AFFIDAVIT OF HEIRSHIP

GRANTEE:
Sheldon Lutz
6666 Brookmont Terrace #1204
Nashville, Tennessee 37205

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS
Map 129-14A
Parcel 135CO

Karen Johnson Davidson County
Batch# 1011602 AFFIDAVITH
06/06/2023 08.29 55 AM 4 pgs
Fees $22 00 Taxes $0 00
20230606-0042657

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
4235 Hillsboro Pike, Suite 300
Nashville, Tennessee 37215

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Sheldon Lutz. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. I reside at 6666 Brookmont Terrace #1204, Nashville, Davidson County, Tennessee, 37205 (the "Property"). The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

4. Diana L. Lutz died on March 8, 2023. I will refer to her as the Decedent. A copy of her death certificate, with redactions, is attached hereto as Exhibit B. At the time of her death, the Decedent resided with me at the Property.

5 At the time the Decedent and I took title to the Property, we owned the Property as husband and wife and as tenants by the entirety.

6. At the time of Decedent's death, Decedent and I were legally married.

7. There was no divorce or separation between the Decedent and I prior to Decedent's death.

The Affiant makes oath that, to the best of his information and belief, the information contained herein is true, accurate, and complete

AFFIANT

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Sheldon Lutz**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 14 day of June, 2023.

Notary Public

My commission expires: July 9, 2024

STACEY SCHLITZ
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-9-2024

EXHIBIT A

Apartment Unit No. 1204, of Wessex Towers Condominium created under Title 64, Sections 2701 ex seq. as amended, Tennessee Code Annotated, and as established by a Master Deed, which was executed by Central Tennessee Investment Company, Inc., of record in book 5414, page 634, Register's Office for Davidson County, Tennessee, together with the undivided percentage interest in the Common Elements appurtenant to said Unit as set forth in Exhibit A-1 of said Master Deed. Reference is hereby made to the plat of Wessex Towers Condominium Apartments, of record in Book 5200, page 142, said Register's Office, for a more complete identification and description of such unit.

Being the same property conveyed to Diana L. Lutz and husband, Sheldon Lutz by Special Warranty Deed, of record in Instrument No. 20010405-0033166, said Register's Office.

This conveyance is subject to any and all existing restrictions and easements of Record.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 014431

1 Decedent's Legal Name: DIANA LEE LUTZ		2. Sex: FEMALE	3. Date of Death: 03/08/2023
4 Time of Death (Hours): 08 36 AM	5a Age: 84	6. Date of Birth: 08/16/1938	7. Birthplace: ST LOUIS, MO
8a. Place of Death: DECEDENT'S HOME			
8b Facility Name: 6666 BROOKMONT TERRACE APT1204		8c. City or Town: NASHVILLE	8d County of Death: DAVIDSON
9 Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): SHELDON HARVEY LUTZ	11a. Decedent's Usual Occupation: FUNDRAISING	11b. Kind of Business/Industry: NON PROFIT FUNDRAISING
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON	13c City or Town: NASHVILLE
13d Street and Number: 6666 BROOKMONT TERRACE APT1204	13e. Inside City Limits?: YES	13f Zip Code: 37205	14 Was Decedent ever in US Armed Forces?: NO
15 Decedent's 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: MORRIS GERECHT		19. Mother's Name Prior to First Marriage: DOROTHY STERN	
20a. Informant's Name: SHELDON HARVEY LUTZ	20b Relationship to Decedent: HUSBAND	20c. Mailing Address: 6666 BROOKMONT TERRACE APT1204, NASHVILLE, TN 37205	
21a. Method of Disposition: BURIAL-REMOVAL FROM STATE	21b Place of Disposition: CHEVRA KADISHA CEMETERY	21c Location: UNIVERSITY CITY, MO	
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 FUNERAL HOME, 2714 GRANDVIEW AVE, NASHVILLE, TN 37211-2225			23b. License Number: 713
24 Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25 Date Filed: 03/10/2023	

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/ ANH THI MEADOWS	27b License Number: 045572	27c Date Signed: 03/09/2023

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 METASTATIC PANCREATIC ADENOCARCINOMA TO THE ABDOMEN	
	b	
	c.	
	d	

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

28a. 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: 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

I hereby certify the above to be a true and correct representation of the record or documen
department. This certified copy is valid only when printed on security paper showing the red
of the Tennessee Department of Health. Alteration or erasure voids this certification. Repr
document is prohibited

14804826

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

EXHIBIT B

Edward G. Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar-10-2023

CERTIFICATION OF VITAL RECORD