AN AUTOPSY PERFORMED?

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

| | | | | |
|---|---|---|---|---|
| 30. MANNER OF DEATH: PENDING | 31. DID TOBACCO USE CONTRIBUTE TO DEATH? | 32. IF FEMALE: | | |
| 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 | |

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.

11436500

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 4 3 6 5 0 0

Date Issued: SEP 18 2019

CERTIFICATION OF VITAL RECORD