THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

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Batch# 920164 AFFIDAVITH
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AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Pursuant to Tenn. Code Ann. § 30-2-712, I, LOUIS WILSON, being duly sworn, hereby state as follows:

1. My full name is Louie WILSON. I currently reside at 3588 Binkley Rd. Joelton TN 37080

2. I have lived next door to Javier Ontiberos for 7 years. We were very close friends and I have personal knowledge of his family members. We spent a lot of time together over the years.

3. Javier Ontiberos ("the Decedent"), died on July 22, 2022 after a long illness. He did not have a Last Will and Testament. A copy of his Certificate of Death attached hereto as **Exhibit A**.

4. The Decedent was not married when he died. He had two children: Stephanie Ontiberos and Yasminda Ontiberos Chavez. He did not have any other children, deceased or living.

5. Stephanie Ontiberos is a Florida resident at this time. Her address is 8102 NW 100th Way, Tamarac, FL 33321.

6. Yasminda Ontiberos Chavez is a California resident at this time. Her address is 6033 N. Gentry Ave., Fresno, CA 93711.

7. The Decedent owned real property located in Joelton, Tennessee known as 3580 Binkley Road, Joelton, TN 37080 (Map & Parcel No. 014-00-0-192.00).

FURTHER, AFFIANT SAITH NOT.

Dated this the 21 day of September, 2022.

Louie Wilson
LOUIS WILSON

Sworn to and subscribed before me, Teresa Morgan, a Notary Public for Davidson County, Tennessee, on this 21st day of September, 2022 by Louie Wilson, who proved to me that he was the same with proper state issued identification and who affirmed the statements in this Affidavit of Heirship were accurate and true to

the best of his knowledge and were not made in levity and, further, would be used to substantiate the true and proper ownership of real property in the state of Tennessee.



Notary Public

My Commission Expires: 7/3/2023

EXHIBIT A

Certificate of Death

(Attached)

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 048282

1. Decedent's Legal Name: JAVIER H ONTIBEROS			2. Sex: MALE	3. Date of Death: 07/10/2022
4. Time of Death (Approx.): 18:51	5a. Age: 69	6. Date of Birth: 05/14/1953	7. Birthplace: MENDOTA, CA	
8a. Place of Death: INPATIENT				
8b. Facility Name: SAINT THOMAS WEST HOSPITAL		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: SUPERVISOR		11b. Kind of Business/Industry: COSTCO
12. Social Security Number: [redacted]-7152	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: JOELTON
13d. Street and Number: 3580 BINKLEY ROAD		13e. Inside City Limits?: NO	13f. Zip Code: 37080	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin?: YES, MEXICAN, MEXICAN AMERICAN, OR CHICANO		17. Decedent's Race: WHITE	
18. Father's Name: ROGELIO ONTIBEROS-MARUFO		19. Mother's Name Prior to First Marriage: RITA HERRERA		
20a. Informant's Name: YASMINDA O CHAVEZ	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 6033 N GENTRY AVE, FRESNO, CA 93711		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: HENDERSONVILLE CREMATION CENTER	21c. Location: HENDERSONVILLE, TN		
22a. Signature of Funeral Director: /e/ ABIGAIL L LEMLEY	22b. License Number: 6428	22c. Signature of Embalmer:	22d. License Number:	
23a. Name and Address of Funeral Home: SPRINGFIELD FUNERAL HOME MEMORIAL GARDENS AND CREMATION CENTER, 4005 MEMORIAL BOULEVARD, SPRINGFIELD,				23b. License Number: 1277
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 07/23/2022		

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/ MARK A PILKINTON	27b. License Number: 50104	27c. Date Signed: 07/22/2022
27d. Name and Address: MARK A PILKINTON 4220 HARDING RD, NASHVILLE, TN 37205		

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATION(S) 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 a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	a. METASTATIC MESOTHELIOMA	
	b.	
	c.	
	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?: NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	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-1659E RDA 10112

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.

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

Edward G. Bishop III
State Registrar

1 4 1 5 2 8 4 4
Date Issued: Jul 29 2022

CERTIFICATION OF VITAL RECORD