THIS DOCUMENT PREPARED BY:

Barbara J. Moss
Elder Law of Nashville PLC
162 Woodmont Blvd
Nashville, TN 37205

OWNERS: **James Aaron Lightman**
2689 Fessey Ct.
Nashville, TN 37204

Map-Parcel: 118.03-0-016.00

SEND TAX NOTICE TO: **Same**

Karen Johnson Davidson County
Batch# 792507 **AFFIDAVITH**
01/19/2022 08:36:27 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20220119-0007098

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Ray Whitlock, being duly sworn, deposes and says:

James Aaron Lightman, a resident of Davidson County, Tennessee, died on October 3rd, 2021 (death certificate attached). James Aaron Lightman died owning the following real estate:

> Land in Davidson County, Tennessee, being Lot No. 8 on the Plan of Fessey Court, as of record in Plat Book 1835, Page 72 Register's Office for Davidson County.
>
> Being the same property conveyed to James Aaron Lightman by Warranty Deed, dated July 6th, 2007, by Thomas K. Worrall and wife, Samantha E. Worrall of record in Instrument Number 200707120082918 for said County.

This property is known as 2689 Fessey Ct., Nashville, Tennessee 37205.

At the time James Aaron Lightman died, he was unmarried and did not have children. His brother, David Lightman, sister, Lisa Van Horn, and his father, Nason Lightman, are his surviving family members.

The undersigned, Ray Whitlock, is a friend of James Aaron Lightman. Ray worked forMr. Lightman for over ten years and the two remained friends.

Signed this 15TH day of NOV, 2021.

RAY WHITLOCK

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared RAY WHITLOCK, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 15TH day of NOV, 2021.

Maria Catherine Callahan
Notary Public
Davidson County, State of Tennessee
My Commission Expires March 03, 2025

Notary Public

My Commission Expires: 3/3/2025

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

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2021 068971

1. Decedent's Legal Name: JAMES AARON LIGHTMAN		2. Sex: MALE	3. Date of Death: 10/03/2021
4. Time of Death (Hours): 09:47	5a. Age: 57	6. Date of Birth: 08/28/1964	7. Birthplace: SPRINGFIELD, OH
8a. Place of Death: INPATIENT			
8b. Facility Name: VANDERBILT UNIVERSITY MEDICAL CENTER	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: ENGINEER	11b. Kind of Business/Industry: RECORDING STUDIO
12. Social Security Number: -0590	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 2689 FESSEY COURT	13e. Inside City Limits?: YES	13f. Zip Code: 37204	14. Was Decedent of the Armed Forces?: NO
15. 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: AARON SHALOM LIGHTMAN		19. Mother's Name Prior to First Marriage: NANCY BARBARA DANIELS	
20a. Informant's Name: DAVID G LIGHTMAN	20b. Relationship to Decedent: BROTHER	20c. Mailing Address: 368 WILLOW DRIVE, EUCLID, OH 44132	
21a. Method of Disposition: BURIAL REMOVAL FROM STATE	21b. Place of Disposition: HILLCREST MEMORIAL PARK	21c. Location: BEDFORD HEIGHTS, OH	
22a. Signature of Funeral Director: /s/ KENNETH HODGES	22b. License Number: 3891	22c. Signature of Embalmer: /s/ Allison C Klotz	22d. License Number: 4838
23a. Name and Address of Funeral Home: HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3856			23b. License Number: 342
24. Registrar's Signature: /s/ EDWARD G BISHOP III	25. Date Filed: 10/06/2021		

26. Certifier:

26a. If 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. If 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.

26c. Certifier	26d. Certifier Number	26e. Date Signed
/s/ RYSZARD DWORSKI	037136	10/03/2021

26f. Certifier's Address: RYSZARD DWORSKI 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232

27. 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.

		27a. Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PULSELESS ELECTRICAL ACTIVITY	
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	b. ACUTE HYPOXEMIC RESPIRATORY FARLURE	
	c. COVID-19 PNEUMONIA	
	d. ACUTE RESPIRATORY DISTRESS SYNDROME	

27b. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: STAPHYLOCOCCUS AND AEROCOCCUS BACTERSIMA, INCREASED GRT, ELEVATED LIVER ENZYMES, MORBID OBESITY, TYPE 2 DIABETES MELLITUS, CHRONIC KIDNEY DISEASE - STAGE 3, SYSTEMIC HYPERTENSION

27c. If an Autopsy Performed?: NO
27d. Were Autopsy Findings Available to Complete the Cause of Death?:

28. Manner of Death: NATURAL	29. Did Tobacco Use Contribute to Death?: NO	30. If Female: N/A

31. If Transportation Injury, Specify:	31a. Date of Injury	31b. Time of Injury	31c. Injury at Work?	31d. Place of Injury
	31e. Describe How Injury Occurred:			31f. Location of Injury:

NOTICE: RDA 6512

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.

13583761

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 3 5 8 3 7 6 1

Date Issued: Oct-05-2021

CERTIFICATION OF VITAL RECORD