THIS INSTRUMENT PREPARED BY:

Elizabeth Doyne Maer
9112 Coronado Terrace
Fairfax, VA 22031

Davidson County AFFIDAVITH
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53-111-A
(Rev.4-07/3)

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

Reported owner name:	Claim number:

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: **Stanley Doyne**

Before me, the undersigned authority, on this day personally appeared: _____
("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: **Elizabeth Doyne Maer**

   I live at: **9112 Coronado Terrace Fairfax VA 22031**

   I am personally familiar with the family and marital history of: **Stanley Doyne**
   (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from **birth** until **death** Decedent died on **November 16, 2012**.

   Decedent's place of death: **Dallas** (CITY) **TX** (STATE) **Dallas** (COUNTY)

   At the time of decedent's death, decedent's residence was: **Dallas** (CITY) **TX** (STATE) **Dallas** (COUNTY)

3. Provide the following information on the deceased's marital history:
   (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
never married			

4. Provide the following information on the deceased's natural born and adopted children:
   (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
no children			

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
   (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
no grandchildren		

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	Gertrude O. Doyne	April 28, 2001
FATHER	George W. Doyne	January 14, 1970

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Reported owner name:	Claim number:

7. Provide the following information on the deceased's brothers and/or sisters:
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH
Mark A. Doyne 26 Royal Way Dallas, TX 75229	July 13, 1942	
Stephen E. Doyne 13022 Caminito Pte Del Mar, CA 92014	July 10, 1945	

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT

Signed this 13 day of November, 2013.

Elizabeth Doyne Maer
(SIGNATURE OF AFFIANT)

State of Virginia

County of Fairfax

Sworn to and subscribed to before me on November 13, 2013
(DATE)

by Elizabeth Doyne Maer
(NAME OF AFFIANT)

(NOTARY SIGNATURE) (Jasjit Kaur Singh)

JASJIT KAUR SINGH
NOTARY PUBLIC
REG. #7555182
MY COMMISSION EXPIRES
01/31/17
COMMONWEALTH OF VIRGINIA
(Notary Seal)

My commission expires: 31 day of January, 2017

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

Affidavit

I, Danielle Burns , do hereby make oath that I am 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.

Danielle Burns

Signature

State of Tennessee

County of Davidson

Personally appeared before me, Ruth F. Arnold , a notary public for this county and state, Danielle Burns

who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Ruth F. Arnold

Notary signature

My Commission Expires: August 17, 2015

Notary Seal:

