Return document and send
tax statements to:
Brinn Black
1720 6th ave N
#A1
Nashville TN, 37208

This instrument prepared by:
Brinn Black
Executress of the Estate of Michael Black

Karen Johnson Davidson County
Batch# 988641 AFFIDAVITH
04/05/2023 11 06 56 AM 11 pgs
Fees $57 00 Taxes $0 00
20230405-0024778

AFFIDAVIT OF HEIRSHIP
Under T.C.A § 30-2-712

STATE OF Tennessee
COUNTY OF Davidson

On this 4th day of April, 2023, before me personally appeared
Brinn Black
to me personally known, who being by me duly sworn, on oath did say that Affiant is over eighteen (18) years of age, resides at 1720 6th Ave N #A1 Nashville, TN 37208 and is familiar with the family history of Michael Black, deceased.

And that said decedent died on the 15th day of July, 2017, residing at
1720 6th Ave N, A1 Nashville, TN 37208
and owning an interest in the following described real estate in Davidson County, Tennessee·

And Affiant further states that said decedent left surviving the following persons, as heirs or persons otherwise interested in the estate:

1. a. Surviving Spouse:

   b. Children: Brinn-Heather Black,Austyn-Michele Mazzola, Jordyn-Ashley Black Michael Alexander Black, James Brian Black

   c. Children of deceased children:

   d. Adopted children:

   e. Children of deceased adopted children:

(if none above, see 2)

2. Parents:

(if none above, see 3)

3. a. Sibling(s):

   b. Children of deceased sibling(s):

(if none above, see 4)

4. 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. cousin(s):

   d. Maternal grandparent(s):

   e. Children of deceased maternal grandparent(s)
   i.e. aunt(s)/uncle(s):

   f. Children of deceased maternal aunt(s)/uncle(s)
   i.e. cousin(s):

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of eighteen (18) years, except the following:
Names of minors:

And said decedent ☒ left a will / ☐ did not leave a will.

And that the debts against the estate ☒ have been paid / ☐ have not been paid.

Affiant

Print name

STATE OF Tennessee
COUNTY OF Davidson

Sworn to and subscribed before me this 4th day of April, 2023

Signature

Tracy L. Umeda
Print name

Notary Public
Title

My commission expires: 10/02/2023

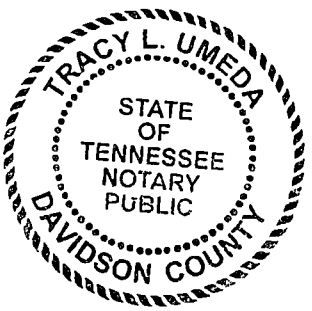


Exhibit A

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017111149

DATE ISSUED: July 21, 2017

STATE FILE DATE: July 19, 2017

DECEDENT INFORMATION

NAME: MICHAEL LEE BLACK

DATE OF DEATH: FOUND ON July 15, 2017 SEX: MALE AGE: 062 YEARS

DATE OF BIRTH: April 6, 1955 SSN: -0673

BIRTHPLACE: FORT BELVOIR, VIRGINIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 15576 SW 103 STREET

LOCATION OF DEATH: MIAMI, MIAMI-DADE COUNTY, 33196

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 15576 SW 103 ST, MIAMI, FLORIDA 33196, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: HURRICANE RESEARCH METEOROLOGIST, US GOVERNMENT/NOAA

RACE: _X_White ___Black or African American ___Asian Indian ___Chinese ___Filipino ___Native Hawaiian
___American Indian or Alaskan Native--Tribe ___Japanese ___Korean ___Vietnamese
___Guamanian or Chamorro ___Samoan ___Other Pacific Isl:
___Other Asian: ___Other: ___Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: HERCIAL BLACK

MOTHER/PARENT: ERNA HEIDUSCH

INFORMANT: BRINN BLACK

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1720 6 AVE NORTH #A1, NASHVILLE, TENNESSEE 37208, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: VAN ORSDEL CREMATORY
MIAMI, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: VIVIAN FERRO, F043730

FUNERAL FACILITY: VAN ORSDEL KENDALL CHAPEL F040221
11220 N KENDALL DRIVE, MIAMI, FLORIDA 33176

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER MEDICAL EXAMINER CASE NUMBER: 171102086

TIME OF DEATH (24 hr): 1055 DATE CERTIFIED: July 17, 2017

CERTIFIER'S NAME: KATHERINE LEA KENERSON

CERTIFIER'S LICENSE NUMBER: ME118357

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

Ken Jones

, State Registrar REQ: 2018356373

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT THE DOCUMENT WILL NOT PRODUCE A COLOR COPY

* 3 5 6 7 3 2 1 5 *

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

LAST WILL AND TESTAMENT OF MICHAEL LEE BLACK

I, Michael Lee Black, of Miami, Florida, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I
IDENTIFICATION OF FAMILY

The names of my children are Brinn Black, Jordyn Black, Austyn Black, Michael Alexander Black, Brian Black All references in this Will to "my children" are references to the above-named children

ARTICLE II
PAYMENT OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate

ARTICLE III
DISPOSITION OF PROPERTY

A Specific Bequests. I direct that the following specific bequests be made from my estate

Nashville House shall be distributed to Brinn Black. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

B. Remaining Tangible Personal Property My remaining tangible personal property shall be distributed to Brinn Black, Jordyn Black , Ausytn Black, Michael Alexander Black, Brian Black. If this beneficiary does not survive me, this property shall be distributed with my residuary estate

C. Residuary Estate. I direct that my residuary estate be distributed to my children in equal shares If a child of mine does not survive me, such deceased child's share shall be distributed in equal shares to the children of such deceased child who survive me, by right of representation. If a child of mine does not survive me and has no children who survive me, such deceased child's share shall be distributed in equal shares to my other children, if any, or to their respective children by right of representation. If no child of mine survives me, and if none of my deceased children are survived

by children, my residuary estate shall be distributed to Sandra Thomas, Burkeville, Virginia If such beneficiary does not survive me, my residuary estate shall be distributed to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of Florida, then in effect, as if I had died intestate at the time fixed for distribution under this provision. I direct that upon death, all bank accounts with my name on it, both business and personal be paid to Brinn Black to handle my affairs and distribute as necessary

ARTICLE IV
PET CARE DIRECTIVES

Notwithstanding any other provision of this Will, I further direct that.

A Pet Caretaker. I give my following pet(s).

- My dog, Fifi, Squeaky, Sammie

and any other animals which I may own as companion animals at the time of my death, to Michael Alexander Black, Brian Black, presently residing at _____, Miami, Florida _____, with the request that he or she treat them as companion animals. If he or she is unable or unwilling to accept my animals, I give such animals to Brinn Black, presently residing at 1720 A 6th ave N, Nashville, Tennessee 37208, with the request that he or she treat them as companion animals. If he or she is unable or unwilling to accept my animals, my Executor shall select an appropriate person to accept the animals and treat them as companion animals, and I give my animals to such person.

ARTICLE V
NOMINATION OF INDEPENDENT EXECUTOR

I nominate Brinn Black, of Nashville, Tennessee, as my Independent Executor, to serve without bond, surety, or other security. If such person or entity does not serve for any reason, I nominate Jordyn Black, of Brewster, New York, to serve as my Independent Executor, to serve without bond, surety, or other security

ARTICLE VI
NOMINATION OF GUARDIAN

Should it become necessary to appoint a guardian of the person of a minor child, I nominate Maria Haley, of Miami, Florida, to serve as Guardian of my surviving children who are minors at the time of my death. No guardian shall be required to file or furnish any bond, surety or other security in any jurisdiction

ARTICLE VII
EXECUTOR POWERS

A Power to Administer Estate. My Independent Executor, with respect to my estate, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the following rights, powers, and authority without order of court and without notice to anyone to identify, gather, value, secure, manage and distribute assets, to maintain records, to settle and wind up business affairs, to pay just debts, to file necessary tax returns, to redirect mail, to cancel services, to establish trusts, and to carry out my wishes as set forth in this Will

B Independent Administration My Independent Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE VIII
MISCELLANEOUS PROVISIONS

A Paragraph Titles and Gender The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number

B Thirty Day Survival Requirement For the purposes of determining the appropriate distributions under this Will, no person shall be deemed to have survived me unless such person is also surviving on the thirtieth day after the date of my death

C Liability of Fiduciary No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions of the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith. No successor trustee shall be obliged to inquire into or be in any way accountable for the previous administration of the trust property

D Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Independent Executor.

FLORIDA
Self-Proving Affidavit

STATE OF FLORIDA
COUNTY OF DADE

We, Michael Lee Black, Erin Black and John Garcia, the Testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, having been sworn, declared to the undersigned officer that the Testator, in the presence of witnesses, signed the instrument as the Testator's last Will (codicil), that the Testator signed, and that each of the witnesses, in the presence of the Testator and in the presence of each other, signed the Will (codicil) as a witness.

Testator Signature _____
Michael Lee Black

Witness Signature: Erin Black
Name: _____
Address: _____
City: _____
State: _____
Phone Number: _____
Email: _____

Witness Signature: _____
Name: John A. Garcia
Address: 14628 SW 10th St
City: Miami
State: Florida
Phone Number: 305-807-9130 TheUPSStore.com
Email: store3577@ ~~store3577~~

Subscribed and sworn to before me by Michael Lee Black, the Testator who is personally known to me or who has produced Florida Driver's License (type of identification) as identification, and by Brian Black a witness who is personally known to me or who has produced Florida Drivers License (type of identification) as identification, and by _____ a witness who is personally known to me or who has produced _____ (type of identification) as identification, on _____, _____.

_____
(Signature of Notary Public)

John A. Garcia
COMMISSION # FF179708
EXPIRES November 30, 2018
WWW.AARONNOTARY.COM

_____
Name typed, printed, or stamped

My Commission Expires: 11/30/2018

Acknowledgment in an Individual Capacity

This certificate is attached to a affidavit of heirship,

dated 4-4-2023.

Document information: _____

_____.

STATE OF TENNESSEE

COUNTY OF Davidson)

Personally appeared before me, Tavia N. Biggins-Wagner, the undersigned notary, Bonn Heather Black,

with whom I am personally acquainted, and who acknowledged that he or she executed the within instrument for the purposes therein contained.

Witness my hand, at office,

this 4th day of April, 2023.



Tracy L. Umeda

Signature of Notary Public

My commission expires: 10/02/2023