This instrument was prepared by
AND WHEN RECORDED RETURN TO:

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Cumberland Legacy Law
330 Ridgeline Drive
Crossville, TN 38571

Karen Johnson Davidson County
Batch# 581106 AFFIDAVITH
03/02/2021 08:38:46 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20210302-0026001

# AFFIDAVIT OF HEIRSHIP

*Tennessee Code Annotated § 30-2-712.*

The undersigned, being duly sworn, deposes and says:

1. My full name is Rita Dekalaita-See. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 5405 NE Rodney Ave., Portland, OR 97211,

3. I have personal knowledge of the matters stated in this Affidavit.

4. On June 26,2020, Debra Dekalaita-Cherry, who took title as Debra Miller, died intestate at Santa Rosa Memorial Hospital, 1165 Montgomery Drive, Santa Rosa, CA. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 5216 Eatons Creek Rd., Nashville, TN 37218 in Davidson County, Tennessee, more fully described as:

   LAND in Davidson County, Tennessee,

   BEING Lot No. 1 on the Plan of Koenig Subdivision, a plat of which is of record in Plat Book 5060, Page 55, Register's Office for Davidson County, Tennessee, to which reference is hereby made for further description of said property.

   REFERENCE is made for prior title to Deed recorded on April 18, 1994 in Book 9314, pages 484-486, in the Register's Office of Davidson County, Tennessee.

   At the time of the Decedent's death, the Decedent held a 50% undivided tenants in common interest in said real property with her ex-husband Ray E. Miller.

6. At the time of the Decedent's death, the Decedent resided at 1210 Ridley Ave., Santa Rosa, CA 95401.

7. The estate of the Decedent was not administered in a proceeding supervised by a court.

8. I am the Decedent's only child. At the time of Decedent's death, the Decedent was married to David Alan Cherry.

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: **At the time the Decedent took title to the subject property** with Ray E. Miller, she and Ray E. Miller were married to each other. However, the Decedent and Ray E. Miller later divorced. At the time of Decedent's death she was married to David Alan Cherry.

Rita Dekalaita-See, Affiant

STATE OF OREGON )
) ss.
COUNTY OF MULTNOMAH )

Sworn to and subscribed before me this 26th day of January, 2021 by Rita Dekalaita-See.

OFFICIAL STAMP
DAYRON RAFAEL BUENO MORALES
NOTARY PUBLIC - OREGON
COMMISSION NO. 987104
MY COMMISSION EXPIRES APRIL 30, 2023

Notary Public
My Commission expires: April 30, 2023

| **Grantor's Name, Address:** | **Grantees' Names, Addresses:** |
|---|---|
| Estate of Debra Dekalaita-Cherry, who took title as Debra Miller<br>1210 Ridley Ave.<br>Santa Rosa, CA 95401 | Rita Dekalaita-See<br>5405 NE Rodney Ave<br>Portland OR 97211<br><br>AND<br><br>David Alan Cherry<br>1210 Ridley Ave.<br>Santa Rosa, CA 95401 |
| **SEND TAX STATEMENTS TO:**<br><br>Rita Dekalaita-See<br>5405 NE Rodney Ave<br>Portland OR 97211 | |

# STATE OF CALIFORNIA
## CERTIFICATION OF VITAL RECORD

# COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

## CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/08)

STATE FILE NUMBER: 3202049002227
LOCAL REGISTRATION NUMBER:

**DECEDENT'S PERSONAL DATA**

| 1. NAME OF DECEDENT – FIRST (Include AKA's if any) | 2. MIDDLE | 3. LAST (Family) |
|---|---|---|
| DEBRA | L | DEKELAITA-CHERRY |

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

| 4. DATE OF BIRTH mm/dd/ccyy | 5. AGE Yrs. | If UNDER ONE YEAR Months / Days | If UNDER 24 HOURS Hours / Minutes | 6. SEX |
|---|---|---|---|---|
| 03/20/1953 | 67 | | | F |

| 9. BIRTH STATE/FOREIGN COUNTRY | 10. SOCIAL SECURITY NUMBER | 11. EVER IN U.S. ARMED FORCES? | 12. MARITAL STATUS/SRDP at Time of Death | 13. DATE OF DEATH mm/dd/ccyy | 14. HOUR (24 -hours) |
|---|---|---|---|---|---|
| CALIFORNIA | -2289 | YES [X] NO UNK | MARRIED | 06/26/2020 | 0245 |

| 15. EDUCATION – Highest Level/Degree (see worksheet on back) | 15a. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) | 16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back) |
|---|---|---|
| HS GRADUATE | YES [X] NO | CAUCASIAN |

| 17. USUAL OCCUPATION – Type of work (Do not use RETIRED) | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | 19. YEARS IN OCCUPATION |
|---|---|---|
| SONGWRITER | ENTERTAINMENT | 45 |

**USUAL RESIDENCE**

20. DECEDENT'S RESIDENCE (Street and number, or location): 1210 RIDLEY AVE

| 21. CITY | 22. COUNTY/PROVINCE | 23. ZIP CODE | 24. YEARS IN COUNTY | 25. STATE/FOREIGN COUNTRY |
|---|---|---|---|---|
| SANTA ROSA | SONOMA | 95401 | 22 | CALIFORNIA |

**INFORMANT**

| 26. INFORMANT'S NAME, RELATIONSHIP | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) |
|---|---|
| DAVID ALAN CHERRY, HUSBAND | 1210 RIDLEY AVE, SANTA ROSA, CA 95401 |

**SPOUSE/DP AND PARENT INFORMATION**

| 28. NAME OF SURVIVING SPOUSE/SRDP – FIRST | 29. MIDDLE | 30. LAST (BIRTH NAME) | |
|---|---|---|---|
| DAVID | ALAN | CHERRY | |
| 31. NAME OF FATHER/PARENT – FIRST | 32. MIDDLE | 33. LAST | 34. BIRTH STATE |
| ESTELLE | LEON | OLLAR | OKLAHOMA |
| 35. NAME OF MOTHER/PARENT – FIRST | 36. MIDDLE | 37. LAST (BIRTH NAME) | 38. BIRTH STATE |
| DOLORES | JANE | THRASHER | CALIFORNIA |

**FUNERAL DIRECTOR/ LOCAL REGISTRAR**

| 39. DISPOSITION DATE mm/dd/ccyy | 40. PLACE OF FINAL DISPOSITION | |
|---|---|---|
| 07/10/2020 | RESIDENCE OF DAVID ALAN CHERRY<br>1210 RIDLEY AVE, SANTA ROSA, CA 95401 | |
| 41. TYPE OF DISPOSITION(S) | 42. SIGNATURE OF EMBALMER | 43. LICENSE NUMBER |
| CR/RES | NOT EMBALMED | - |
| 44. NAME OF FUNERAL ESTABLISHMENT | 45. LICENSE NUMBER | 46. SIGNATURE OF LOCAL REGISTRAR |
| OCEANVIEW CREMATIONS | 2082 | SUNDARI R MASE, MD,MPH |

47. DATE mm/dd/ccyy: 07/09/2020

**PLACE OF DEATH**

| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE |
|---|---|---|
| SANTA ROSA MEMORIAL HOSPITAL | [X] ER [ ] IP [ ] DOA | [ ] Hospice [ ] Nursing home/LTC [ ] Decedent's Home [ ] Other |

| 104. COUNTY | 105. FACILITY ADDRESS OF LOCATION WHERE FOUND (Street and number, or location) | 106. CITY |
|---|---|---|
| SONOMA | 1165 MONTGOMERY DRIVE | SANTA ROSA |

**CAUSE OF DEATH**

107. CAUSE OF DEATH (Enter the chain of events – diseases, injuries, or complications – that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.)

| | | Time Interval Between Onset and Death | 108. DEATH REPORTED TO CORONER? |
|---|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | (A) CARDIOGENIC SHOCK | (A1) DAYS | [ ] YES [X] NO |
| Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | (B) ACUTE MYOCARDIAL INFARCTION | (B1) DAYS | 109. BIOPSY PERFORMED? [ ] YES [X] NO |
| | (C) CORONARY ATHEROSCLEROSIS | (C1) YEARS | 110. AUTOPSY PERFORMED? [ ] YES [X] NO |
| | (D) | (D1) | 111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO |

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: HYPERTENSION, DIABETES MELLITUS TYPE II, HEART FAILURE, RESPIRATORY FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, KIDNEY FAILURE, SMOKER

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, enter type of operation and date.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

**PHYSICIAN'S CERTIFICATION**

| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED | 115. SIGNATURE AND TITLE OF CERTIFIER | 116. LICENSE NUMBER | 117. DATE mm/dd/ccyy |
|---|---|---|---|
| Decedent Attended Since / Decedent Last Seen Alive | LEIGH ANN SLATER M.D. | A134762 | 07/08/2020 |
| (A) mm/dd/ccyy: 06/20/2020 / (B) mm/dd/ccyy: 06/26/2020 | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: LEIGH ANN SLATER M.D. 1155 MONTGOMERY DR, SANTA ROSA, CA 95405 | | |

**CORONER'S USE ONLY**

| 119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending investigation [ ] Could not be determined | 120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK | 121. INJURY DATE mm/dd/ccyy | 122. HOUR (24 -hours) |
|---|---|---|---|

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which result in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

| 126. SIGNATURE OF CORONER / DEPUTY CORONER | 127. DATE mm/dd/ccyy | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER |
|---|---|---|
| | | |

| STATE REGISTRAR | A | B | C | D | E | | FAX AUTH.# | CENSUS TRACT |
|---|---|---|---|---|---|---|---|---|
| | | | | | | *01060126455929* | | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SONOMA }

07/28/2020
DATE ISSUED

*0009440008*

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

VSMCO (Rev. 12/15)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE