Karen Johnson Davidson County
Batch# 1068742 AFFIDAVITH
11/06/2023 12:05:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20231106-0086643

This Instrument prepared and based solely on information provided by the Affiant.

This Instrument prepared by:

DAN R. ALEXANDER
ATTORNEY AT LAW
15065 Lebanon Road
Tulip Grove Suites #204
Old Hickory, Tennessee 37138
Tel. (615) 297.0097

New Owner

TODD KEAHEY
1800 Luther Drive
Luther Unit #2295261
Navasota, Texas 77493

Send Tax Bills To:

Map/Par

142050AO8300

This instrument prepared by:

MAP?PARCEL
142050A08300

AFFIDAVIT OF HEIRSHIP

Re: Real property in Davidson County, Tennessee, being further desribed as follows:

Being Unit No. 1 together with the carport designated No. N-1-C on the Plan of Section 2 River Plantation Condominium Apartments of record in Book 4460 Page 136 and 137 Register's Office for Davidson County, Tennessee which plan and record thereof are incorated herein and made a part hereof by reference.

Being the same property conveyed to Ray McCall and wife Kathy McCall by deed from Ruth Hays of record in Instrument No. 20100624-0049484 Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Danyelle Kay Lindisch, 415 Plantation Ct. Nashville, Tennessee 37221-0000. Conveyed by Warranty Deed dated August 16, 2012.

State of Texas)
County of Galveston)

The undersigned, Judith Long Abraham (hereinafter referred to as the "Affiant"), residing at 2726 Cumberland Drive, Texas City, Texas Galveston County, Texas 77568 being first duly sworn according to law, makes oath as follows:

1. Affiant has personally known **Danyelle Kay Lindisch**, *deceased* (hereinafter referred to as "Decedent"), for more than 10 years, and has personal knowledge of the family of Decedent by reason of his relationship to the Decedent as a friend to the Decedent;

2. Decedent was born on January 7, 1962 and died on June 25, 2023;

3. At the time of his death, Decedent was a resident of Nashville, Davidson , County, Tennessee 37055 residing at 415 Plantation Ct., Nashville, Tennessee 37221;

4. The Decedent was survived by the following heirs-at-law and next-of-kin, being the decedent's brother and Aunt:

Name	Relationship to Decedent	Address
Todd Keahey TDCJ #2295261	Brother	1800 Luther Drive Navasota, Texas 77493
Judith Long Abraham	Aunt	2726 Cumberland Drive Texas City, Texas 77568

5. The decedent died on June 25, 2023. The death certificate for Danyelle Keahey is attached hereto as Exhibit No. 1 and is identified as State File Number 2023042748. (See Exhibit No. 1).

6. At the time of the death of Danyelle Keahey she was unmarried and had no children born of her body or adopted.

7. The mother of Danyelle Keahey was born on 9/7/1944 and died on 9/ 8/2009. The Father of Danyelle Keahey was Michael Keahey and died on 4 / 11 / 2016.

8. This Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiant acknowledges that his execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose;

9. The Affiant acknowledges that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution;

10. To the Affiant's knowledge, no estate has been opened for the decedent, Danyelle Keahey. The late Danyelle Keahey died intestate without a Last Will.

11. The only lawful heir at law of the late Danyelle Keahey is her brother named above,

12. This instrument is being executed by the Affiant for the purposes set forth herein.

13. Danyelle Kay Lindisch is one and the same person as Danyelle Keahey.

202311060086643

FURTHER AFFIANT SAYETH NOT.
Dated this 13 day of October, 2023.

Judith Long Abraham
AFFIANT, JUDITH LONG ABRAHAM

STATE OF TEXAS)
COUNTY OF GALVESTON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Affiant, Judith Long Abraham, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who made oath that the statements contained in the foregoing Affidavit are true of Affiant's own knowledge and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Ga;veston County, Texas this 18 day of 2023, 2023

Notary Public

My Commission Expires: 12/07/2024

CAROLYN A MITCHELL
Notary Public, State of Texas
Comm. Expires 12-07-2024
Notary ID 132825442

STATE OF TENNESSEE
Office of Vital Records

Exhibit No. 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 042748

1. Decedent's Legal Name			2. Sex	3. Date of Death
DANYELLE KEAHEY			FEMALE	06/25/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
11:20 AM	61	01/07/1962	GALVESTON, TX	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
415 PLANTATION CT		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
DIVORCED		REAL ESTATE AGENT	REAL ESTATE	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
5-0702	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
415 PLANTATION CT	YES	37221	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
MICHAEL KEAHEY		TERESA KAY FEATHERSTON		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
JUDITH ABRAHAM	AUNT	2726 CUMBERLAND DRIVE, TEXAS CITY, TX 77568		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	HENDERSONVILLE CREMATION CENTER	HENDERSONVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ SCOTT KEEL	16297	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
LUMEN CREMATION, 355 E. MAIN STREET, HENDERSONVILLE, TN 37075			1418	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		07/18/2023		

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	**27b. License Number**	**27c. Date Signed**
▶ /e/ BRIANNE FLYNN	65486	07/17/2023

27d. Name and Address
BRIANNE FLYNN 850 R S GASS BLVD, NASHVILLE, TN 37216

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. PENDING	
	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?

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:**
PENDING INVESTIGATION		

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 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.

15074881

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jul-18-2023

CERTIFICATION OF VITAL RECORD

Tennessee Certification of Electronic Document

I, Steven T. Morris 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 October 18, 2023 (date of document).

Affiant Signature

November 6, 2023

Date

State of TN

County of Davidson

Sworn to and subscribed before me this 6th day of November, 2023.

CATHERINE DESIMONE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 11-06-2023

Notary's Signature

MY COMMISSION EXPIRES: 11/06/2023