Karen Johnson Davidson County
Batch# 866946 AFFIDAVITH
06/03/2022 10:11:30 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20220603-0064136

Prepared By:
Lakeside Title & Escrow, LLC
854 Wren Road
Goodlettsville, TN 37072
22-1352TN

AFFIDAVIT OF HEIRSHIP

Grantee: Patricia Ann Jackson and Pamela Streator-Dixson
Address: 2303 Underwood Street, Nashville, TN 37208

Map/Parcel No.:
08114017200

STATE OF TENNESSEE)
COUNTY OF DAVDISON)

Before me, the undersigned Notary Public in and for said County and State, personally appeared **Deborah Davis**, affiant, known to me and being first duly sworn according to law, deposes and says:

John Clarence Streator, Jr. was personally acquainted with me, **Deborah Davis.**

John Clarence Streator, Jr., deceased, the owner of the following described real estate:

Property known as: 2303 Underwood Street, Nashville, TN 37208, County of Davidson

Being Lot No. 3 on the Revised Plan of Fisk Park, as of record in Book 2331, Page 114, Register's Office for said County.
Said Lot No. 3 fronts 50 feet on the southerly side of Underwood Street and runs back between lines 125 feet on the West line and 132 feet on the easterly line which is a broken line, to a dead line in the rear on which it measures 23 feet thereon.

Tax Map/Parcel ID: 08114017200

This property is conveyed subject to any and all existing easements, restrictions, covenants, and liens of record.

John Clarence Streator, Jr. died **10/12/2021. John Clarence Streator, Jr.** was widowed at the time of death, his wife, **Wilma D. Streator**, having preceded him in death on 05/11/2021. Copies of the Death Certificates and TennCare Release Waivers of both **John Clarence Streator, Jr** and **Wilma D. Streator** are attached hereto and incorporated herein as collective **Exhibit "A."**

The children of **John Clarence Streator, Jr.** are **Patricia Ann Jackson and Pamela Streator-Dixson** received the following described interest in the decedent's real estate, described above, all right, title, and interest of the decedent, **John Clarence Streator, Jr.**, by operation of law and the provisions of decedent's Last Will and Testament. **Patricia Ann Jackson and Pamela Streator-Dixson** are the only children and sole heirs of the decedent.

There are no known debts or encumbrances remaining which are or might become a lien on said interest in the above-described real estate, excepting the following:

N/A

Upon personal knowledge of **Deborah Davis** and pursuant to TCA § 30-2-712, these are known facts concerning the relationship to the deceased, or a statement of any fact(s) pertinent to ascertaining the persons legally entitled to any part of the estate of **John Clarence Streator, Jr.**, decedent, at the time of his death.

Deborah Kaye Davis
Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **Deborah Davis**, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described foregoing, who signed, sealed, and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she/he/they executed the foregoing instrument for the purposes therein contained as his/her/their free act and deed. Witness my hand and official seal this 05TH day of MAY, 2022.

Notary Public

THERESA W. COPELAND
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-9-2022

My commission expires: 07/09/2022

Tennessee Certification of Electronic Document

I, Caleb Waters, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 05|05|2022 (date of document).

Caleb Waters
Affiant Signature

05|16|2022
Date

State of Tennessee

County of Davidson

Sworn to and subscribed before me this 16 day of May, 2022.

Notary's Signature

MY COMMISSION EXPIRES: 1/6/25

NOTARY'S SEAL



Exhibit A

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2021 072660

1. Decedent's Legal Name: JOHN G STREATOR JR				2. Sex: MALE	3. Date of Death: 10/12/2021
4. Date of Death (Month/Day/Year): 10/12/2021	5. Age: 91	6. Date of Birth: 05/29/1930	7. Birthplace: NASHVILLE, TN		
8a. Place of Death: NURSING HOME/LONG TERM CARE					
8b. Facility Name: GOOD SAMARITAN HEALTH AND REHAB CENTER		8c. City or Town: ANTIOCH		8d. County of Death: DAVIDSON	
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: CLERK		11b. Kind of Business/Industry: US POSTAL SERVICE	
12. Social Security Number: 8730	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 2303 UNDERWOOD STREET		13e. Inside City Limits? YES	13f. Zip Code: 37208	14. Was Deceased ever in US Armed Forces?: YES	
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN			
18. Father's Name: JOHN G STREATOR SR			19. Mother's Name Prior to First Marriage: HELEN HOWSE		
20a. Informant's Name: PATRICIA JACKSON	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 2303 UNDERWOOD STREET, NASHVILLE, TN 37208			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MIDDLE TN VETERANS CEMETERY		21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: /s/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: /s/ Christopher Lee Johnson		22d. License Number: 8500	
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				23b. License Number: 309	
24. Registrar's Signature: /s/EDWARD G BISHOP III			25. Date Filed: 10/18/2021		

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. [X] 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. Signature: /s/ KENNETH W ANDERSON	26d. License Number: 012999	26e. Date Signed: 10/15/2021	
27a. Name and Address: KENNETH W ANDERSON 501 PARK AVENUE SUITE C, LEBANON, TN 37087			

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. ALZHEIMER'S DISEASE LATE ONSET	YEARS
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST:	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:

For NCHS Use Only

RDA 7/2012

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

13655444

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 6 5 5 4 4 4

Date Issued: Oct 20 2021

CERTIFICATION OF VITAL RECORD

202206030064136

Office of Vital Records

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021034002

1. Decedent's Legal Name: WILMA D STREATOR				2. Sex: FEMALE	3. Date of Death: 05/11/2021
4. Time of Death (Approx.): 06:56 AM	5. Age: 86	6. Date of Birth: 09/09/1934	7. Birthplace: CHEYENNE, WY		
8a. Place of Death: INPATIENT					
8b. Facility Name: SAINT THOMAS MIDTOWN HOSPITAL		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): JOHN C STREATOR	11a. Decedent's Usual Occupation: HOUSEWIFE		11b. Kind of Business/Industry: HOUSEWIFE	
12. Social Security Number: 1618	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 2303 UNDERWOOD STREET		13e. Inside City Limits? YES	13f. Zip Code: 37208	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: AMOS TURNER			19. Mother's Name Prior to First Marriage: HAZEL STANLEY		
20a. Informant's Name: PATRICIA JACKSON	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 2303 UNDERWOOD STREET, NASHVILLE, TN 37208			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MIDDLE TN STATE VETERANS		21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /e/ Christopher Lee Jefferson		22d. License Number: 6500	
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				23b. License Number: 809	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 05/20/2021			

26. Certifier

26b. ☒ 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.

26a. Certifier	26b. License Number	26c. Date Signed
▶ /e/ DANA BANNERMAN	034669	05/19/2021

27a. Name and Address: DANA BANNERMAN 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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. CHRONIC DIVERTICULITIS — MONTHS

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. FAILURE TO THRIVE — MONTHS

c. CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE — YEARS

d.

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ATRIAL FIBRILLATION, RHEUMATOID ARTHRITIS

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:		
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-1696E

RDA 10112

13014179

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

1 3 0 1 4 1 7 9

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Jun 01 2021

CERTIFICATION OF VITAL RECORD

202206030064136

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

April 27, 2022

Jessica Gebhart
854 Wren Rd
Goodlettsville, TN 37072

RE: Streator, Jr., John C. Date of Death: 10/12/2021 SSN: xxx-xx-6710
Our File Number: 64806

Jessica Gebhart:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

202206030064136

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

May 2, 2022

Jessica Gebhart
854 Wren Rd
Goodlettsville, TN 37072

RE: Streator, Wilma D. Date of Death: 5/11/2021 SSN: xxx-xx-1618
Our File Number: 65114

Jessica Gebhart:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit

202206030064136