Karen Johnson Davidson County
Batch # 1081360 AFFIDAVITH
12/13/2023 10:28:04 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20231213-0095859

THIS AFFIDAVIT OF HEIRSHIP WAS PREPARED BY JOHN FORREST I SOUTH, NASHVILLE, TN 37212, BASED UPON THE INFORMATION P HERETO WITHOUT THE BENEFIT OF A FULL RECORDS EXAMINATION AND NO LIABILITY IS ASSUMED FOR ANY MATTERS WHICH WOULD BE DISCLOSED BY SUCH RECORDS.

AFFIDAVIT OF HEIRSHIP

This Affidavit of Heirship is executed by **KENNY LONG** whose mailing address is **8163 Bonnafair Drive, Hermitage, TN 37076**, and **BECKY LONG** whose mailing address is **8163 Bonnafair Drive, Hermitage, TN 37076**.

WITNESSETH:

The Affiants, being over the age of eighteen (18) years of age, in accordance with their personal knowledge, and pursuant to T.C.A. § 30-2-712 being duly sworn do make oath as follows:

1. This Affidavit is based upon Affiants' personal knowledge of the family history and is executed for the purpose of establishing title to realty in and to the said heirs-at-law of **EDUARDO SANDOVAL**.

2. **EDUARDO SANDOVAL** died **October 14, 2023**, owning a parcel of real property located in Hermitage, Davidson County, Tennessee, as follows: **8159 Bonnafair Drive, Hermitage, TN 37076 [MAP AND PARCEL:** 074 04 0 070.00**].**

> Land in Davidson County, Tennessee, being Lot No. 65 on Plan of Hermitage Hills, Section 12, as of record in Book 4675, pages 113 as revised in Book 4675, page 125, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 65 fronts 80.0 feet on the northerly margin of Bonnafair Drive and extends back between parallel lines 125 feet to a dead line in the rear.
>
> Being the same property conveyed to Eduardo Sandoval, Jr., and wife, Shirley A. Sandoval, by Deed from Max G. Wilson and wife, Judy Wilson, and Max G. Wilson and Judy Wilson d/b/a Gateway Construction Company a proprietorship, dated July 17, 1978, and recorded July 18, 1978, of record in Book 5312, Page 462, in the Register's Office for Davidson County, Tennessee.

3. **EDUARDO SANDOVAL** was unmarried at the time of his death as his wife,

SHIRLEY A. SANDOVAL predeceased him on April 17, 1993.

4. The decedent was survived by one (1) adult children: **MARIA ELENA LOCKWOOD** whose address is **8159 Bonnafair Drive, Hermitage, TN 37076**. The decedent's son, **EDUARDO MIGUEL SANDOVAL** predeceased him on December 18, 2000, leaving no children at the time of his passing. As such, said child is the decedent's sole heir at law. The person above named is at least eighteen (18) years of age.

5. The decedent had no other biological or adopted children during his lifetime.

6. The decedent died without a Last Will and Testament. Probate of the estate of **EDUARDO SANDOVAL** is not contemplated as all assets passed by operation of law, and the estate is non-taxable.

7. This affidavit will confirm the vesting of title to the real property referenced above, after the death of **EDUARDO SANDOVAL** in **MARIA ELENA LOCKWOOD** vested with 100% interest in said property. The real property is owned by said individual in fee simple referenced in Paragraph (2) above.

8. The undersigned Affiants execute this instrument in accordance with T.C.A. § 30-2-712 for the purpose of establishing the ownership of real property. The Affiants are aware that whoever willfully, corruptly and falsely swears to any statement in any Affidavit known by such person to be false, or about which such person does not have sufficient definite knowledge to justify the making of such a sworn statement, and such statement is false, commits a Class E Felony.

IN WITNESS WHEREOF, the Affiant has executed this foregoing as the 2 day of Dec, 2023.

BECKY LONG

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally, appeared before me, **BECKY LONG**, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that the foregoing Affidavit was based on personal knowledge of facts and was given as a free and voluntary act for the purposes therein contained.

Witness my hand, at office this 2nd day of December, 2023.

Notary Public

My Commission Expires: 10/04/2027.

EMILY MYERS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

IN WITNESS WHEREOF, the Affiant has executed this foregoing as the 2 day of Dec., 2023.

Kenny Long
KENNY LONG

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally, appeared before me, **KENNY LONG**, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that the foregoing Affidavit was based on personal knowledge of facts and was given as a free and voluntary act for the purposes therein contained.

Witness my hand, at office this 2nd day of December, 2023.

Emily Myers
Notary Public

My Commission Expires: 10/04/2027.

EMILY MYERS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 063288

1. Decedent's Legal Name: EDUARDO SANDOVAL				2. Sex: MALE	3. Date of Death: 10/14/2023
4. Time of Death (Approx.): 23:35	5a. Age: 89	6. Date of Birth: 07/11/1934	7. Birthplace: NASHVILLE, TN		
8a. Place of Death: HOSPICE FACILITY					
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: REGIONAL MANAGER		11b. Kind of Business/Industry: GENESCO	
12. Social Security Number: -0271	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: HERMITAGE	
13d. Street and Number: 8159 BONNAFAIR DR.		13e. Inside City Limits? YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces? YES	
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE		
18. Father's Name: FRANK COLLIER		19. Mother's Name Prior to First Marriage: HELEN COLLIER			
20a. Informant's Name: MARIA ELENA LOCKWOOD	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 8159 BONNAFAIR DR., HERMITAGE, TN 37076			
21a. Method of Disposition: CREMATION	21b. Place of Disposition: HENDERSONVILLE CREMATION CENTER	21c. Location: HENDERSONVILLE, TN			
22a. Signature of Funeral Director: /e/ JONATHAN SCOTT KEENE	22b. License Number: 5939	22c. Signature of Embalmer		22d. License Number	
23a. Name and Address of Funeral Home: TRISTAR CREMATION, 4962 LEBANON ROAD, OLD HICKORY, TN 37138				23b. License Number: 1355	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 10/18/2023			

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 10/17/2023

27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203

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. DEMENTIA	
	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-1658E 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.

15380978

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: Oct-18-2023

CERTIFICATION OF VITAL RECORD