Karen Johnson Davidson County
Batch# 702304 AFFIDAVITH
08/23/2021 09:05:11 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210823-0113292

THIS INSTRUMENT PREPARED BY:
Martin Heller Potempa & Sheppard
1935 21st Avenue South, Ste 100
Nashville, Tennessee 37212
(615) 800-7096

SUNNYSURAJ R PATEL
Notary ID #132962043
My Commission Expires
March 9, 2025

This Affidavit was prepared based on information provided by the parties and no independent title examination was prepared.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is:
$0.00

Deborah Stephens
DEBORAH STEPHENS

Subscribed and sworn to before me, this 2nd day of JULY 2021.

NOTARY PUBLIC, STATE OF TEXAS COUNTY OF: HARRIS
My Commission Expires: 3/9/2025

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Michael Sparacino, et al. 5356 Village Way Nashville, TN 37211	New Owner	Map & Parcel: 161-10-A 036.00 CO

AFFIDAVIT OF HEIRSHIP

1. My name is Deborah Annette Stephens ("Affiant"). I am an adult resident of Harris County, Texas, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. I am the ex-wife of Michael Sparacino ("Decedent") and have known the Decedent for forty-five (45) years. The Decedent and I were legal married for three (3) of those years. I am the mother of Mykel Sparacino.

3. Decedent died intestate on March 25, 2021 as a resident of Davidson County, Tennessee. A copy of the Certificate of Death is attached hereto as **Exhibit 1.**

3. At the time of death the Decedent owned a certain parcel of improved real property commonly known as **5356 Village Way, Nashville, TN 37211** (the "Property") and more fully and particularly described as follows:

> Land in Davidson County, TN, being Lot No. 55 on the Plan of Phase One, Villages of Brentwood, of record in Book 5200, Page 613, Register's Office for Davidson County, Tennessee to which reference is hereby made for a more complete and accurate legal description.

Being the Same property conveyed to Michael Albert Sparacino by Gloria M. Schmittou, now known as Gloria M. Ebarb and husband, Julius Lee Ebarb, Jr. by Warranty Deed of record as instrument number 20100824-0066945, Register's Office of Davidson County, Tennessee.

5. Decedent died unmarried and without a will. Decedent had three (3) children, being Mykel Sparacino, Taylor Sparacino, and Madison Parker. Said children are the heirs-at-law of the Decedent.

6. A Probate Estate was opened in Davidson County, Tennessee, being Case number 21p1242.

7. Pursuant to Tenn. Code Ann. § 31-2-103, Decedent's interest in the Property vested in his heirs-at-law immediately upon death with each heir owning an undivided one-third (1/3) interest as a tenant-in-common. As of the date of execution of this affidavit, the ownership interest remains as follows:

Mykel Sparacino	1/3
Taylor Sparacino	1/3
Madison Parker	1/3

FURTHER AFFIANT SAYETH NOT.

SWORN this 2 **day of** July **2021.**

Deborah Stephens
DEBORAH STEPHENS

STATE OF TEXAS)
)
COUNTY OF HARRIS)

Now having first been sworn, the above-named **DEBORAH STEPHENS** Affiant, appeared before me and proved his 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 2nd day of JULY 2021.

Notary Public

My commission expires: 3/9/2025

SUNNYSURAJ R PATEL
Notary ID #132962043
My Commission Expires
March 9, 2025

Exhibit 1

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 027563

1. Decedent's Legal Name: MICHAEL ALBERT SPARACINO		2. Sex: MALE	3. Date of Death: 03/28/2021
4. Time of Death (Approx.): 05:28 PM	5. Age: 68	6. Date of Birth: 11/23/1952	7. Birthplace: QUEENS, NY
8a. Place of Death: INPATIENT			
8b. Facility Name: TRISTAR SOUTHERN HILLS MEDICAL CENTER	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SERVICE DEPARTMENT	11b. Kind of Business/Industry: MUSIC INSTRUMENT MFG
12. Social Security Number: -5840	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: NASHVILLE
12d. Street and Number: 5356 VILLAGE WAY	13a. Inside City Limits? YES	13f. Zip Code: 37211	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	
18. Father's Name: ALBERT SPARACINO		19. Mother's Name Prior to First Marriage: MARIA MASSARO	
20a. Informant's Name: MYKEL SPARACINO	20b. Relationship to Decedent: SON	20c. Mailing Address: 16611 SAINT JOHNS WOOD DRIVE, TOMBALL, TX 77377	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MUSIC CITY CREMATORY SERVICE	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ WENDELL L. BYRD	22b. License Number: 2556	22c. Signature of Embalmer: ▶	22d. License Number
23a. Name and Address of Funeral Home: WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211			23b. License Number: 760
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 04/23/2021	

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.

27a. Certifier: ▶ /e/ SAREDA NUR	27b. License Number: 40616	27c. Date Signed: 04/15/2021
27d. Name and Address: SAREDA NUR 391 WALLACE ROAD, NASHVILLE, TN 37211		

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) Sequentially list conditions, if any, leading to the cause listed on line b. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. CARDIOGENIC SHOCK	
	b. ATRIAL FIBRILLATION	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC KIDNEY 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? UNKNOWN	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

PH-1055E RDA 3012

13512094

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.

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 5 1 2 0 9 4

Date Issued: Apr 30 2021

CERTIFICATION OF VITAL RECORD