This Instrument Prepared By & Return Recording to:
Martin Heller Potempa & Sheppard, PLLC
2122 21st Avenue South
Nashville, Tennessee 37212
(615) 800-7096

Karen Johnson Davidson County
Batch# 1369571 AFFIDAVITH
01/14/2026 09:36:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20260114-0003318

Address New Owners & Send Tax Statements to:
Robert Barr, et. al.
1809 Bryce Circle
Nashville, TN 37211

Tax Information: 11814013100

AFFIDAVIT OF HEIRSHIP

1. My name is **Michael Lawrence Benton** ("Affiant"). I currently reside in Davidson County, state of Tennessee. 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. Lisa Michelle Barr (hereinafter "Decedent") was my friend, and I knew her for approximately 36 years.

3. Decedent died on December 31, 2022, owning certain real property in Davidson County, Tennessee. Her Death Certificate is attached hereto as **Exhibit 1**. The Decedent died intestate, and her estate is currently being administered under Case No. 24P1484 in Davidson County, Tennessee.

4. At the time of her passing, Decedent owned real property located at **3518 PLEASANT VALLEY, NASHVILLE, TENNESSEE 37204** (the "Property"). The Property is more fully and particularly described as follows:

> Land in the 7th Civil District of Davidson County, Tennessee, being Lot No. 63, on the Map of Longview Manor, Sections 1 & 2, of record in Book 1424, Page 127, Register's Office for said County, to which plan reference is hereby made for a more complete description.
>
> Being the same property conveyed to Charles M. Lewis by Warranty Deed from Edwin D. Schreiber, Jr., and Barbara J. Lewis, of record in Instrument No. 20070117-0006934, Register's Office for Davidson County, Tennessee.
>
> The said Charles M. Lewis (a/k/a Charles Michael Lewis) having since died

testate on April 14, 2019, leaving his entire estate to Lisa Michelle Barr, pursuant to his Last Will and Testament dated July 25, 2013, which was admitted to probate in the Seventh Circuit Court for Davidson County, Tennessee under docket number 22P1782, as evidenced by Instrument Nos. 202511030087460 and 202511030087461, Register's Office for Davidson County, Tennessee.

5. The Decedent was married at the time of her death to Robert Barr.

6. Decedent was also survived by one child: Kimberly Barr. Decedent had no other children, born-to or adopted by her, during her lifetime.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Robert Barr and Kimberly Barr, her sole heirs-at-law, immediately upon her 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 names of **ROBERT BARR AND KIMBERLY BARR, AS TENANTS IN COMMON**.

FURTHER AFFIANT SAYETH NOT.

SWORN this 31 day of December 2025.

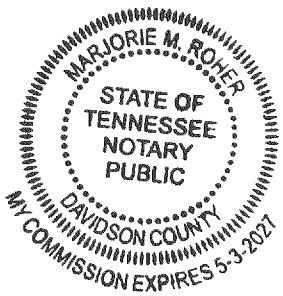
Michael Lawrence Benton, *Affiant*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Michael Lawrence Benton,** 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 31st day of December 2025.

Marjorie M. Roher
NOTARY PUBLIC
My commission expires: May 3, 2027



COPY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 087184

1. Decedent's Legal Name: LISA LEWIS BARR		2. Sex: FEMALE	3. Date of Death: 12/31/2022
4. Time of Death: 20:44	5a. Age: 53	6. Date of Birth: 06/04/1969	7. Birthplace: NASHVILLE, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 1809 BRYCE CIRCLE	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (if wife, prior to first marriage): ROBERT BARR	11a. Decedent's Usual Occupation: HOMEMAKER	11b. Kind of Business/Industry: HOMEMAKER
12. Social Security Number: [redacted]	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: NASHVILLE
12d. Street and Number: 1809 BRYCE CIRCLE	12e. Inside City Limits? YES	12f. Zip Code: 37211	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: WHITE	
18. Father's Name: CHARLES BENZ LEWIS		19. Mother's Name Prior to First Marriage: BARBARA SCHREIBER	
20a. Informant's Name: ROBERT BARR	20b. Relationship to Decedent: HUSBAND	20c. Mailing Address: 1809 BRYCE CIRCLE, NASHVILLE, TN 37211	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: /s/ SHELBY BURKES	22b. License Number: 20455	22c. Signature of Embalmer: /s/ STEPHANIE BROOK WORKING	22d. License Number: 6116
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 600 THOMPSON LANE, NASHVILLE, TN 37204-3407			23b. License Number: 837
24. Registrar's Signature: /s/ EDWARD G BISHOP III		25. Date Filed: 01/05/2023	

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: /s/ DAVID L ZIMMERMAN, MD	27b. License Number: 046030	27c. Date Signed: 01/04/2023
27d. Name and Address: DAVID L ZIMMERMAN, MD 600 H B GASS BLVD, NASHVILLE, TN 37214		

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. [redacted]
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? YES
29b. Were Autopsy Findings Available to Complete the Cause of Death? YES

30. Manner of Death: [redacted]	31. Did Tobacco Use Contribute to Death? NO	32. If Female: NOT PREGNANT WITHIN PAST YEAR	
33. If Transportation Injury, Specify:	34a. Date of Injury: 12/31/2022	34b. Time of Injury: UNKNOWN	34c. Injury at Work? NO
34d. Place of Injury: RESIDENCE	34e. Describe How Injury Occurred: [redacted]	34f. Location of Injury: 1809 BRYCE CIRCLE, NASHVILLE TN	

TH-1858E

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.

14655870

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

Edward G. Bishop III
State Registrar

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 6 5 5 8 7 0
Date Issued: Jan-09-2023

CERTIFICATION OF VITAL RECORD

Certificate of Authenticity

I, Adam Barber, 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 12/31/2025.

Date

Affiant Signature

1/13/2026

Date

State of Tennessee

County of Davidson

Sworn to and subscribed before me this 13 day of January, 20 26

Notary's Signature

My Commission Expires: 10-4-2027

Date

Notary's Seal (if on paper)

