THIS INSTRUMENT PREPARED BY:
Sara O. Thomas, Esq.
August Law, PLLC
321 Billingsly Ct., Suite 23
Franklin, TN 37067

Karen Johnson Davidson County
Batch# 1248450 AFFIDAVITH
03/20/2025 10:32:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20250320-0020347

Address New Owner:
Krupa Rana
3135 Lake Park Drive
Nashville, TN 37211

Send Tax Bills To:
Krupa Rana
3135 Lake Park Drive
Nashville, TN 37211

Map 119-15 Parcel 30.0

AFFIDAVIT OF SURVIVORSHIP

I, Krupa Rana, being duly sworn, depose and state as follows:

1. **Property Information:** I am a surviving joint tenant of the property located at 3135 Lake Park Drive, Nashville, TN 37211, which was held by Sarvadaman S. Rana and myself as joint tenants with full rights of survivorship and legally described as follows:

   > Being Lot No. 20 on the Plan of Southlake, Section 2, of record in Plat Book 2083, page 84, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.
   >
   > BEING the same property conveyed to Sarvadaman S. Rana and wife, Sudha S. Rana, by Warranty Deed from Deborah C. Riley and husband, Wendell W. Riley, dated August 16, 1990, recorded August 21, 1990, Book 8179, page 247, in the Register's Office for Davidson County, Tennessee
   >
   > Note: Sudha S. Rana died on October 14, 2002, thereby vesting title to the above property in Sarvadaman S. Rana as surviving tenant by the entirety.

2. **Ownership:** The property was conveyed from Sarvadaman S. Rana, unmarried, to Sarvadaman S. Rana and Krupa Rana, as tenants in common with full rights of survivorship by Quitclaim Deed, dated November 26, 2002 and recorded on December 23, 2002 in the Register's Office for Davidson County, Tennessee of record in Instrument No 20021223-0158027. Our courts have consistently

recognized that property owners remain free to expressly provide for survivorship by deed. *Bryant v. Bryant*, 522 S.W. 3d at 404, quoting *Jones v. Jones*, 206 S.W. 2d at 803.

3. **Death of Joint Tenant:** Sarvadaman S. Rana passed away on December 11, 2024 in Nashville, Tennessee. A certified copy of the death certificate is attached to this affidavit.
4. **Effect of Survivorship:** As a result of the death of Sarvadaman S. Rana, I am now the sole owner of the property, as provided by the joint tenancy with rights of survivorship contained in the Quitclaim Deed dated November 26, 2002.
5. **Sole Living Heir:** Besides having the legal right to the property as the remaining living joint tenant, I am also the sole living heir to Sarvadaman S. Rana. Sarvadaman S. Rana has no spouse and no other descendants.
6. **Request for Recordation:** I request that this Affidavit of Survivorship, along with the attached certified death certificate, be recorded in the Davidson County Register of Deeds Office to confirm my ownership of the property in fee simple.

I affirm that the foregoing statements are true and correct to the best of my knowledge and belief.

WITNESS this the 17th day of March, 2025.

Surviving Owner:

Krupa Rana

SARA O. THOMAS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me Krupa Rana, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and whom I have acknowledged as executing the foregoing instrument for purposes therein contained.

WITNESS my hand and seal, this 17th day of March, 2025.

NOTARY PUBLIC
My Commission Expires: September 28, 2026

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 076954

1. Decedent's Legal Name: SARVADAMAN SANMUKHRAI RANA			2. Sex: MALE	3. Date of Death: 12/11/2024
4. Time of Death (Approx.): 17:40	5a. Age: 89	6. Date of Birth: 10/09/1935	7. Birthplace: INDIA	
8a. Place of Death: INPATIENT				
8b. Facility Name: TRISTAR SOUTHERN HILLS MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: RESEARCHER		11b. Kind of Business/Industry: VANDERBILT UNIVERSITY MEDICAL
12. Social Security Number: -9369	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 3135 LAKE PARK DR		13e. Inside City Limits?: YES	13f. Zip Code: 37211	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: DOCTORATE OR PROFESSIONAL DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: ASIAN INDIAN		
18. Father's Name: SANMUKHRAI RANA		19. Mother's Name Prior to First Marriage: HARSHUTA VASAVADA		
20a. Informant's Name: KRUPA RANA	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 3135 LAKE PARK DR, NASHVILLE, TN 37211		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: AFFILIATED CREMATORY	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ ALLISON KLOTZ	22b. License Number: 4855	22c. Signature of Embalmer: ▶ /e/ ALLISON C KLOTZ	22d. License Number: 4856	
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: 12/17/2024		

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/ VENKATA PUNEET PONAKALA	27b. License Number: 72046	27c. Date Signed: 12/13/2024
27d. Name and Address: VENKATA PUNEET PONAKALA 4201 NOLENSVILLE PK, NASHVILLE, TN 37211		

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. ACUTE RESPIRATORY FAILURE	
	b. STROKE	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: END STAGE RENAL DISEASE

29a. 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: 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

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Dec-17-2024

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20250320002034

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF AUTHENTICITY

I, Sara O. Thomas, Attorney at Law, 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 March 17, 2025.

Sara O. Thomas
Attorney at Law

March 18, 2025

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, San Juanita Hernandez-Bosel, Notary Public, Sara O. Thomas, Attorney at Law, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who I acknowledged that she executed the foregoing instrument for purposes therein contained.

WITNESS my hand and seal, this 18 day of March, 2025.

NOTARY PUBLIC
My Commission Expires: May 20, 2028

SAN JUANITA HERNANDEZ-BOSEL
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY