JUSTIN MIZE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires Jan. 11, 2026

THIS INSTRUMENT PREPARED BY:	STATE OF TENNESSEE COUNTY OF Davidson
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 1935 21st Avenue South, Ste 100 Nashville, Tennessee 37212 (615) 800-7096	The actual consideration for this transfer is: $0.00. Kelly Sue Allen **Kelly Allen** Subscribed and sworn to before me, this 27 day of July 2022. NOTARY PUBLIC My Commission Expires: Jan. 11, 2026
An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.	

Address New Owner:	Send Tax Bills To:	Tax Information:
Amanda Scott 9876 Bay Vista Estates Blvd Orlando, FL 32836	New Owner	**82-16-0-E-15.00CO**

AFFIDAVIT OF HEIRSHIP

1. My name is **Kelly Allen** ("Affiant"). I currently reside at 417 Safford View Antioch, Tennessee 37013. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony is based upon my personal knowledge.

2. I was friends with **Barbara Walker** (hereinafter "Decedent"), and I knew her for approximately 30 years.

3. Decedent died on July 14, 2022, as a resident of Davidson County, Tennessee. Her Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, Decedent died without a Last Will and Testament and an estate has not been opened for probate administration.

4. At the time of her passing, Decedent owned real property located at **800 Woodland Street, Unit 204, Nashville, Tennessee 37206** (the "Property"). The Property is more fully and particularly described as follows:

Karen Johnson Davidson County
Batch# 896914 AFFIDAVITH
08/01/2022 12:11:36 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20220801-0087206

Land in Davidson County, Tennessee, being Lot No. 204, together with parking space #21 and the appurtenant interest in the common elements of City View Lofts Condominium, a horizontal property regime established by Master Deed, recorded as Instrument No. 20020905-0107488, Register's Office for Davidson County, Tennessee as amended by First Amendment to master Deed for City View Lofts Condominiums recorded as Instrument No. 20030826-0123605, said Unit being depicted on the Condominium Site Plan attached as Exhibit D to the aforementioned master Deed and being located upon Lot No. 1 on the Plan of City View Lofts recorded as Instrument No 20020828-0104026, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Barbara Walker, unmarried, by Warranty Deed from Paul Cooke, married, of record in Instrument No. 20050422-0044987, Register's Office for Davidson County, Tennessee.

5. The Decedent was unmarried at the time of her death.

6. Decedent was survived by one child, Amanda Scott. Decedent no other children, born-to or adopted by her during her lifetime.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Amanda Scott, her sole heir at law, immediately upon her death pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the name of **AMANDA SCOTT**.

FURTHER AFFIANT SAYETH NOT.

[SIGNATURE PAGE TO FOLLOW]

SWORN this 27th day of July 2022.

Kelly Sue Allen

Kelly Allen

STATE OF TENNESSEE)
COUNTY OF Davidson)

Now having first been sworn, the above-named **Kelly Allen**, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 27th day of July 2022.

NOTARY PUBLIC
My commission expires: January 11, 2026

JUSTIN MIZE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires Jan. 11, 2026

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 047652

1. Decedent's Legal Name			2. Sex	3. Date of Death
BARBARA JOAN WALKER			FEMALE	07/14/2022
4. Time of Death (Actual)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
09:47 AM	68	10/19/1953	CANADA	

8a. Place of Death			
HOSPICE FACILITY			
8b. Facility Name	**8c. City or Town**		**8d. County of Death**
ALIVE HOSPICE	NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**
DIVORCED		ACCOUNTANT	ACCOUNTING
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
600 WOODLAND ST 204	YES	37206	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**	
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE	

18. Father's Name	19. Mother's Name Prior to First Marriage
VLADIMIR GREGORASH	ADELINE PISTER

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
AMANDA SCOTT	DAUGHTER	9876 BAY VISTA ESTATES BLVD, ORLANDO, FL 32836

21a. Method of Disposition	21b. Place of Disposition	21c. Location
CREMATION	HENDERSONVILLE CREMATORY	HENDERSONVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ TAEYA ASPEN HAVENS	20568	▷	

23a. Name and Address of Funeral Home	23b. License Number
NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505	1138

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	07/20/2022

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	27b. License Number	27c. Date Signed
▶ /e/ ANH THI MEADOWS	045572	07/18/2022

27d. Name and Address: ANH THI MEADOWS 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. [redacted]	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	NOT PREGNANT WITHIN PAST YEAR

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

14359006

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

1 4 3 5 9 0 0 6

Date Issued: Jul-20-2022

CERTIFICATION OF VITAL RECORD