AFFIDAVIT OF HEIRSHIP

As to Vernon H. Amos
(Name of Deceased)

STATE OF Tennessee §

COUNTY OF Davidson §

I, Stephanie Sovine, of lawful age, residing at 3205 Windsor Green Dr. Antioch TN 37013, being first duly sworn, upon oath deposes and says: That affiant was personally well acquainted with the above named decedent, during his (or her) lifetime, having known him (or her) for 45 years, and that affiant bears the following relationship to said decedent, to-wit: daughter.
Said decedent departed this life in Davidson County, State of TN on or about June 2, 2014, being 70 years old at the date of his (or her) death.

Affiant further states that affiant was well acquainted with the family and close relatives of the said decedent, and that the following statements and the answers to the following questions are based upon the personal knowledge of affiant and are true and correct:

1. Did the decedent leave a will? Yes If so, has the will been admitted to probate? NO In what county? _____ When? _____

2. Has an administrator/executor been appointed for the estate of said decedent? Yes. If so, give name and address of administrator or executor Lisa Koenig 210 Raintree Drive, Hermitage, TN 37076.

3. Give name and address of surviving widow or widower of decedent: N/A. If not living, give date of death _____.

4. If the decedent was married more than once, give name of former husband or wife and state whether said former spouse is dead or divorced: _____
_____.

5. On the blank lines below, provide information requested for **all** children of decedent:

BILL GARRETT, Davidson County
Trans:T20140056201 AFFIDAVITH
Recvd: 08/01/14 14:03 5 pgs
Fees:27.00 Taxes:0.00
20140801-0069146

Name of Child(ren)	Age	Address	Living?	Date of Death	By Which Spouse
Lisa Koenig	45	210 Raintree Dr Hermitage TN 37076	yes		Patsy Espenschied 1st and only

6. If a deceased child left descendents, give the following information: N/A

NAME OF DECEASED CHILD: _____

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____ N/A

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____ N/A

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

NAME OF DECEASED CHILD: _____ N/A

DID HE/SHE LEAVE A WILL? Yes / No

Name of Child(ren)	Living?	Date of Death	Name and Address of Surviving Spouse

7. Did the decedent have any legally adopted children or step-children taken into his (or her) home? Yes / (No)
If so, write their names, ages and addresses in blank lines below and indicate as to each whether adopted or step-child:

Name Adopted or Step-Child	Age	Address

8. State (so far as known to affiant) whether any inheritance tax is due on the estate of decedent or whether any inheritance tax thereon has been paid: Nothing due.

9. Give below the names and addresses (together with other information called for) of the surviving father, mother, brothers and sisters of decedent:

(IF DECEDENT LEFT SURVIVING CHILDREN, THEN QUESTIONS 9 AND 10 NEED NOT BE ANSWERED.)

NAME	RELATIONSHIP	AGE	ADDRESS OR, IF DECEASED, DATE OF DEATH

10. Give below the names and addresses (together with other information called for) of the surviving children of any deceased brother or sister of the decedent:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR, IF DECEASED, DATE OF DEATH	NAME OF FATHER AND MOTHER

Stephanie A. Sorine
Affiant

Subscribed and sworn to before me this 13 day of August, 2014.
My commission expires: November 3. 2015



Notary Public

NOTE: If any of the heirs of decedent have died since his (or her) death, secure separate proof of heirship as to each.

AFFIDAVITOFHEIRSHIP.PDF

Prepared by: Lisa Koenig (daughter)
210 Raintree Dr.
Hermitage, TN 37076
615-872-0238