PREPARED BY:
ADVANTAGE TITLE AND ESCROW
1321 MURFREESBORO PIKE, STE 823
NASHVILLE, TN. 37217

Karen Johnson Davidson County
Batch # 1149759 AFFIDAVIT
06/24/2024 12:13:31 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20240624-0046756

AFFIDAVIT OF MARRIAGE

I, Maria Elva Resendiz Flores also known as Maria Elva Resendiz, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge further depose and state:

1. Ismael Vega Rivera also known as Ismael Vega died 07/23/2023
2. The decedent died intestate
3. The decedent was married in the Allen County, Commonwealth of Kentucky, to Maria Elva Resendiz Flores on December 27th, 2006 and they remained continuously married to each other until the time of his death.
4. See Exhibit A Death Certificate
5. See Exhibit B Marriage Certificate
6. Maria Elva Resendiz Flores also known as Maria Elva Resendiz
7. Ismael Vega and Maria Elva Resendiz resided as husband and wife at 4805 trapper Ridge, Antioch, TN 37013

Further the Affiant saith not.

This affidavit is given as an inducement for Fidelity National Title Insurance Company, First American Title Insurance Company 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, American Title Insurance Company, 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 23 day of April, 2024.

× Maria Elva Resendiz Flores AKA Maria Elva Resendiz
Maria Elva Resendiz Flores aka Maria Elva Resendiz

Sworn to and subscribed before me this the 23 day of April, 2024.

Notary Public
My Commission Expires:

KASEY KELCHNER
STATE OF TENNESSEE
NOTARY PUBLIC
RUTHERFORD COUNTY
My Commission Expires 11-17-2024

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 044486

1. Decedent's Legal Name: ISMAEL VEGA RIVERA				2. Sex: MALE	3. Date of Death: 07/23/2023
4. Time of Death (Approx.): 11:43 AM	5a. Age: 47	6. Date of Birth: 02/04/1976	7. Birthplace: MEXICO		
8a. Place of Death: INPATIENT					
8b. Facility Name: METROPOLITAN NASHVILLE GENERAL HOSPITAL		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): MARIA ELVA RESENDIZ		11a. Decedent's Usual Occupation: CONSTRUCTION	11b. Kind of Business/Industry: PUMAS CONCRETE	
12. Social Security Number: -0145	13a. Residence-State or Foreign Country: TENNESSEE		13b. County: DAVIDSON	13c. City or Town: ANTIOCH	
13d. Street and Number: 4805 TRAPPERS RIDGE		13e. Inside City Limits?: YES	13f. Zip Code: 37013	14. Was Decedent ever in US Armed Forces?: NO	
15. Decedent's Education: 8TH GRADE OR LESS		16. Decedent of Hispanic Origin?: YES, MEXICAN, MEXICAN AMERICAN, OR CHICANO		17. Decedent's Race: OTHER (MEXICAN)	
18. Father's Name: TOMAS VEGA			19. Mother's Name Prior to First Marriage: EUSEBIA RIVERA		
20a. Informant's Name: MARIA ELVA RESENDIZ	20b. Relationship to Decedent: WIFE		20c. Mailing Address: 4805 TRAPPERS RIDGE, ANTIOCH, TN 37013		
21a. Method of Disposition: BURIAL		21b. Place of Disposition: MAPLEVIEW CEMETERY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ ROBERT H WHITLEY		22b. License Number: 3618	22c. Signature of Embalmer: ▶ /e/ JOHN ROY TAYLOR		22d. License Number: 4202
23a. Name and Address of Funeral Home: ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216					23b. License Number: 775
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III				25. Date Filed: 07/25/2023	

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/ WADE BROWN	27b. License Number: 61550	27c. Date Signed: 07/25/2023
27d. Name and Address: WADE BROWN 1818 ALBION STREET, NASHVILLE, TN 37208		

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. ACUTE HYPOXEMIC RESPIRATORY FAILURE	
	b. ACUTE RESPIRATORY DISTRESS SYNDROME	
	c. PRESUMED DISSEMINATED FUNGAL INFECTION	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: DIABETES MELLITUS WITH A1C OF 16

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?: UNKNOWN	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

ROA 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.

15076566

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: Jul-26-2023

CERTIFICATION OF VITAL RECORD

98

Marriage License

Valid ONLY in the

Commonwealth of Kentucky

To Any Person or Religious Society Qualified to Perform Marriages per KRS 402.050: You are hereby authorized to join together in the state of matrimony, according to the laws of the Commonwealth of Kentucky

Bride's Full Name: MARIA ELVA RESENDIZ FLORES
Current Residence: 7018 PANAMA DR HERMITAGE, TN 37076
Groom's Full Name: ISMAEL VEGA RIVERA
Current Residence: 7018 PANAMA DR HERMITAGE, TN 37076

	Bride	Groom
Date of Birth (Age)	02/19/1981 25	02/04/1976 30
Place of Birth	MEXICO	MEXICO
Mother's Full Name (Including Maiden)	BENITA FLORES	EUSEBIA RIVERA
Father's Full Name	SANTIAGO RESENDIZ	TOMAS VEGA
Condition (Single, widowed, divorced or annulled)	SINGLE	DIVORCED
No. of Previous Marriages	0	1
Occupation	HOUSEWIFE	CONSTRUCTION
Race	H	H
Relationship to other party	NONE	NONE

We hereby certify the above information is true to the best of our knowledge.

Maria Elva Resendiz Flores (bride's signature) Ismael Vega (groom's signature)

Issued this 12 (mo.) / 27 (day) / 06 (year) **in the office of** BEVERLY CALVERT (name) ALLEN COUNTY (county)

County Clerk, SCOTTSVILLE KY 42 (city), **Kentucky by** SARAH CONSTANT (recorder's name) Constant, DEPUTY CLERK (title)

Note: License valid for 30 days only, including the date it is issued, per KRS 402.105!

Marriage Certificate

(type or print with black ink ball-point pen only)

I do certify that: Maria Elva Resendiz Flores and Ismel Vega Rivera

Were united in marriage on the 27th day of December, at Scottsville Kentucky, under the authority of the above license and in the presence of (Please **PRINT** witnesses name)

Dorotea Flores and Faviana Ibarra

Given under my hand this 27th **day of** December, 2006.

(Signature of person performing ceremony), County Judge Executive (title), of the Commonwealth of Kentucky (church, religion, or civil authority)

Note: Persons failing to return this Certificate to the Clerk of the County in which it was issued within one month shall be guilty of a violation per KRS 402.990(11).

Recorded this 01 (mo.) / 04 (day) / 07 (year) **in the office of** Beverly Calvert (clerk's name), Allen (county name)

County Clerk, in Marriage Book Marr 52, **page** 98.

Beverly Calvert by (recorder's name), Deputy (recorder's title) **Clerk**

STATE OF KENTUCKY, COUNTY OF ALLEN

I, Beverly Calvert, Clerk of Allen County, do hereby certify that the foregoing is a true and correct copy of Marr as name appears of record in my said Office in Mar Book 52 Page 98
Given under my hand this 5 day of Jan 2007
Beverly Calvert, Allen County Clerk
By Tracy Ward D.C.