Karen Johnson Davidson County
Batch# 866946 AFFIDAVITH
06/03/2022 10:11:30 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20220603-0064137

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 **Billy Carver**, affiant, known to me and being first duly sworn according to law, deposes and says:

John Clarence Streator, Jr. was personally acquainted with me, **Billy Carver.**

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 **Billy Carver** 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.

Billy K. Carver Jr

Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **Billy Carver**, 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 25th day of May, 2022.

Thea W Copeland

Notary Public

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

My commission expires: 7/9/2022

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

GRACYN DADY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

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: 1616	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.

27a. Certifier: ► /e/ DANA BANNERMAN	27b. License Number: 034669	27c. Date Signed: 05/19/2021
27d. 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.

29. 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

130141179

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Jun 01 2021

CERTIFICATION OF VITAL RECORD

202206030064137

Office of Vital Records

Exhibit A

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 Birth: 05/29/1930
5. Age: 91
6. Birthplace: NASHVILLE, TN
7. Time of Death (Optional): 03:25 PM
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: 4720
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: RELEN 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
22e. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618
22f. License Number: 309
23a. Registrar's Signature: /s/EDWARD G BISHOP III
23b. Date Filed: 10/18/2021
24. Certifier:
24a. 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.
24b. 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.
24c. Signature: /s/ KENNETH W ANDERSON
24d. License Number: 012999
24e. Date Signed: 10/15/2021
24f. Name and Address: KENNETH W ANDERSON 501 PARK AVENUE SUITE C, LEBANON, TN 37087
25. 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ALZHEIMER'S DISEASE LATE ONSET
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.
Approximate Interval: Onset to Death: YEARS
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.
25a. If an Autopsy Performed?: NO
25b. Were Autopsy Findings Available to Complete the Cause of Death?:
26. Manner of Death: NATURAL
27. Did Tobacco Use Contribute to Death?: NO
28. If Female: N/A
29. If Transportation Injury, Specify:
30a. Date of Injury:
30b. Time of Injury:
30c. Injury at Work?:
30d. Place of Injury:
30e. Describe How Injury Occurred:
30f. Location of Injury:

RDA 1912

136554444

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

13655444

Date Issued: Oct 20 2021

CERTIFICATION OF VITAL RECORD

202206030064137

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

202206030064137

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

202206030064137