****

ADDRESS NEW OWNER:
Gale Barnard
3800 Lakeridge Run
Nashville, TN 37214

SEND TAX BILL TO:
Same

MAP &PARCEL
109-05-D-33.00CO

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
Paula@BlairLawPLLC.net
FROM INFORMATION BY OTHERS

Karen Johnson
Batch # 1107403
03/05/2024 08:43:33 AM
Fees: $22.00 Taxes: $0.00

Davidson County
AFFIDAVITH
4 pgs

20240305-0015123

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the Affiant, Jay P Cogswell, 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 his own free will and based upon her personal knowledge and familiarity:

1. Fred Abraham Stoklasa owned 1402 Benjamin Street, Nashville, Davidson County, Tennessee 37206 in fee simple, as per a Warranty Deed conveying said property to him on June 30, 2017 in Instrument Number 20170705-0067434, in the Davidson County Register of Deeds' Office.

2. Fred Abraham Stoklasa died on November 16, 2023. A copy of the Death Certificate Is attached to this Affidavit.

3. Fred Abraham Stoklasa was unmarried at the time of his death and had no children.

4. Fred Abraham Stoklasa's father, William Louis Stoklasa, died on September 30, 2021.

5. Fred Abraham Stoklasa's next-of-kin is his mother, Gale Barnard.

6. This Affidavit will confirm the vesting of Fred Abraham Stoklasa's ownership interest in the real property located at 1402 Benjamin Street, Nashville, Davidson County, Tennessee 37206 in his mother, Gale Barnard. Said property is more particularly described as follows:

Land in Davidson County, Tennessee, being Lot Numbers 13 and 14 on the Plan of Map of Subdivision of Part of Weakley Home Place of record in Plat Book 421, Page 36, in the Register's Office of Davidson County, Tennessee to which plan reference is hereby made for a more complete description of said property.

Being the same property conveyed to Josiah Reid and Erica Reid, husband and wife, by Warranty Deed from Sam R. Williams and wife, Danielle Williams, dated September 30, 2016, recorded October 6, 2016, in Instrument No. 20161006-0105771, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Fred Abraham Stoklasa, unmarried man, by Warranty Deed from Josiah Reid and Erica Reid, husband and wife, dated June 30, 2017, recorded July 5, 2017, bearing Instrument No. 20170705-0067434, Register's Office for Davidson County, Tennessee.
This is improved property commonly known as 1402 Benjamin Street, Nashville, Davidson County, Tennessee 37206.

FURTHER AFFIANT SAYETH NAUGHT

AFFIANT

Sworn to and subscribed to me on the 21st **day of** February **2024**

NOTARY PUBLIC

My commission expires on: MAY 5, 2025

LISA MCKENZIE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-5-2025

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 070955

1. Decedent's Legal Name			2. Sex	3. Date of Death
FRED ABRAHAM STOKLASA			MALE	11/16/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
16:23	36	02/06/1987	LEON, IA	
8a. Place of Death				
RESIDENCE				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
1402 BENJAMIN ST		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
NEVER MARRIED		MUSICIAN SONGWRITER	ENTERTAINMENT	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
5808	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
1402 BENJAMIN ST		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**	
WILLIAM LOUIS STOKLASA			CRYSTAL GALE PUTNAM	
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
CRYSTAL GALE BARNARD	MOTHER	3800 LAKERIDGE RUN, NASHVILLE, TN 37214		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	WEST HARPETH CREMATORY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ MELINDA E CRAWFORD	5229	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
NASHVILLE CREMATION CENTER, 7427 CHARLOTTE PIKE, NASHVILLE, TN 37209			1319	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		11/21/2023		

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/ ERIN M CARNEY, M.D.	50160	11/21/2023

27d. Name and Address: ERIN M CARNEY, 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). 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		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

PH-1659E RDA 10112

15552597

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

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Nov-21-2023

CERTIFICATION OF VITAL RECORD