****

ADDRESS NEW OWNER:	SEND TAX BILL TO:	MAP &PARCEL
Doloris Roth	Same	84-14
205 Graeme Drive		63
Nashville, Tennessee 37214.		

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LA
211 Donelson Pike, Suite 214, Nashville, Tennessee
Paula@BlairLawPLLC.net
FROM INFORMATION BY OTHERS

Karen Johnson Davidson County
Batch# 1042046 AFFIDAVITH
08/24/2023 08 42 59 AM 3 pgs
Fees $17 00 Taxes $0.00
20230824-0066165

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Julie Burgess, being first duly sworn according to law, and being of lawful age and a resident of the State of Tennessee for the past six months, pursuant to Tennessee Code Annotated § 30-2-712, hereby swears to the following of her own free will and based upon his personal knowledge and familiarity:

1. Lester L. Roth and Doloris A. Roth, owned property located at 205 Graeme Drive, Nashville, Tennessee 37214, as tenants by the entirety.
2. Lester L. Roth died on November 9, 2003. A copy of the Death Certificate is attached as an Exhibit.
3. Lester L. Roth left a surviving spouse, Doloris A. Roth.
4. This Affidavit will confirm the vesting of Doloris A. Roth's ownership interest in the real property located at 205 Graeme Drive, Nashville, Tennessee 37214. Said property is more particularly described as follows:

Being Lot No. 146 on the Map of Donelson Hills, as of record in Book 2331, Pages 22 and 23, Register's Office of Davidson County, Tennessee.

Said Lot No. 146 fronts 135 feet on the easterly side of Graeme Drive and runs back 246.6 feet on the northerly line and 239.3 feet on the southerly line to a dead line measuring 102.6 feet thereon.

This being the same property conveyed by James D. Emerson, a single person on February 12, 1981, to Lester L. Roth, *et ux,* Doloris A. Roth, by Warranty Deed, registered on March 9, 1981, of record in Book 5719, Page 623, Register's Office of Davidson County, Tennessee.

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

This is improved property commonly known as 205 Graeme Drive, Nashville, Tennessee 37214.

FURTHER AFFIANT SAYETH NAUGHT.

Julie L. Burgess
AFFIANT

Sworn to and subscribed before me this 11th day of August, 2023

NOTARY PUBLIC

My commission expires: 01/04/27

DONNA PERKINS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires January 4, 2027

STATE OF TENNESSEE
Office of Vital Records

0306352

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2003 048429

1. DECEDENT'S NAME (First Middle Last): Lester Leroy Roth
2. SEX: Male
3. DATE OF DEATH: November 9, 2003
4. SOCIAL SECURITY NUMBER: 4288
5a. AGE LAST BIRTHDAY (Years): 67
6. DATE OF BIRTH: Mar 7, 1936
7. BIRTHPLACE (City and State or Foreign Country): Crothersville, IN IN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution give street and number): 205 Graeme Drive 910
9c. CITY TOWN OR LOCATION OF DEATH: Donelson 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife give maiden name): Doloris Sage
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Security Officer
12b. KIND OF BUSINESS/INDUSTRY: Security
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY TOWN OR LOCATION: Donelson
13d. STREET AND NUMBER OR RURAL LOCATION: 205 Graeme Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes specify Cuban, Mexican, Puerto Rican etc.) [ ] Yes [X] No. Specify if yes:
15. RACE—American Indian, Black, White etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First Middle Last): Lester Richard Roth
18. MOTHER'S NAME (First Middle Maiden Surname): Corene Sparrow
19a. INFORMANT'S NAME (Type/Print): Doloris Roth
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 205 Graeme Drive, Donelson, TN 37214
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [X] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Crothersville Cemetery
20c. LOCATION—City or Town, State: Crothersville, IN
21a. SIGNATURE OF FUNERAL DIRECTOR: Chad McBill
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5595
21c. SIGNATURE OF EMBALMER: Bruce Cunningham
21d. LICENSE NUMBER OF EMBALMER: 4172
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331
23. REGISTRAR'S SIGNATURE: Robert A. Rhodes Sr.
24. DATE FILED (Month Day Year): November 11, 2003
25a. PHYSICIAN — To the best of my knowledge death occurred at the time, date and place and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month Day Year): 11/11/03
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation in my opinion death occurred at the time and place and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month Day Year)
OR MED-EX CERTIFICATE JETE AND CERTIF WITHIN 48
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): James Bridges 1710 Patterson ST Nashville TN 37203
28. PART I. Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Colon Cancer
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month Day Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

11043158

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
Edward G Bishop III
State Registrar

1 1 0 4 3 1 5 8
Date Issued: MAR 07 2019

CERTIFICATION OF VITAL RECORD