THIS INSTRUMENT PREPARED BY: **MARTIN HELLER POTEMPA & SHEPPARD, PLLC** 1935 21st Avenue South, Suite 100 Nashville, Tennessee 37212 (615) 800-7096 Karen Johnson Davidson County Batch# 768819 AFFIDAVITH 12/07/2021 10:26:31 AM 5 pgs Fees: $27.00 Taxes: $0.00 20211207-0161901 This Affidavit was prepared based on information provided by the parties and no independent title examination was prepared.	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $0.00 **MICHELLE TRACHTMAN** Subscribed and sworn to before me, this 1st day of December 2021. **Notary Public** My Commission Expires: 02-01-2023 LISA ANN CLEGG NOTARY PUBLIC STATE OF TENNESSEE SUMNER COUNTY My Commission Expires 02-01-2023

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
MICHELLE TRACHTMAN, Et. Al. 6857 Bridgwater Drive Nashville, TN 37221	New Owner	Map:129-10 Parcel: 37

AFFIDAVIT OF HEIRSHIP

1. Seymour A. Trachtman. was married to Diane A. Trachtman. Together they owned a certain parcel of improved real property located in Davidson County Tennessee at 6608 Ellesmere Road, Nashville, TN 37205 (the "Property"). Said Property is more fully and particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 60, on the Plan of West Meade Park, Section 3, as of record in Book 3300, Page 23, Register's Office for said County.

Said Lot No. 60 fronts 172 feet on the northwesterly side of Ellesemere Road, and extends back 431.1 feet on the northeasterly line and 491.1 feet on the south-westerly line, to a dead line, measuring 115 feet thereon.

Being the same property conveyed to Seymour A. Trachtman and wife, Diane A. Trachtman, by Warranty Deed from Thomas K. Littlefield, Sr., and wife, Anna O. Littlefield, of record in Book 4389, Page 88, Register's Office for said County.

2. During their lifetime, Seymour A. Trachtman. and Diane A. Trachtman had two children: Michelle Trachtman and Alyssa Trachtman. Neither Seymour or Diane had any other children whether biologically or legally adopted.

3. Diane A. Trachtman died on June 19, 2015. A copy of her death certificate is attached hereto as **Exhibit 1**. Upon her death, the Property vested in Seymour Trachtman in fee simple absolute.

4. Seymour Trachtman died on October 5, 2021. A copy of his death certificate is attached hereto as **Exhibit 2**.

5. At the time of Seymour Trachtman's death, pursuant to Tennessee's laws of intestate succession and transferring real property rights, ownership of the property described in paragraph 1 vested in his heirs as follows:

Michelle Trachtman – Fifty Percent (50%)
Alyssa Trachtman – Fifty Percent (50%)

6. To Affiants' knowledge, there are no outstanding debts or claims, monies due to TennCare, or any State or Federal taxing authority.

7. Decedent did not have a valid Last Will & Testament and no probate estate is being opened for the purpose of estate administration.

FURTHER AFFIANTS SAYETH NOT.

[THIS SPACE WAS INTENTIONALLY LEFT BLANK]

SWORN this 1st **day of** December **2021.**

MICHELLE TRACHTMAN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Jessica Ann Clegg, Notary Public of the state and county aforesaid, **MICHELLE TRACHTMAN,** with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 1st day of DECEMBER 2021.

NOTARY PUBLIC

My Commission Expires: 02-01-2023

JESSICA ANN CLEGG STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY My Commission Expires 02-01-2023

SWORN this 1st **day of** December **2021,**

ALYSSA TRACHTMAN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Jessica Ann Clegg, Notary Public of the state and county aforesaid, **ALYSSA TRACHTMAN,** with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 1st day of DECEMBER 2021.

NOTARY PUBLIC

My Commission Expires: 02-01-2023

JESSICA ANN CLEGG STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY My Commission Expires 02-01-2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Diane Margot Trachtman	Female	June 19, 2015

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
9:25 am	73					July 10, 1941	New York, NY

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify) _____

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
6608 Ellesmere Rd.	Nashville	Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	Seymour Trachtman	Homemaker	Home

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
0374	Tennessee	Davidson	Nashville

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
6608 Ellesmere Rd.	☒ Yes ☐ No	37205	☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☒ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____
- ☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____
- ☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Ruben Balfus	Adele Bakrit

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Seymour Trachtman	Husband	6608 Ellesmere Rd., Nashville, TN 37205

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Temple Cemetery	Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
James M. Brewer	2153		

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Marshall-Donnelly-Combs Funeral Home, 201 25th Avenue North, Nashville, TN 37203	40

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
Deborah Blount (DA)	June 24, 2015

CERTIFIER

26. CERTIFIER (Check only one):
- 26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

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

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
[signature] MD	48448	6/23/15

27d. NAME AND ADDRESS: Laura Tharpe, M.D. 1716 Patterson Street, Nashville, TN 37203

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. Gastric Cancer, unknown histology	
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 as a consequence of): 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.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☒ Probably ☐ No ☐ Unknown	☒ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED

34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011)

RDA 1399

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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8062256 JUL 24 2015
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT
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STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 069386

1. Decedent's Legal Name: SEYMOUR A TRACHTMAN		2. Sex: MALE	3. Date of Death: 10/05/2021
4. Time of Death (Approx.): 02:26 AM	5a. Age: 85	6. Date of Birth: 08/06/1936	7. Birthplace: BRONX, NY
8a. Place of Death: HOSPICE FACILITY			
8b. Facility Name: ALIVE HOSPICE	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: INTERNATIONAL ACCOUNT	11b. Kind of Business/Industry: PANASONIC ELECTRONICS
12. Social Security Number: 2421	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 6608 ELLESMERE ROAD	13e. Inside City Limits?: YES	13f. Zip Code: 37205	14. Was Decedent ever in US Armed Forces?: YES
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: HYMAN TRACHTMAN	19. Mother's Name Prior to First Marriage: MIRIAM RICHTER		
20a. Informant's Name: ALYSSA TRACHTMAN	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 6608 ELLESMERE ROAD, NASHVILLE, TN 37205	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: TEMPLE CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ HEIDE B CRAWFORD	22b. License Number: 4114	22c. Signature of Embalmer: ▶	22d. License Number
23a. Name and Address of Funeral Home: CRAWFORD MORTUARY AND CREMATORY, 2714 GRANDVIEW AVE, NASHVILLE, TN 37211-2225			23b. License Number: 713
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25. Date Filed: 10/06/2021		

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 10/06/2021
27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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). 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	a. MYELODYSPLASTIC SYNDROME	
	b.	
	c.	
	d.	

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

29a. Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?:

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

PH-1659E RDA 10112

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Tennessee Code Annotated 68-3-101 et seq.; Vital Records Act of 1977

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Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

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CERTIFICATION OF VITAL RECORD

EXHIBIT
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