THIS INSTRUMENT PREPARED BY:	STATE OF New York COUNTY OF New York
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 GERYNA R COCHRANE SANDY Notary Public - State of New York NO. 01CO6119439 Qualified in Suffolk County My Commission Expires May 6, 2025 An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.	The actual consideration for this transfer is: **$0.00**. **AFFIANT** Subscribed and sworn to before me, this 8th day of February 2024. **NOTARY PUBLIC** My Commission Expires: 05/06/2025

Address New Owner:	Send Tax Bills To:	Tax Information:
Stephanie Yulianto Gelong Baru Selatan 4/24 Tomang 11440 Jakarta Barat Indonesia	Josephine Rahadi 2479 Madison Road, Apt 24 Cincinnati, OH 45208	141030C05200C0

Karen Johnson Davidson County
Batch # 1106188 AFFIDAVITH
02/29/2024 10:05:48 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20240229-0013925

AFFIDAVIT OF HEIRSHIP

1. My name is **Edwin Sulaiman** ("Affiant"). I currently reside in New York City, New York. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. **Stanley Yulianto** (hereinafter "Decedent") was my cousin, and I knew him for approximately 48 years.

3. Decedent died on October 9, 2023, as a resident of Davidson County, Tennessee. His Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, he died without a Last Will and Testament and his intestate estate is currently being probated in Davidson County, Tennessee under docket number 23P2140.

4. At the time of his passing, Decedent owned real property located at **2733 GOSSETT TRAIL, NASHVILLE, TENNESSEE 37221** (the "Property"). The Property is more fully and particularly described as follows:

Land in Davidson County, Tennessee, being Unit No. 52 of Harpeth Springs Village, a Horizontal Property Regime with Private Elements, a Development established pursuant to the provisions of the Tennessee Horizontal Property Act as the same is set out in Section 66-27-101 et seq., of the Tennessee Code Annotated, under the Amended and Restated Declaration of Covenants, Conditions and Restrictions a Horizontal Property Regime with Private Elements, of record in Instrument No. 20180326-0028123, as amended and restated in Instrument No. 20180417-0036143, Amended in Instrument Number 20190130-0009015, Scrivener's Affidavit in Instrument No. 20190325-0026836, Depiction of Property attached as Exhibit "A-1", Bylaws of Harpeth Springs Unit Owners Association, Inc., attached as "Exhibit "B". Said Unit being Depicted on Exhibit "A-1", of said Declaration, Register's Office for Davidson County Tennessee.

Being part of the same property conveyed to Stanley Yulianto, an unmarried man, by Deed from Beazer Homes, LLC, a Delaware limited liability company, of record in Instrument No. 20200116-0006016, Register's Office for Davidson County, Tennessee.

5. The Decedent was unmarried at the time of his death and he had no biological or adopted children during his lifetime.

6. The Decedent was pre-deceased by both of his parents.

7. The Decedent was survived by one sibling, Stephanie Yulianto.

8. Therefore, Decedent's interest in the Property vested in fee simple absolute in Stephanie Yulianto, his sole heir-at-law, immediately upon his 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 **STEPHANIE YULIANTO**.

FURTHER AFFIANT SAYETH NOT.

[SIGNATURE PAGE TO FOLLOW]

SWORN this 8 day of February 2024.

Edwin Sulaiman, *Affiant*

STATE OF NEW YORK)
COUNTY OF Newyork)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Edwin Sulaiman**, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 8th day of February 2024.

Geryna Cochrane Sandy
NOTARY PUBLIC
My commission expires: 05/06/2025

GERYNA R COCHRANE SANDY
Notary Public - State of New York
NO. 01CO6119439
Qualified in Suffolk County
My Commission Expires May 6, 2025

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 063017

1. Decedent's Legal Name: STANLEY YULIANTO				2. Sex: MALE	3. Date of Death: 10/09/2023
4. Time of Death (Approx.): 21:41	5a. Age: 51	6. Date of Birth: 09/23/1972	7. Birthplace: INDONESIA		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 2733 GOSSETT TRAIL		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: ACCOUNTANT		11b. Kind of Business/Industry: FINANCE	
12. Social Security Number: XXX-XX-	13a. Residence State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street Number: 2733 GOSSETT TRAIL		13e. Inside City Limits?: YES	13f. Zip Code: 37221	14. Was Decedent ever in US Armed Forces?: NO	
15. Decedent's Education: MASTER'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: OTHER (ASIAN, INDONESIAN)		
18. Father's Name: PETER YULIANTO		19. Mother's Name Prior to First Marriage: SARI WAHYU			
20a. Informant's Name: STEPHANIE YULIANTO	20b. Relationship to Decedent: SISTER	20c. Mailing Address: 250 WEST 50TH ST., NEW YORK, NY 10019			
21a. Method of Disposition: CREMATION	21b. Place of Disposition: AFFILIATED CREMATORY		21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: /e/ MATTHEW A. TERRY	22b. License Number: 6054	22c. Signature of Embalmer		22d. License Number	
23a. Name and Address of Funeral Home: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216				23b. License Number: 331	
24. Registrar's Signature: /e/ EDWARD G BISHOP III			25. Date Filed: 10/17/2023		

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/ EMILY DENNISON, M.D.	53219	10/16/2023

27d. Name and Address: EMILY DENNISON, M.D. 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)	a. XXXG	
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.	
	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:		
XXXXXXXXX		N/A		
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

RH-1655E 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.

15381020

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

Edward G Bishop III
Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Oct-17-2023

CERTIFICATION OF VITAL RECORD