THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 Karen Y Johnson Davidson County Batch# 151285 **AFFIDAVITH** 10/15/2018 09:18:30 AM 3 pgs Fees: $17.00 Taxes: $0.00 20181015-0101679	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $0.00 June DuBois Latti Subscribed and sworn to before me, this 11th day of October 2018. NOTARY PUBLIC My Commission Expires: Sept 4, 2020

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Shannon Ospina Løgtoft 6 6300 Tørsbøl Denmark	New Owner	Map & Parcel: 072 12 0 127.00

AFFIDAVIT OF HEIRSHIP

1. My name is June DuBois Latti ("Affiant"). I am an adult resident of the State of New Hampshire. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. Jonathan Latti ("Decedent") died on October 6, 2018. A copy of the Certificate of Death is attached as **Exhibit 1.**

3. Decedent had an ownership interest in a certain parcel of improved real property at the time of death, which is located at **2102 Fernwood Drive, Inglewood TN 37216** (the "Property") and more fully and particularly described as follows:

> LAND in Davidson County, Tennessee, being Lot No. 171 on the Plan of Dalewood Subdivision, Section 3, recorded in Book 1835, Page 20, Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete and accurate legal description.
>
> Being the same property conveyed to Jonathan Latti by warranty deed from Leah L. Henley, unmarried, dated April 30, 2004 and filed of record at Instrument No. 20040505-0051338.

4. Decedent and I were married from March 5, 1966 until we divorced in 1977. Decedent and I had one child during our marriage, Shannon Ospina. Decedent and I remained close friends after our divorce and until he died. As a result, I have personal knowledge that Decedent died unmarried and without any children other than Shannon Ospina.

5. Based on my diligent search of Decedent's Tennessee residence and personal effects, I am certain that Decedent died without a will.

6. Therefore, Shannon Ospina is Decedent's sole heir-at-law pursuant to pursuant to Tenn. Code Ann. § 31-2-104.

7. Furthermore, I have no ownership interest in the Property and do hereby disclaim any interest I may unknowingly have.

8. A probate estate has not been opened, and it is not anticipated that one will be opened.

9. Pursuant to Tenn. Code Ann. § 31-2-103, Decedent's interest in the Property vested in his sole heir-at-law immediately upon death. As of the filing of this Affidavit, ownership of the Property remains vested as follows:

Shannon Ospina – 100% interest.

FURTHER AFFIANT SAYETH NOT.

SWORN this 11th day of October 2018.

June DuBois Latti

June DuBois Latti

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Now having first been sworn, the above-named June DuBois Latti, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn to and subscribed before me, the undersigned Notary Public, this 11th day of October, 2018.

Colleen O'Connell

Notary Public

COLLEEN O'CONNELL NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

My commission expires: Aug. 4, 2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 055720

PERSONAL

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT – No., Street or R.F.D. Number, City or Town, State, Zip Code

1. DECEDENT'S LEGAL NAME: JONATHAN JACKMAN LATTI					2. SEX: MALE	3. DATE OF DEATH: 10/06/2018
4. TIME OF DEATH (Approx): 03:55	5a. AGE: 74	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 01/07/1944	7. BIRTHPLACE: CONCORD, NH	
8a. PLACE OF DEATH: HOSPICE FACILITY						
8b. FACILITY NAME: ALIVE HOSPICE AT SKYLINE MADISON CAMPUS		8c. CITY OR TOWN: MADISON			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: DIVORCED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: FOREMAN		11b. KIND OF BUSINESS/INDUSTRY: CONSTRUCTION	
12. SOCIAL SECURITY NUMBER: 003-32-0204	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 2102 FERNWOOD DRIVE		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37216		14. WAS DECEDENT EVER IN US ARMED FORCES?: YES	
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

PARENTAGE

18. FATHER'S NAME: TOIVO MATHEW LATTI	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ELLEN HARRIET JACKMAN

INFORMANT

20a. INFORMANT'S NAME: SHANNON ELLEN OSPINA	20b. RELATIONSHIP TO DECEDENT: DAUGHTER	20c. MAILING ADDRESS: 10 COURT STREET, CONCORD, NH 03301

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION	21b. PLACE OF DISPOSITION: TENNESSEE VALLEY CREMATORY	21c. LOCATION: MONTEAGLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ CHRIS NEIGHBOURS	22b. LICENSE NUMBER: 4249	22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:		
23a. NAME AND ADDRESS OF FUNERAL HOME: NEIGHBOUR'S LIFE CELEBRATION SERVICES, 1332 ROSA L PARKS BLVD, NASHVILLE, TN 37208		23b. LICENSE NUMBER: 1233

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III	25. DATE FILED: 10/10/2018

CERTIFIER

26. CERTIFIER
26a. IF PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
26b. IF MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, 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. CERTIFIER: /s/ ANH THI MEADOWS	27b. LICENSE NUMBER: 045572	27c. DATE SIGNED: 10/09/2018
27d. NAME AND ADDRESS: ANH THI MEADOWS 1718 PATTERSON STREET, 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. SMALL CELL LUNG CANCER, METASTATIC TO THE BRAIN	
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 A CONSEQUENCE OF)	
	c. DUE TO (OR A CONSEQUENCE OF)	
	d. DUE TO (OR A CONSEQUENCE OF)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE	29a. WAS AN AUTOPSY PERFORMED?: NO
	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: YES	32. IF FEMALE: N/A	
33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?
	34d. PLACE OF INJURY	34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY

TH-1659 (Rev. 8/2017) RDA 40112

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

OCT 10 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 4 8 4 8 1 5
Date Issued

CERTIFICATION OF VITAL RECORD