Davidson County AFFIDAVIT
Recvd: 09/05/07 10:41 4 pgs
Fees:22.00 Taxes:0.00
20070905-0106476

This Instrument prepared by:

Tiffany J. Carlson, Esq. (L07-0317)
First American Title Insurance Company
3 First American Way
Santa Ana, CA 92707

AFFIDAVIT AS TO HEIRS
(Pursuant to T.C.A. §30-2-712)

STATE OF Tennessee
COUNTY OF Davidson

On this 19 day of ~~June~~ July (add), 2007, before me personally appeared Lanetra Martinez, to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 388 Kingview Drive, Nashville, Tennessee 37218 and is familiar with the family history of Michael E. Martinez, deceased, who was the owner of the following property:

388 Kingview Drive, Nashville, Tennessee
See legal description attached as Exhibit "A"

And that said decedent died on the 19th day of January, 2002, and that the place of residence and homestead, at the time of death, was as follows:

388 Kingview Drive, Nashville, Tennessee

And Affiant further states that said deceased left surviving the following persons, as heirs or persons otherwise interested in the estate,

		NAME	ADDRESS
1. a.	Surviving Spouse	Lanetra Martinez	388 Kingview Drive Nashville, TN

b. Children Yokasta M. Martinez DeAmbrosia J. Martinez Erica M. Martinez Nicolas M. Martinez

c. Children of deceased children N/A

d. Adopted children N/A

e. Children of deceased adopted children **(If none above, go to 2)** N/A

2. Parent(s) **(If none above, go to 3)** ~~Benjamin G. Sims~~ N/A ADDM

3. a. Brother(s)/sister(s) ~~Timothy B. Sims~~ ~~Holland L. Frierson~~ ~~DeCortes Sims~~ N/A ADM

b. Children of deceased brother(s)/sister(s) **(If none above, go to 4)**

4. a. Paternal grandparent(s) N/A

b. Children of deceased paternal grandparent(s) ~~Lillie R. Sims~~ ~~Sarah L. Summers~~
i.e. aunt(s)/uncle(s) N/A ~~DM~~

c. Children of deceased paternal aunt(s)/uncle(s)
i.e. cousins

d. Maternal grandparent(s) N/A

e. Children of deceased maternal grandparent(s) N/A
i.e. aunt(s)/uncle(s)

f. Children of deceased maternal aunt(s)/uncle(s) N/A
i.e. cousins

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen years, except the following:

Names of minors:

And said deceased __ left a will / ✓ did not leave a will.

And that the debts against said estate ✓ have been paid / __ have not been paid.

LaNeta D. Martinez

Signature

STATE OF TN
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public In and for said county and State, duly commissioned and qualified, LaNeta D Martinez the within named bargainers, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal at office this 19 day of July, 2007

Notary Public

My Commission Expires:

01/24/09

Ann Stathos Donnell
State of Tennessee Notary Public
Davidson County

EXHIBIT "A"

10-00818392

A CERTAIN TRACT OR PARCEL OF LAND, TOGETHER WITH ALL TENEMENTS, HEREDITAMENTS AND APPURTENANCES THERETO, LOCATED IN DAVIDSON COUNTY, STATE OF TENNESSEE, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 146 ON THE PLAN OF SECTION 4-A, HAYNES PARK, OF RECORD IN BOOK 4860, PAGE 39, REGISTER'S OFFICE FOR SAID COUNTY.

BEING THE SAME PROPERTY CONVEYED TO MICHAEL E. MARTINEZ AND WIFE, LANETRA D. MARTINEZ BY DEED FROM LESTER MCCLAIN RECORDED 02/10/1997 IN DEED BOOK 10345 PAGE 352, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE. MICHAEL E. MARTINEZ DIED ON JANUARY 10, 2002.

STATE OF TENNESSEE
Office of Vital Records

020245

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2002 001452

1 DECEDENT'S NAME (First, Middle, Last): MICHAEL EUGENE MARTINEZ
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): 01/19/2002
4 SOCIAL SECURITY NUMBER: 547-25-6986
5a AGE-LAST BIRTHDAY (Years): 41
6 DATE OF BIRTH (Month, Day, Year): 10/18/60
7 BIRTHPLACE (City and State or Foreign Country): Los Angeles, CA.
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 No
9a PLACE OF DEATH: 1 Inpatient
9b FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: DAVIDSON
10 MARITAL STATUS: Married
11 SURVIVING SPOUSE (If wife, give maiden name): L. Dorsell Sims
12a DECEDENT'S USUAL OCCUPATION: Help Desk Analyst II
12b KIND OF BUSINESS/INDUSTRY: Vanderbilt Univ. Medical Center
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN, OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 2514 Jefferson St.
13e INSIDE CITY LIMITS? 1 Yes
13f ZIP CODE: 37208
14 WAS DECEDENT OF HISPANIC ORIGIN? 1 Yes
15 RACE: Hispanic
16 DECEDENT'S EDUCATION: 12
Obsolete: 2
17 FATHER'S NAME (First, Middle, Last): Hector Martinez
18 MOTHER'S NAME (First, Middle, Maiden Surname): Charline Witson Lewis
19a INFORMANT'S NAME (Type/Print): L. Dorsell Sims Martinez
19b RELATIONSHIP TO DECEDENT: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2514 Jefferson St. Nashville, TN. 37208
20a METHOD OF DISPOSITION: 1 Burial
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
20c LOCATION (City or Town, State): Nashville, TN.
21a SIGNATURE OF FUNERAL DIRECTOR: LARRY MERIWETHER
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3160
21c SIGNATURE OF EMBALMER: TROY L. COLLINS
21d LICENSE NUMBER OF EMBALMER: 4626
22a NAME AND ADDRESS OF FUNERAL HOME: Foston Funeral Home 816 Franklin St., Clarksville TN. 37040
22b LICENSE NUMBER OF FUNERAL HOME: 110
23 REGISTRAR'S SIGNATURE:
24 DATE FILED (Month, Day, Year): January 23, 2002
25a PHYSICIAN: To the best of my knowledge death occurred at the date and place and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN:
25b LICENSE NUMBER:
25c DATE SIGNED (Month, Day, Year):
26a MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion death occurred at the date and place and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b LICENSE NUMBER: 29160 MS
26c DATE SIGNED (Month, Day, Year): 1/20/2002
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Bruce P Levy, M D ;84 Hermitage Ave,Nashville TN 37210; MEC02-0183

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jul-11-2007

CERTIFICATION OF VITAL RECORD