Karen Johnson Davidson County
Batch# 452736 AFFIDAVITH
08/10/2020 09:03:47 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20200810-0088509

AFFIDAVIT OF HEIRSHIP

GRANTEE:
Beth Anne Musiker
5204 Cochran Drive
Nashville, TN 37220

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
161.01-OB-28.00 CO

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
1507 16th Avenue South
Nashville, Tennessee 37212

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Beth Anne Musiker. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. I reside at 5204 Cochran Drive, Nashville, Davidson County, Tennessee, 37220 (the "Property"). The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

4. Stephen Taylor Gudis died on January 6, 2020. I will refer to him as the Decedent. A copy of his death certificate, with redactions, is attached hereto as Exhibit B. At the time of his death, the Decedent resided with me at the Property.

5. At the time the Decedent and I took title to the Property, we were legally married.

6. At the time the Decedent and I took title to the Property, we owned the Property as tenants by the entirety.

7. At the time of Decedent's death, Decedent and I were legally married.

8. There was no divorce or separation between the Decedent and I prior to Decedent's death.

9. Decedent did not have any surviving children, living or predeceased.

The Affiant makes oath that, to the best of her information and belief, the information contained herein is true, accurate, and complete.

Beth Anne Musiker

AFFIANT

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Beth Anne Musiker**, with whom I am personally acquainted, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 31st day of July, 2020.

Notary Public

My commission expires: March 7, 2023

ALLISON LUND
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires

Exhibit A

LAND in Davidson County, Tennessee, BEING Lot No. 125 on the Plan of Aberdeen Woods, Phase One, of record in Plat Book 9700, Page 589, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for complete and accurate description thereof.

Being the same property conveyed to Michelle T. Filaroski, married by Warranty Deed from Drees Premier Homes, Inc. formerly known as Drees Preferred Collection, Inc., an Ohio Corporation dated November 16, 2001 as of record in Instrument number 20011126-0128484, Register's Office for Davidson County, Tennessee. Mark R. Filaroski joins in this conveyance to convey any and all rights he may have in this property.

This conveyance is subject to any and all existing easements and restrictions as shown of record.

This is improved property, known and 5204 Cochran Drive, Nashville, Tennessee 37220.

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 000927

1. Decedent's Legal Name: STEPHEN TAYLOR GUDIS			2. Sex: MALE	3. Date of Death: 01/08/2020
4. Time of Death (Approx.): 13:20	5a. Age: 68	6. Date of Birth: 09/21/1951	7. Birthplace: MORRISTOWN, TN	
8a. Place of Death: ER/OUTPATIENT				
8b. Facility Name: VANDERBILT UNIVERSITY MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): BETH ANNE MUSIKER	11a. Decedent's Usual Occupation: PRODUCTION MANAGER		11b. Kind of Business/Industry: MUSIC
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 5204 COCHRAN DR		13e. Inside City Limits? YES	13f. Zip Code: 37220	14. Was Decedent ever in US Armed Forces? YES
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: BERTRAM GUDIS		19. Mother's Name Prior to First Marriage: JEAN TAYLOR		
20a. Informant's Name: BETH ANNE MUSIKER	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 5204 COCHRAN DR, NASHVILLE, TN 37220		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CEMATION SERVICE		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ 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 23th AVE NORTH, NASHVILLE, TN 37203-1604				23b. License Number: 40
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 01/11/2020	

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/ BEATRICE CONCEPCION	27b. License Number: 49956	27c. Date Signed: 01/09/2020

27d. Name and Address: BEATRICE CONCEPCION 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASE, 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) Sequentially list conditions, if any, leading to the stated cause of death. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. CARDIAC ARREST — MINUTES
b. MYOCARDIAL INFARCTION — HOURS
c. CORONARY ARTERY DISEASE — YEARS
d.

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED IN THE UNDERLYING CAUSE GIVEN IN PART I: KIDNEY TRANSPLANT

28a. Was an Autopsy Performed? YES
28b. Were Autopsy Findings Available to Complete the Cause of Death? YES

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death? NO	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

TN-1659 (Rev 02/17) RDA 10112

11764040

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 7 6 4 0 4 0

Date Issued: Jan-13-2020

CERTIFICATION OF VITAL RECORD