This document prepared by:

ADAM J. BERK, ESQ.
ELDER LAW OF NASHVILLE PLC
4235 Hillsboro Pike, Suite 300
Nashville, TN 37215

OWNERS:

Gulmakai Telwar
5021 Cambron Dr.
Nashville, TN 37221

Torpikay Telwar
5021 Cambron Dr.
Nashville, TN 37221

Hassinah Zahrah Telwar
5021 Cambron Dr.
Nashville, TN 37221

Shafiqah Amru Telwar
5021 Cambron Dr.
Nashville, TN 37221

Spojmay Telwar
5504 Seesaw Rd
Nashville, TN 37211

Gulgotay Telwar
668 Williamsport Ct.
Nashville, TN 37221

Yasmin Torpikay Telwar
836 Pembrook Ct.
Carol Stream, IL 60188

Inamullah Telwar
922 Brigade Loop
Murfreesboro, TN 37128

Abdulahed Telwar
2211 Elements Way
Irvine, CA 92612

TAX PARCEL: 155-16-42

SEND TAX NOTICE TO: Gulmakai Telwar
5021 Cambron Dr.
Nashville, TN 37221

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, **Jabou Joh**, being duly sworn, deposes and says:

Wali-Mohammad Telwar, *also known as* Walli-Mohammad Telwar, a resident of Davidson County, Tennessee, died on November 26, 2024 (his death certificate is attached hereto). He passed away survived by his spouse, Torpikay Telwar, and his eight children (listed above). Wali-Mohammad Telwar died owning the following real estate:

> Land in Davidson County, Tennessee, being Lot N. 27 on the plan of Pasquo Park, Section 2, as of record in Book 3600, page 77, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description.

Karen Johnson Davidson County
Batch# 1318101 AFFIDAVITH
09/04/2025 11:03:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20250904-0070671

Being the same property conveyed to Walli-Mohammad Telwar by Zahra B. Telwar by Quitclaim Deed of record via Instrument No. 20070828-0103368, Register's Office for Davidson County, Tennessee.

This improved property known as 5021 Cambron Drive, Nashville, Tennessee 37221.

The undersigned, **Jabou Joh**, was a friend of Wali-Mohammad Telwar. She has known the family for over twenty years.

Signed this 13 day of August, 2025.

Jabou Joh, *Affiant*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Jabou Joh**, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, who signed the foregoing instrument in my presence, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained as their free act and deed.

Witness my hand and official seal, this 13 day of August, 2025.

KAMERON BENDER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

NOTARY PUBLIC
My Commission Expires: 11-08/2028

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 082911

1. Decedent's Legal Name				2. Sex	3. Date of Death
WALI MOHAMMAD TELWAR				MALE	11/26/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**		
05:30 AM	69	01/01/1955	AFGHANISTAN		
8a. Place of Death					
DECEDENT'S HOME					
8b. Facility Name		**8c. City or Town**		**8d. County of Death**	
5021 CAMBRON DR		NASHVILLE		DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**	
MARRIED	TORPIKAY TELWAR	MEDICAL TECHNOLOGIST		HOSPITAL	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**	
	TENNESSEE	DAVIDSON		NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
5021 CAMBRON DR		YES	37221	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**		**17. Decedent's Race**		
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		OTHER PACIFIC ISLANDER (AFGHAN)		
18. Father's Name			**19. Mother's Name Prior to First Marriage**		
HAJI BADAM TELWAR			BIBI SAHIBA TELWAR		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**			
TORPIKAY TELWAR	WIFE	5021 CAMBRON DR, NASHVILLE, TN 37221			
21a. Method of Disposition	**21b. Place of Disposition**		**21c. Location**		
BURIAL	ISLAMIC CENTER CEMETERY		NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**	
▶ /e/ LUSENI KROMAH	00000000	▶			
23a. Name and Address of Funeral Home				**23b. License Number**	
AL-FAROOQ ISLAMIC CENTER, 67 THOMPSON LANE, NASHVILLE, TN 37211				0000001	
24. Registrar's Signature			**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III			02/26/2025		

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/ ASHLEY TERRY	2899	02/21/2025

27d. Name and Address

ASHLEY TERRY 5700 TEMPLE RD., NASHVILLE, TN 37221

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. CARDIAC ARRHYTHMIA	
	b. CORONARY ATHEROSCLEROSIS	
	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? NO

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:
NATURAL	NO	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: Mar-03-2025

0 1 6 9 7 5 9 1 6

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

ANY ALTERATION OR FRAUD RENDERS THIS CERTIFICATE VOID

Tennessee Certification of Electronic Document

I, Adam J. Berk, do hereby make oath that I am a licensed attorney and 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 the ~~20th~~ 13th day of August, 2025.

Adam J. Berk, *Affiant*

8-20-2025
Date

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 20th day of August, 2025.



[SEAL]

NOTARY PUBLIC
My Commission Expires: May 3, 2027