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

BILL GARRETT, Davidson County
Trans:T20150010174 AFFIDAVITH
Recvd: 02/10/15 08:38 3 pgs
Fees:17.00 Taxes:0.00
20150210-0012073

AFFIDAVIT OF HEIRSHIP

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

Reported owner name: **Mary Linda Lopehandia**

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: **Mary Linda Lopehandia** Also known as Linda Lopehandia

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

1. My name is: **Lisha Donald**.

   I live at: **147 Hicks Road, Nashville, TN 37221**

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

2. I knew the decedent from **2000** until **2013** Decedent died on **March 26,2013**.

   Decedent's place of death: **Nashville** (CITY) **TN** (STATE) **Davidson** (COUNTY)

   At the time of decedent's death, decedent's residence was: **Nashville** (CITY) **TN** (STATE) **Davidson** (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
Frank H. Lopehandia	11/17/1968		11/26/2013

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
Frank B, Lopehandia 741 Greymont Nashville, TN 372[illegible]	6/27/1971		
Myriam S. Bagwell 5425 Incline Drive, Nashville, Tn, 37211	9/15/1969		

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

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		
FATHER		

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Reported owner name:	Mary Linda Lopehandia	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
None		

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
None		

Signed this 10th day of February, 2015.

Lisha Donald
(SIGNATURE OF AFFIANT)

State of Tennessee

County of Davidson

Sworn to and subscribed to before me on February 10, 2015
(DATE)

by Lisha Donald
(NAME OF AFFIANT)

William K. Dunn
(NOTARY SIGNATURE)

WILLIAM K. DUNN
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
(Notary Seal)

My commission expires: 11th day of September, 2017.

Prepared by: Myriam Bagwell
5125 Indiana Dr.
Nashville, TN 37211

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

STATE OF TENNESSEE
Office of Vital Records

130197.8

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mary Linda Lopehandia
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 26, 2013
4. TIME OF DEATH (Approx.): 4:05 PM
5a. AGE-Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 4, 1946
7. BIRTHPLACE (City and State or Foreign Country): Cheatham County, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

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 ☒ Decedent's Home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 5425 Incline Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (To be completed by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Treasury Department
11b. KIND OF BUSINESS/INDUSTRY: IRS
12. SOCIAL SECURITY NUMBER: [redacted]-3336
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5425 Incline Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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
☒ 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
15+1pt

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
☐ 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): Tommy Rose
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary G. Glasgow

DISPOSITION

20a. INFORMANT'S NAME: Frank Brian Lopehandia
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 741 Greymont Drive, Nashville, TN 37217
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): West Harpeth Crematory
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶Michael Illobre
22b. LICENSE NUMBER: 5352
22c. SIGNATURE OF EMBALMER: ▶No embalming N/A
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Jeff Harrison, DR
25. DATE FILED (Month, Day, Year): March 29, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a ☒ 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: ▶ John Shuster
27b. LICENSE NUMBER: 45946
27c. DATE SIGNED (Month, Day, Year): MARCH 29, 2013
27d. NAME AND ADDRESS: J. SHUSTER, MD 1718 PATTERSON ST. NASHVILLE TN

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. DIABETES MELLITUS
Due to (or as a consequence of)
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. ____
Approximate interval: Onset to death: 4 YEARS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: TREATMENT REFRACTORY NAUSEA AND VOMITING

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ 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): (03/26/2013)
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-1858 (Rev. 8/2011) RDA 1389

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.

5659334

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

MAR 29 2013
Date Issued

CERTIFICATION OF VITAL RECORD