Davidson County	AFFIDAVIT
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Aliquippa, PA 15001

Recording Requested By & Return To:
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4000 Industrial Blvd # 2381377
Aliquippa, PA 15001 3

This Instrument was prepared by
Betsy Matos
Wells Fargo Bank, NA
1150 W. Washington St.
Tempe, AZ 852810000

Affidavit of Death of Spouse

State of TN
County of DAVIDSON

Francisco Orellana, being first duly sworn, deposes and says: That he/she was validly married to Adella Orellana immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property:

See Exhibit "A" attached hereto and made a part hereof

Tax ID: 149110A04900CO

That the affiant and the above-named decedent were married on 03-30-1985 and affiant is the widow/widower of decedent and;

That Adella Orellana died on May 13, 2008 as evidenced by a certified copy of the Certificate of Death attached hereto and;

That the affiant has carefully examined all of the decedent's personal possessions, letters, papers, effects, and belongings and is certain that either:

1) No will was executed or otherwise declared by the decedent, based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted, or
2) If a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source were also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code 649.1 (b), (c) or (d) in any probate proceedings in any court or competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of Chicago Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated 9/25/10

Francisco Orellana

State of TN

County of DAVIDSON

Subscribed and sworn to (or affirmed) before me this 25 day of SEPT, 20 10 by FRANCISCO ORELLANA, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature NOTARY PUBLIC - EXP. 8-10-2014 (seal)

JAMES JOHNSTON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Exhibit "A"
Legal Description

All that certain parcel of land situate in the County of Antioch, State of Tennessee, being known and designated as follows:

Land in Davidson County, Tennessee, being Lot No. 49 on the Plan of Rice Hill, Phase 3, of record in Book 6900, page 292, Register's Office for said County, to which plan reference is hereby made for a more complete legal description.

Being the same property as conveyed from Francisco Orillana, a married man to Francisco Orellana and wife, AdellaOrellana, as described in Doc#2003 00139371, Dated 9/11/2003, Recorded 9/22/2003 in DAVIDSON County Records.

Tax ID: 149110A04900CO

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0802786

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): ADELA ORELLANA
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 13, 2008
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]4797
5a. AGE-LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month Day, Year): Apr. 14, 1946
7. BIRTHPLACE (City and State or Foreign Country): Colima, Mexico

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1309 Rice Hill Circle
9c. CITY, TOWN, OR LOCATION OF DEATH: Antioch
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Francisco Orellana
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 1309 Rice Hill Cir.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): Mexican
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Marcial Ochoa
18. MOTHER'S NAME (First, Middle, Maiden Surname): Consuelo Chavez

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Francisco Orellana
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1309 Rice Hill Circle Antioch, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Cremation Svc.
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Rick Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5194
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Embalming Service 210 McMillin St., Nashville, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): May 13 2008

PHYSICIAN

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN: Ernest Turner
25b. LICENSE NUMBER: TN 17975
25c. DATE SIGNED (Month, Day, Year): 5-13-08
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.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Ernest Turner MD, 388 Harding Pl., Nashville, TN 37211

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Respiratory Failure	10 min
DUE TO (OR AS A CONSEQUENCE OF):	b. ALS	8 years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.	
DUE TO (OR AS A CONSEQUENCE OF):	d.	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1659 (REV. 6/99) RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]

Tonya Y Foreman
Local Registrar

Date Issued MAY 13 2008

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

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Terri Baker, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of PA

County of Beaver

Melanie Miller

Personally appeared before me, [Name of Notary], a notary public for this county and state, [name of person making certification] who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Terri Baker

Notary's Signature

My Commission Expires: 4-27-2014

Notary' Seal (if on paper)

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Melanie Miller, Notary Public
Hopewell Twp., Beaver County
My Commission Expires Apr. 27, 2014
Member, Pennsylvania Association of Notaries