Prepared by: /RETURN TO
Advantage Title and Escrow
1321 Murfreesboro Pike, #823
Nashville, TN 37217
File # N/A

Karen Johnson Davidson County
Batch# 681713 AFFIDAVITH
07/22/2021 11:56:30 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20210722-0098550

AFFIDAVIT OF HEIRSHIP

Address of New Owner:
Zamrid R Ali
Akram Musa Hasan
Hamid Musa Hasan
Tarik Musa Hasan
Hakeem Musa Hasan
Majeed Musa Hasan
Salima Musa Hasan
Basima Musa Hasan
371 Binkley Dr.
Nashville TN 37211

Send Tax Bills To:
OWNER

Map & Parcel:
147-1-36

STATE OF Tennessee
COUNTY OF Davidson

RE: 371 Binkley Dr.
Nashville TN 37211

I, Sitar Suleyman, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge further depose and state: I have personal knowledge of the decedent, and had been friends with the decedent for 20+ years. I have no financial interest in the property.

1. Mosa Hasan Ghazi also known as Musa Hasan Gazi and also known as Musa H Gazi died 10-04-2020.
2. The decedent was married at the time of his death.
3. The estate of the decedent is solvent and that any and all debts and inheritance taxes, if any, against the estate of the decedent have been paid, or will be paid.
4. The decedent was a US Citizen at the time of his death
5. The decedent died testate and the affiant is aware of: that the decedent had a wife, and during his life only ever had 7 children born to or adopted by him as follows:

    1. **Zamrid R Ali (Wife)**
    2. **Akram Musa Hasan (Son)**
    3. **Hamid Musa Hasan (Son)**
    4. **Tarik Musa Hasan (Son)**
    5. **Hakeem Musa Hasan (Son)**
    6. **Majeed Musa Hasan (Son)**
    7. **Salima Musa Hasan (Daughter)**
    8. **Basima Musa Hasan (Daughter)**

5. See attached Death Certificate Exhibit A

This affidavit is given as an inducement for Fidelity National Title Insurance Company, First American National Title Insurance and Westcor Land Title, to insure the title to the above described property without taking any exception as to any and all matters set out herein above; and further the undersigned agrees to Fidelity National Title Insurance Company, First American National Title

Insurance , Westcor Land Title, and Advantage Title & Escrow, Inc. for any loss caused by a misstatement of fact.

TCA 30-2-712 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him to be false or about which he does not have sufficient knowledge to justify his making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Witness my hand this the 21 day of July, 2021.

Sitar Suleyman

Sitar Suleyman

Sworn to and subscribed before me this the 21 day of July, 2021.

Notary Public

My Commission Expires: _____

KASEY KELCHNER
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY
My Commission Expires 11-17-2024

Kurdistan Region Government / Iraq

Ministry of Health

General Directorate of Duhok health

DEATH CERTIFICATE

No. of Certificate : 0023159

Date of Organization : 04.10.2020

Registered in health office
Signed & sealed
Director of Hospital

1- The dead name and his surname : MOSA HASAN GHAZI	2- Sex : Male	3- Nationality : Iraqi	4- Religion : Muslim	5-Occupation : Farmer
6- Marital statue : Married (X) Widower Divorced		7- Date of Birth : 01.07.1947	8- place of Birth : Town : Guli Gover. : Dohak	
9- Permanent Inhabit : House No. : Qr. or village ; Abasiya Township : Town : Gover. :			10- Place of death : Erbil Qur. District : Town :	
11- Date of death (Written) : Hour : Day : Fourth Month : October Year : 2020				
12- The name of dead's father : HASAN GHAZI	13- The name of dead's Mother : SHOKHE OMAR			
14- Name of the Death informer :	15- His related :		16- His Address :	

17- The Medical death Certificate

(1) sickness or un accident caused death directly (A) Corona
Deficiency of breath
Bronchial asthma
Pulmonary tuberculosis (B) /

2) Other Important Situation help to the Death : /

The Nearly Duration Between
Sickness And Death
/

18- The death Happened in : House : Hospital : (X) Erbil International Hospital Other Place :

Medical Foundation Seal

19- I Testify that the death happened for the above reasons Doctor Name : Dr. Hiwa Rostem

Dr. Place Address : Emergency Hospital His Sign : Signed & sealed

20- Forensic Medical Certificate (Filled and signed by the Forensic Doctor)

I who signed below Dr. : In : I had Autopsied the dead Corpse :

Which Sent by : According to form No. : Date : / /19 In date : I have seen the Cause :

21- Special Information of Director of Nationality and Civil Affairs :

Register No. : Page No. : Gover. : Civil Personal Card : (Enclosed with the certificate)

Note : Put a Mark (X) in the Suitable place

دائرة كاتب عدل زاخو / المساني

العدد : 00007097 التاريخ : 13 -10- 2020 السجل : 00000036

يشهد بصدق على صحة ترجمة شهادة الوفاة من اللغة العربية الى اللغة الانكليزية للمترجم المحترف (كمال جميل رشيد).

كاتب عدل زاخو
The Notary
Zakho Evening Notary
Chiman Noori Abubakir

Kurdistan Region Government - Iraq
Ministry of Justice
General Directorate of Justice Departments
Notary Public Office - Zakho Evening

Eng. Ara. Kur. KTI

المترجم المحلف
كمال جميل رشيد
يحمل هوية الترجمة المرقمة ٢٠١٨/١٨
الصادرة من نقابة المترجمين اقليم كوردستان
Professional Translator
Kamal Jameel Rashid

7691 1033

EXHIBIT A