Prepared by and after recording, please return to:
WFG National Title Insurance Company
5000 Legacy Drive, Suite 190
Plano, TX 75024

Karen Johnson Davidson County
Batch# 952660 AFFIDAVIT
12/16/2022 02:44:30 PM 14 pgs
Fees: $72.00 Taxes: $0.00
20221216-0130457

CROSS-REFERENCE:
Book**6584**Page 332
Instrument No. 20011029-0117472
Instrument No. 20030702-0091738
Instrument No. 20030904-0128604
Instrument No. 20120608-0050298

AFFIDAVIT OF SURVIVING CO-TENANT AND SPOUSE

STATE OF TENNESSEE)
) SS.
COUNTY OF DAVIDSON)

The undersigned, **JERRILYN J. GUERRENO,** being duly sworn, under oath, deposes and says:

1. The undersigned is a resident of Davidson County, Tennessee, and is over the age of majority in the State of Tennessee.

2. The undersigned and **Gregg L. Guerreno** ("Gregg") took title to the property commonly known as **7293 Cavalier Road, Nashville, TN 37221**, and more particularly described in Exhibit A attached hereto and made a part hereof (the "Property"), pursuant to that certain Deed recorded in Book 6584, Page 332, Register's Office for Davidson County, TN.

3. On October 24, 2001, the undersigned and Gregg conveyed a life estate in the Property to **Frank Guerreno and wife Edna Guerreno**, pursuant to that certain Deed recorded as Instrument No. 20011029-0117472. **Frank Guerreno, aka Frank Guerreno, Jr.** ("Frank"), was Gregg's father; **Edna Guerreno, aka Edna L. Guerrano** ("Edna") was Gregg's mother.

4. On June 2, 2003, the undersigned and Gregg conveyed a fee simple interest in the Property to Frank, pursuant to that certain Deed recorded as Instrument No. 20030702-0091738, and re-recorded as Instrument No. 20030904-0128604. Said Deed did not contain survivorship rights. Said Deed also did not address the life estate of Edna.

5. Edna departed this life on July 6, 2004, thereby terminating her life estate in the property. Attached hereto as Exhibit B is a true and correct copy of the death certificate for **Edna Edna Guerreno, aka Edna L. Guerrano**

6. Frank departed this life on December 28, 2005, without a Will, leaving his only son, Gregg, as his sole heir at law. Attached hereto as Exhibit C is a true and correct copy of the death certificate for **Frank Guerreno, aka Frank Guerreno, Jr**. Attached hereto as Exhibit D is a true and correct copy of the Affidavit of Heirship for **Frank Guerreno, aka Frank Guerreno, Jr.**, confirming that Gregg was his sole heir at law.

7. On May 25, 2012, the undersigned and Gregg, individually and as the surviving sole

heir of Frank, executed that certain Quitclaim Deed, recorded as Instrument No. 20120608-0050298, which conveyed title to them as husband and wife, as tenants by the entireties (the "Current Vesting Deed").

8. Gregg departed this life on October 29, 2021. Attached hereto as Exhibit E is a true and correct copy of the death certificate for **Gregg L. Guerreno**.

9. The undersigned and Gregg were married when they took title to the Property under the Current Vesting Deed and were continuously married until Gregg's death. As a result, the undersigned is the successor to Gregg's interest in the Property, with fee simple title to the Property now solely vested in **Jerrilyn J. Guerreno**, effective as of October 29, 2021, the date of Gregg's death.

10. The undersigned hereby requests that this change in the vesting to the Property be so reflected in the land and tax records of Davidson County, Tennessee.

I affirm under penalty of perjury under the laws of the State of Tennessee that all statements made in this affidavit are true and correct.

EXECUTED this 12 day of December, 2022.

AFFIANT:

Jerrilyn J. Guerreno

Name: **Jerrilyn J. Guerreno**

STATE OF Tennessee

COUNTY OF DAVIDSON, to wit.

On this 12 day of December, 20 22, before me, the undersigned officer, personally appeared Jerrilyn J. Guerreno, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she has executed the same for the purposes contained therein.

In witness whereof, I have hereunto set my hand and official seal this 12 day of December 20 22.

Notary Public
Name: SADIQUA HAMDAN
My Commission Expires: 03/03/2025

{Notary Seal}

SADIQUA HAMDAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Exhibit "A"

Legal Description

THE FOLLOWING DESCRIBED PREMISES SITUATED IN THE DAVIDSON COUNTY, TENNESSEE AND BEING FURTHER BOUNDED AND DESCRIBED AS FOLLOWS:

BEING LOT NO. 381 ON THE PLAN OF WALNUT HILL MANOR, SECTION 1, AS OF RECORD IN PLAT BOOK 4460, PAGE 108, REGISTER'S OFFICE DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.

THIS CONVEYANCE IS MADE SUBJECT TO RESTRICTIONS OF RECORD IN BOOK 4643, PAGE 946, AMENDED IN BOOK 5057, PAGE 885 AND ALL MATTERS APPEARING ON THE PLAN OF RECORD IN PLAT BOOK 4460, PAGE 108.

BEING THE SAME PROPERTY CONVEYED TO GREGG L. GUERRENO AND JERRILYN J. GUERRENO, HUSBAND AND WIFE AS TENANTS BY THE ENTIRETIES FROM GREGG L. GUERRENO, INDIVIDUALLY AND SURVIVING SOLE DECEDENT AND HEIR OF FRANK GUERRENO, JR., DECEASED DECEMBER 28, 2005, AND WIFE, JERRILYN J. GUERRENO, BY DEED DATED MAY 25, 2012, RECORDED JUNE 08, 2012 IN INSTRUMENT NO. 20120608-0050298.

AND THE SAID GREGG L. GUERRENO DEPARTED THIS LIFE ON OCTOBER 29, 2021; WHEREBY TITLE VESTED SOLELY IN JERRILYN J. GUERRENO, AS SURVIVING SPOUSE.

Parcel ID Number: 142 03 0 043.00

EXHIBIT D

See attached Affidavit of Heirship
for
Frank Guerreno, aka Frank Guerreno, Jr.

AFFIDAVIT OF HEIRSHIP
(Pursuant to T.C.A. §30-2-712)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 30th day of November, 2022, before me personally appeared **Mary G. Koetzner** and **Brian M. Nowak** (individually and collectively, "Affiant") to me personally known, who being by me duly sworn, under oath, did state the following:

1. Affiant is over eighteen (18) years of age and is familiar with the family history of **Frank Guerreno, aka Frank Guerreno, Jr.**, deceased ("Decedent"), who had an interest in the real property commonly known as **7293 Cavalier Road, Nashville, TN 37221**, and more particularly described:

   See attached Exhibit A

   (hereinafter referred to as the "Property")

2. That Decedent departed this life on the day of 28th day of December, 2005, and that the place of residence and homestead, at the time of death, was as follows:

   7293 Cavalier Road, Nashville, TN 37221

3. Decedent left surviving the following persons, as heirs or persons otherwise interested in the estate:

   (1) Spouse and Children

	NAME	ADDRESS
a. Surviving Spouse	**Edna L. Guerreno**	**7293 Cavalier Road Deceased**
b. Children	**Gregg L. Guerreno**	**7293 Cavalier Road, Nashville, TN 37221 (NOW DECEASED)**
c. Children of Deceased Children		
d. Adopted Children		
e. Children of deceased adopted children		

(Insert lines as needed)

(if none above, go to (2) below)

(2) Parent(s)

	NAME	ADDRESS
a. Mother		
b. Father		

(if none above, go to (3) below)

(3) Brother(s)/sister(s)

	NAME	ADDRESS
a. Brother		
b. Sister		

(Insert lines as needed)

(if none above, go to (4) below)

(4) Children of deceased brother(s)/sister(s)

	NAME	ADDRESS
a. Niece		
b. Nephew		

(Insert lines as needed)

(if none above, go to (5) below)

(5) Other relatives

	NAME	ADDRESS
a. Paternal grandparent(s)		
b. Children of deceased paternal grandparent(s) (i.e. aunt(s)/uncle(s))		
c. Children of deceased paternal aunt(s)/uncle(s) (i.e. cousins)		
d. Maternal grandparent(s)		
e. Children of deceased paternal grandparent(s) (i.e. aunt(s)/uncle(s))		
f. Children of deceased paternal aunt(s)/uncle(s) (i.e. cousins)		

(Insert lines as needed)

4. Affiant further states that Decedent left no other children or adopted children or descendants of deceased children or adopted children, except as set forth herein.

5. All of the above parties are over the age of eighteen years, except the following:

	NAME	ADDRESS
a. Minor		
b. Minor		

STATE OF Tennessee
COUNTY OF Davidson

Sworn and subscribed before me this 30 day of November, 2022.

Notary Public

My Commission Expires: 09/08/2025

□EXHIBIT A
Legal Decription

SEAN SCOTT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

THE FOLLOWING DESCRIBED PREMISES SITUATED IN THE DAVIDSON COUNTY, TENNESSEE AND BEING FURTHER BOUNDED AND DESCRIBED AS FOLLOWS:

BEING LOT NO. 381 ON THE PLAN OF WALNUT HILL MANOR, SECTION 1, AS OF RECORD IN PLAT BOOK 4460, PAGE 108, REGISTER'S OFFICE DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.

THIS CONVEYANCE IS MADE SUBJECT TO RESTRICTIONS OF RECORD IN BOOK 4643, PAGE 946, AMENDED IN BOOK 5057, PAGE 885 AND ALL MATTERS APPEARING ON THE PLAN OF RECORD IN PLAT BOOK 4460, PAGE 108.

BEING THE SAME PROPERTY CONVEYED TO GREGG L. GUERRENO AND JERRILYN J. GUERRENO, HUSBAND AND WIFE AS TENANTS BY THE ENTIRETIES FROM GREGG L. GUERRENO, INDIVIDUALLY AND SURVIVING SOLE DECEDENT AND HEIR OF FRANK GUERRENO, JR., DECEASED DECEMBER 28, 2005, AND WIFE, JERRILYN J. GUERRENO, BY DEED DATED MAY 25, 2012, RECORDED JUNE 08, 2012 IN INSTRUMENT NO. 20120608-0050298.

EXHIBIT C

See attached Official Copy of Death Certificate
of
Frank Guerreno, aka Frank Guerreno, Jr.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2005 060212

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Frank Guerreno Jr.
2 SEX: Male
3 DATE OF DEATH (Month Day Year): December 28,2005
4 SOCIAL SECURITY NUMBER:
5a AGE LAST BIRTHDAY (Years): 94
5b UNDER 1 YEAR MOS / DAYS
5c UNDER 1 DAY HOURS / MIN
6 DATE OF BIRTH (Month Day Year): Aug 4,1911
7 BIRTHPLACE (City and State or Foreign Country): Warren, Arizona
8 WAS DECEDENT EVER IN U S ARMED FORCES? 1 [ ] Yes 2 [X] No
8a PLACE OF DEATH (Check only one) HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution give street and number): Claiborne & Hughes Healthcare 990
9c CITY TOWN OR LOCATION OF DEATH: Franklin 028
9d COUNTY OF DEATH: Williamson 94
10 MARITAL STATUS Married Never Married Widowed Divorced (Specify): Widowed
11 SURVIVING SPOUSE (If wife give maiden name):
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Truck Driver
12b KIND OF BUSINESS/INDUSTRY: Trucking
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 7293 Cavalier Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37221
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban Mexican Puerto Rican etc.) [ ] Yes [X] No
15 RACE American Indian Black White etc (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12): 8 College (1 4 or 5+):

NAME OF DECEDENT For use by physician or medical examiner

PARENTS

17 FATHER'S NAME (First Middle Last): Frank Guerreno Sr
18 MOTHER'S NAME (First Middle Maiden Surname): Unknown

INFORMANT

19a INFORMANT'S NAME (Type/Print): Greg Guerreno
19b RELATIONSHIP TO DECEASED: Son
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 7293 Cavalier Drive Nashville, Tennessee 37221

DISPOSITION

20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery crematory or other place): Music City Crematory
20c LOCATION City or Town State: Nashville, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: ▶Stephen R Murphy
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4097
21c SIGNATURE OF EMBALMER: ▶
21d LICENSE NUMBER OF EMBALMER:
22a NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary 2409 Kline Avenue, Nashville, Tennessee 37211
22b LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Dana Sorrerman
24 DATE FILED (Month Day Year): December 28, 2005

CERTIFIER

25a PHYSICIAN To the best of my knowledge death occurred at the date and place and due to the cause(s) and manner as stated
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b LICENSE NUMBER: TN 37628
25c DATE SIGNED (Month Day Year): 12/28/05
26a MEDICAL EXAMINER On the basis of examination and/or investigation in my opinion death occurred at the date and place and due to the cause(s) and manner as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b LICENSE NUMBER:
26c DATE SIGNED (Month Day Year):
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER CERTIFYING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

BATCH NO

PH 1659 (REV 8/99)

RDA 1399

14552098

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

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 5 5 2 0 9 8

Date Issued: Dec-02-2022

CERTIFICATION OF VITAL RECORD

EXHIBIT B

See attached Official Copy of Death Certificate
of
Edna Guerreno, aka Edna L. Guerrano

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2004 027602

1 DECEDENT'S NAME (First Middle Last): Edna L. Guerreno	2 SEX: Female	3 DATE OF DEATH (Month Day Year): July 6,2004	
4 SOCIAL SECURITY NUMBER (of Deceased)	5a AGE LAST BIRTHDAY (Years): 94	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MIN
6 DATE OF BIRTH (Month Day Year): May 14,1910	7 BIRTHPLACE (City and State or Foreign Country): Luni County,Ok.		
8 WAS DECEDENT EVER IN U S ARMED FORCES? 1 Yes 2 X No	9a PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 X Nursing Home 5 Residence 6 Other (Specify)		
9b FACILITY NAME (If not institution give street and number): Claiborne And Hughes 990	9c CITY TOWN OR LOCATION OF DEATH: Franklin 028	9d COUNTY OF DEATH: Williamson 94	
10 MARITAL STATUS Married Never Married Widowed Divorced (Specify): Married	11 SURVIVING SPOUSE (If wife give maiden name): Frank Guerreno	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Book Keeper	12b KIND OF BUSINESS/INDUSTRY: State of Arizona
13a RESIDENCE-STATE: Tennessee	13b COUNTY: Davidson	13c CITY TOWN OR LOCATION: Nashville	13d STREET AND NUMBER OR RURAL LOCATION: 7293 Cavalier Drive
CENSUS TRACT 13e INSIDE CITY LIMITS? 1 X Yes 2 No	13f ZIP CODE: 37221	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban Mexican Puerto Rican etc) Yes O X No Specify if yes	15 RACE American Indian Black White etc (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)			
PARENTS 17 FATHER'S NAME (First Middle Last): George W. Wallin	18 MOTHER'S NAME (First Middle Maiden Surname): Leslie (Unknown)		
INFORMANT 19a INFORMANT'S NAME (Type/Print): Greg Guerreno	19b RELATIONSHIP TO DECEASED: Son	19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 7293 Cavalier Drive Nashville, Tennessee 37221	
20a METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery crematory or other place): West Harpeth Crematory	20c LOCATION City or Town State: Nashville,Tennessee	
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Stephen R. Murphy	21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4097	21c SIGNATURE OF EMBALMER ▶	21d LICENSE NUMBER OF EMBALMER
22a NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary 2409 Kline Avenue, Nashville, Tennessee 37211	22b LICENSE NUMBER OF FUNERAL HOME: 1105		
23 REGISTRAR'S SIGNATURE ▶ Oletha Boyd	24 DATE FILED (Month Day Year): July 07,2004		
25a PHYSICIAN To the best of my knowledge death occurred at the date and place and due to the cause(s) and manner as stated 1 X SIGNATURE AND TITLE OF PHYSICIAN ▶ Scott Parker MD	25b LICENSE NUMBER: 25747	25c DATE SIGNED (Month Day Year): 07/07/04	
26a MEDICAL EXAMINER On the basis of examination and/or investigation in my opinion death occurred at the date and place and due to the cause(s) and manner as stated 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶	26b LICENSE NUMBER	26c DATE SIGNED (Month Day Year)	
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr Scott Parker 2105 Edward Curd Ln Franklin TN 37067			
3 Suicide 6 Could not be Determined 4 Homicide	31e PLACE OF INJURY At home farm street factory office building etc (Specify)	31f LOCATION (Street and Number or Rural Route Number City or Town State)	

(REV 6/99) BIRTH NO RDA 1339

14552097

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

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 5 5 2 0 9 7

Date Issued: Dec-02-2022

CERTIFICATION OF VITAL RECORD

EXHIBIT E

See attached Official Copy of Death Certificate
of
Gregg L. Guerreno

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 077810

1. Decedent's Legal Name			2. Sex	3. Date of Death
GREGG LEE GUERRENO			MALE	10/29/2021
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
19:07	70	07/11/1951	PHOENIX AZ	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
TRISTAR SKYLINE MEDICAL CENTER		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	JERRILYN JARREL	CIVIL DESIGNER	ENGINEERING	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
7293 CAVALIER RD	YES	37221	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
FRANK GUERRENO		EDNA LEE WALLIN		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
JERRILYN GUERRENO	WIFE	7293 CAVALIER RD , NASHVILLE, TN 37221		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	MUSIC CITY CREMATORY SERVICE	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ VALERIE D LOCKETT	6785	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
NASHVILLE CREMATION CENTER, 8120 SAWYER BROWN ROAD, #108, NASHVILLE, TN 37221			1319	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		11/04/2021		

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	**27b. License Number**	**27c. Date Signed**
▶ /e/ ORLANDO SIME CARPIO RODRIGUEZ	035567	11/03/2021

27d. Name and Address

ORLANDO SIME CARPIO RODRIGUEZ 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207

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 a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. SEVERE SEPSIS WITH SEPTIC SHOCK	
	b. MULTIFOCAL PNEUMONIA	
	c. ACUTE RENAL FAILURE	
	d. ACUTE ISCHEMIC BOWEL	

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	**31. Did Tobacco Use Contribute to Death?**	**32. If Female:**
NATURAL	UNKNOWN	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

14551452

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

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 5 5 1 4 5 2

Date Issued: Nov-30-2022

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Certificate of Authenticity

I, Kevin Pereira, do herby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that is electronic document is true and exact copy of the original documents executed and authenticated according to law on 12/12/2022.

Kevin Pereira

Affiant Signature

12/12/2022

Date

State of Rhode Island

County of Kent

Sworn to and subscribed before me this 13th day of December, 2022

Notary Signature

Sarah Murphy
NOTARY PUBLIC
STATE OF RHODE ISLAND

My Commission Expires 03/30/2024

Notary's Seal