AFFIDAVIT OF HEIRSHIP

I, Manuel de Jesus Herrera Hernandez, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant presently resides at the following address **2564 Kanlow Dr., Antioch, TN 37013.**

2. That Affiant personally knew **Luis Gonzalez**, deceased, hereinafter referred to as Decedent, for over **20** years and has personal knowledge of the family of Decedent.

3. That Affiant, **Manuel de Jesus Herrera Hernandez,** knew that at date of death said Decedent, **Luis Gonzalez**, owned the following described real estate in **Davidson** County, Tennessee: **3428 New Towne Rd., Antioch, TN 37013.**

Legal Description:
Land in Davidson County, Tennessee, being Lot 187, TOWNE VILLAGE OF THE COUNTRY, SECTION THREE, as shown on plat of record in Plat Book 5200, Pages 268 and 269, in the Register's Office, Davidson County, Tennessee, to which plat reference is hereby made for a more particular description of said property.

4. That Decedent died on **February 12, 2012**, and was at that time a resident of **Davidson** County, State of **Tennessee**;

5. That Decedent died testate.

6. That **Luis Gonzalez** was married at the time of his death.

7. That the following persons are all of the children born to or adopted by Decedent during the Decedent's lifetime: **Maria Castellanos, Julio Rodolfo Gonzalez (predeceased with no issue), and Byron Estuardo Gonzalez Rodriguez**
8. That the following persons constitute, as of the date of execution of this affidavit, all of the heirs-at-law of Decedent **Maria E. Rodriguez de Gonzalez (widow of the said Luis Gonzalez), Maria Castellanos, and Byron Estuardo Gonzalez Rodriguez.**

FURTHER AFFIANT SAITH NOT.

Affiant's Signature

STATE OF Tennessee
COUNTY OF Davidson

Before me, Carlos Moreno, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, **Manuel de Jesus Herrera Hernandez**, with whom I am personally acquainted, who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.
WITNESS my hand and official seal at Nashville, (city) Tennessee (state) this 15th day of November, 2012.

Notary Public My Commission Expires May 20, 2014
My Commission expires: _____

CARLOS MORENO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

BILL GARRETT, Davidson County
Trans:T20120089927 AFFIDAVIT
Recvd: 11/26/12 15:51 2 pgs
Fees:12.00 Taxes:0.00

20121126-0108493

STATE OF TENNESSEE
Office of Vital Records

120079

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Luis Rodolfo Gonzalez
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Feb 11, 2012
4. TIME OF DEATH (Approx.): 5:17 PM
5a. AGE-Last Birthday (Years): 69
5b. UNDER 1 YEAR: Month / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 4, 1942
7. BIRTHPLACE (City and State or Foreign Country): Guatemala

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 3428 New Towne Rd
8c. CITY OR TOWN: Antioch
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Maria E. Rodriguez de
11a. DECEDENT'S USUAL OCCUPATION: Sales Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Food and Beverages
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 3428 New Towne Rd
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th - 12th grade, no diploma
[X] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[ ] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[X] Yes, other Spanish/Hispanic/Latino
(Specify) _____
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify) _____
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify) _____
[ ] Other (Specify) _____
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Unknown
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Maria Mercedes Gonzalez-Oliva

DISPOSITION

20a. INFORMANT'S NAME: Byron Gonzalez
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3428 New Towne Rd Antioch, TN 37013
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Funeral and Cremation
21c. LOCATION (City or Town and State): Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature] Barry Waddell
22b. LICENSE NUMBER: 5471
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: [signature] Linda L. Boulware RR
25. DATE FILED (Month, Day, Year): February 14, 2012

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: [signature]
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 2-13-2012
27d. NAME AND ADDRESS: David Tribble, MD 1718 Patterson St. Nashville, TN 37203

MEDICAL CERTIFICATION

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.	Cholangiocarcinoma	
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.	Due to (or as a consequence of):	
c.	Due to (or as a consequence of):	
d.	Due to (or as a consequence of):	

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY -at home, farm, street, factory, office building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1309

5093728

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.

Teresa S. Hendricks
STATE REGISTRAR

Deputy Local Registrar
Davidson County, Tennessee

FEB 14 2012
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD