Prepared by:
Advantage Title and Escrow
1321 Murfreesboro Pike, #823
Nashville, TN 37217
#

AFFIDAVIT OF HEIRSHIP

Address of New Owner:	Send Tax Bills To:	Map & Parcel:
Irene L Saenz 421 Hampstead S Antioch TN37013	OWNER	149 01 0B 089.00

STATE OF Tennessee
COUNTY OF Davidson

RE: 421 Hampstead S
Antioch, TN 37013

I, Henry Abad Amaya Nataren, 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 15 years. I have no financial interest in the property.

1. **Luis F. Saenz**, died on 12-17-2018
2. The decedent was married to Irene L Saenz 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. There were 4 child born (or legally adopted) by **Luis F Saenz.**
5. The decedent died intestate and leaving as HIS sole heirs the following:

    1. **Irene L. Saenz , WIFE**
    2. **Jorge Luis Saenz Quintero ,SON**
    3. **Victor Luis Saenz Quintero , SON**
    4. **Rosa Eliana Saenz Quintero , DAUGHTER**
    5. **Lydia Patricia Saenz Quintero, DAUGHTER**

Karen Johnson
Batch # 1080487
12/11/2023 11:06:24 AM
Fees: $17.00 Taxes: $0.00

Davidson County
AFFIDAVITH
3 pgs

20231211-0095313

6. See attached Exhibit A
7. See attached Death Certificate Exhibit B

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 7th day of December 2023.

Henry Amaya

State of Tennessee
County of Davidson

Personally appeared before me, Henry Abad Amaya Nataren with whom I am personally acquainted, and who acknowledged that he/she executed the foregoing instrument for purposes therein contained.

WITNESS my hand and seal this 7th day of December, 2023.

Notary Public

My Commission Expires: _____

LATRECE MCADOO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 05-09-2026

LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE AND IS DESCRIBED AS FOLLOWS:

ALL THAT PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, BEING KNOWN AND DESIGNATED AS:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 250, FINAL PUD PLAN, PLANNED UNIT DEVELOPMENT, PHASE III, PICCADILLY SQUARE, AS OF RECORD IN BOOK 6250, PAGES 892 AND 893, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION.

Exhibit "B"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 070327

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
LUIS FRANCISCO SAENZ			MALE	12/17/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
05:44 AM	81					11/25/1937	PERU

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
DECEDENT'S HOME	412 HAMPSTEAD S.	ANTIOCH	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	IRENE QUINTERO	FOOD PREP	RESTAURANT

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]	TENNESSEE	DAVIDSON	ANTIOCH

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
412 HAMPSTEAD S	YES	37013	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	YES, OTHER SPANISH/HISPANIC/LATINO PERUVIAN	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
VICTOR JULIO SAENZ	ROSA MINDREAU

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
JORGE LUIS SAENZ	SON	412 HAMPSTEAD S., ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	NASHVILLE FUNERAL AND CREMATION	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ JONATHAN SCOTT KEENE	5939	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505	1136

FILING

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	12/20/2018

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ KRISTEN SLADEK COLLER	038920	12/18/2018

27d. NAME AND ADDRESS: KRISTEN SLADEK COLLER 1718 PATTERSON ST, NASHVILLE, TN 37203

CAUSE OF DEATH

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) →	a. METASTATIC- RENAL CELL CARCINOMA	YEARS
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	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) 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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	PROBABLY	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-1659 (Rev. 8/2017) RDA 10112

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15531314

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Nov-27-2023