THIS DOCUMENT PREPARED BY: Justin M. Gilbert
Music City Estate Law
1650 Murfreesboro Rd., Suite 208
Franklin, TN 37067

OWNERS: Mery Saavedra Roecker
Claudia Alejandra Roecker
Map & Parcel 62-15-63
2513 Pleasant Green Road
Nashville, TN 37214

SEND TAX NOTICE TO: Mery Saavedra Roecker and Claudia Alejandra Roecker
2513 Pleasant Green Road
Nashville, TN 37214

Karen Johnson Davidson County
Batch# 498540 AFFIDAVITH
10/19/2020 03:34:48 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20201019-0121580

AFFIDAVIT OF HEIRSHIP – REAL PROPERTY

STATE OF TENNESSEE)
COUNTY OF Davidson)

The undersigned, JUAN CARLOS LLONTOP, residing at 1208 Cabana Circle, Nashville, TN 37214, friend of David S. Roecker, (deceased), being duly sworn, deposes and says:

1. I have personal knowledge of the matters stated in this affidavit.

2. On February 13, 2019, David S. Roecker (the "Decedent") died at Nashville, Davidson County, Tennessee. His death certificate is attached.

3. At the time of Decedent's death, he resided at **2513 Pleasant Green Road, Nashville, Tennessee 37214.**

4. Decedent died intestate.

5. At the time of his death, David S. Roecker, owned a 100% interest in the following described property:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 80 ON THE PLAN OF SECTION II, SOUTHERLAND HEIGHTS, OF RECORD IN BOOK 2663, PAGE 58, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH PLAN REFERENCE IS HEREBY ADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION THEREOF.

Being the same property conveyed by David S. Roecker, a married man who acquired title as an unmarried man, and joined by his spouse, Mery S. Roecker to David S. Roecker on October 15, 2005, recorded on November 4, 2005, Instrument No. 20051104-0133782, Register's Office for Davidson County, Tennessee.

This property with a common address of 2513 Pleasant Green Road,

Nashville, Tennessee 37214

6. The Decedent was married and survived by his spouse, Mery Saavedra Roecker and a daughter, Claudia Alejandra Roecker, both of whom are adults.

7. The ownership interest owned by the deceased in the above referenced real property now vests as follows: Mery Saavedra Roecker 50%, Claudia Alejandra Roecker 50%.

Signed this 8th day of October, 2020.

JUAN CARLOS LLONTOP, Affiant

Signed and sworn (or affirmed) before me on October 8, 2020 by JUAN CARLOS LLONTOP.

Notary Public

(Seal)

SCARLETTE ARMSTRONG
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 01/03/2022

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 008327

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Permanent Institution)

1. DECEDENT'S LEGAL NAME: DAVID SCOTT ROECKER						2. SEX: MALE	3. DATE OF DEATH: 02/13/2019
4. TIME OF DEATH (Approx.): 22:31	5a. AGE: 62	5b. UNDER 1 YEAR: Months / Days		5c. UNDER 1 DAY: Hours / Minutes		6. DATE OF BIRTH: 07/18/1956	7. BIRTHPLACE: MARION, OH
8a. PLACE OF DEATH: ER/OUTPATIENT							
8b. FACILITY NAME: SKYLINE MEDICAL CENTER			8c. CITY OR TOWN: NASHVILLE				8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): MERY SAAVEDRA		11a. DECEDENT'S USUAL OCCUPATION: FINANCIAL ADVISOR			11b. KIND OF BUSINESS/INDUSTRY: FINANCE	
12. SOCIAL SECURITY NUMBER: -2877	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE		
13d. STREET AND NUMBER: 2513 PLEASANT GREEN RD		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37214		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO		
15. DECEDENT'S EDUCATION: MASTER'S DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE				
PARENTS	18. FATHER'S NAME: DANIEL EUGENE ROECKER		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: PATRICIA JUNE FORAKER				
INFORMANT	20a. INFORMANT'S NAME: MERY ROECKER		20b. RELATIONSHIP TO DECEDENT: WIFE		20c. MAILING ADDRESS: 2513 PLEASANT GREEN RD., NASHVILLE, TN 37214		
DISPOSITION	21a. METHOD OF DISPOSITION: CREMATION		21b. PLACE OF DISPOSITION: NASHVILLE CREMATION SERVICE		21c. LOCATION: NASHVILLE, TN		
	22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ BRAD RAINES		22b. LICENSE NUMBER: 4992	22c. SIGNATURE OF EMBALMER:		22d. LICENSE NUMBER	
	23a. NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138					23b. LICENSE NUMBER: 540	
REGISTRAR	24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III				25. DATE FILED: 02/18/2019		
CERTIFIER	26. CERTIFIER 26a. ☐ 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. ☒ 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: /e/ MIGUEL A. LABOY, M.D.		27b. LICENSE NUMBER: 41863		27c. DATE SIGNED: 02/16/2019		
	27d. NAME AND ADDRESS: MIGUEL A. LABOY, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216-2460						

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. GUNSHOT WOUND TO HEAD	
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	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) d.	

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

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?: YES

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
SUICIDE	NO	N/A

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY
	02/13/2019	UNKNOWN	NO	RESIDENCE
	34e. DESCRIBE HOW INJURY OCCURRED: SHOT SELF		34f. LOCATION OF INJURY: 2513 PLEASANT GREEN ROAD, NASHVILLE, TN	

PH-1659 (Rev. 8/2017) RDA 10112

10911806

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.

FEB 1 9 2019

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

Edward G. Bishop III
State Registrar

1 0 9 1 1 8 0 6
Date Issued

CERTIFICATION OF VITAL RECORD