Affidavit of Heirship

I EDUARDO BERISTAIN DOMINGUEZ ("Affiant"), residing at 11814 FRANKLIN RD, FRANKLIN, Kentucky 42134, duly sworn, and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts.

2. I knew the decedent, ROBERTO P. ESTRADA, who died on June 01, 2024, from April 13, 2001 to June 01, 2024. ROBERTO P. ESTRADA was my Friend. ROBERTO P. ESTRADA's place of death was NASHVILLE, Tennessee.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. ROBERTO P. ESTRADA left the following items of real property and did not leave a Last Will and Testament:

> 2609 RASCOE ROAD, NASHVILLE, Tennessee, 37210, located in DAVIDSON County and legally described as MAP PARCEL NUMBERS 119-6-259

5. At the time of death, ROBERTO P. ESTRADA's marital history was as follows:

CORINA ORTIZ BERMUDEZ, who ROBERTO P. ESTRADA married on August 04, 1997.

6. At the time of death, ROBERTO P. ESTRADA's sole surviving heirs were as follows:

ROBERTO ESTRADA JR, 2609 RASCOE RD, NASHVILLE, Tennessee 37210, a Son, born October 19, 1998.

ALEJANDRA ESTRADA ORTIZ, 2609 RASCOE RD, NASHVILLE, Tennessee 37210, a Daughter, born November 14, 1997.

JOSE ANTONIO ESTRADA, 2609 RASCOE RD, NASHVILLE, Tennessee 37210, a Son, born March 12, 2000.

FERNANDO ESTRADA, 2609 RASCOE RD, NASHVILLE, Tennessee 37210, a Son, born November 06, 2001.

GUSTAVO ESTRADA, 2609 RASCOE RD, NASHVILLE, Tennessee 37210, a Son, born November 05, 2005.

Affiant declares by signature that, subject to the penalty for perjury, this affidavit is not false or misleading and that the Affiant is mindful of all duties imposed upon the Affiant.

Karen Johnson
Batch # 1163692
07/30/2024 10:15:44 AM
Fees: $22.00 Taxes: $0.00

Davidson County
AFFIDAVITH
4 pgs

20240730-0057464

This is a RocketLawyer.com document.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of July 24, 2024, the date I affixed my signature to this Affidavit.

Eduardo Dominguez Benstain

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 24 day of July 2024, before me personally appeared Eduardo Benstain Dominguez, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

SAIRA BANESSA CAZAREZ
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Saira Banessa Cazarez
Notary Public

Notary Public
Title (and Rank)

My commission expires 03/09/2027

Prepared by: Saira B. Cazarez
1009 Murfreesboro Pike Ste 102
Nashville TN 37217

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 034746

1. Decedent's Legal Name: ROBERTO ESTRADA				2. Sex: MALE	3. Date of Death: 06/01/2024
4. Time of Death (Approx.): 12:45 PM	5a. Age: 54	6. Date of Birth: 02/25/1970	7. Birthplace: MEXICO		
8a. Place of Death: ER/OUTPATIENT					
8b. Facility Name: VANDERBILT UNIVERSITY MEDICAL CENTER		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): CORINA ORTIZ BERMUDEZ	11a. Decedent's Usual Occupation: CONSTRUCTION		11b. Kind of Business/Industry: CR MASONRY CONSTRUCTION	
12. Social Security Number: -2750	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 2609 RASCOE STREET		13e. Inside City Limits?: YES	13f. Zip Code: 37210	14. Was Decedent ever in US Armed Forces?: NO	
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: YES, MEXICAN, MEXICAN AMERICAN, OR CHICANO	17. Decedent's Race: OTHER (MEXICAN)			
18. Father's Name: JOSE ESTRADA		19. Mother's Name Prior to First Marriage: MARGARITA PEDROSA			
20a. Informant's Name: CORINA ORTIZ BERMUDEZ	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 2609 RASCOE STREET, NASHVILLE, TN 37210			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN 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: 06/07/2024		

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/ SCOTT COLLIER	27b. License Number: 60347	27c. Date Signed: 06/05/2024
27d. Name and Address: SCOTT COLLIER 850 R.S. GASS BLVD, NASHVILLE, TN 37216		

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. BLUNT FORCE INJURIES	
	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?: YES
29b. Were Autopsy Findings Available to Complete the Cause of Death?: YES

30. Manner of Death: ACCIDENT	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: N/A		
33. If Transportation Injury, Specify: DRIVER/OPERATOR	34a. Date of Injury: 06/01/2024	34b. Time of Injury: 11:10 AM	34c. Injury at Work?: NO	34d. Place of Injury: ROADWAY
	34e. Describe How Injury Occurred: MOTOR VEHICLE CRASH			34f. Location of Injury: INTERSTATE 65 SOUTHBOUND AT MM 86.6, NASHVILLE, TN

PH-1659E RDA 10112

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jun-07-2024

016383171

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

5 19971902039 4 — STATE FILE NUMBER / LOCAL REGISTRATION NUMBER

NNC014117 — LICENSE NUMBER

HUSBAND PERSONAL DATA

1A. NAME OF HUSBAND-First (Given)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH--Month, Day, Year
ROBERTO	-	ESTRADA-PEDROZA	02-25-1970

3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY:	5B. DATE--Month, Day, Year
MX	-	- ☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT	-

6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY	7. EDUCATION--Years Completed
LABOR	CONSTRUCTION	9

8A. FULL NAME OF FATHER	8B. STATE OF BIRTH	9A. FULL MAIDEN NAME OF MOTHER	9B. STATE OF BIRTH
JOSE ESTRADA	MX	MARGARITA PEDROZA	MX

WIFE PERSONAL DATA

10A. NAME OF WIFE--First (Given)	10B. MIDDLE	10C. CURRENT LAST (FAMILY)	10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C.
CORINA	-	ORTIZ	-

11. DATE OF BIRTH--Month, Day, Year	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES	14A. LAST MARRIAGE ENDED BY:	14B. DATE--Month, Day, Year
11-04-1974	MX	-	-☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT	-

15A. USUAL OCCUPATION	15B. USUAL KIND OF BUSINESS OR INDUSTRY	16. EDUCATION--Years Completed
DOMESTIC	HOUSEWIFE	6

17A. FULL NAME OF FATHER	17B. STATE OF BIRTH	18A. FULL MAIDEN NAME OF MOTHER	18B. STATE OF BIRTH
RUBEN ORTIZ	MX	MA.ELENA BERMUDEZ	MX

RESIDENCE OF HUSBAND AND WIFE

19A. RESIDENCE--Street and Number	19B. CITY	19C. ZIP CODE	19D. COUNTY--Outside California, Enter State
716 W. PLUM ST	COMPTON	90222	

20A. MAILING ADDRESS--If Different	20B. CITY	20C. ZIP CODE	20D. COUNTY--Outside California, Enter State

AFFIDAVIT

We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marrriage nor to the issuance of a license is known to us, and hereby apply for a license and Certificate of Confidential Marriage.

21. SIGNATURE OF HUSBAND: ▶ Roberto Estrada

22. SIGNATURE OF WIFE: ▶ Corina Ortiz

I the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code.

23A. SIGNATURE AND TITLE OF ISSUING CLERK	24A. AFFIX NOTARY SEAL--(If Applicable)	24B. SUBSCRIBED AND SWORN TO BEFORE ME ON
▶ M POSADAS DEPUTY	JUANA Q. GURROLA COMM. #1102414 NOTARY PUBLIC • CALIFORNIA LOS ANGELES COUNTY My Comm. Expires June 23, 2000	08 (MONTH) 04 (DAY) 1997 (YEAR)
		▶ Juana Q. Gurrola SIGNATURE OF NOTARY
		JUANA Q GURROLA TYPED NAME OF NOTARY

23B. COUNTY OF ISSUE	23C. MAILING ADDRESS AND ZIP CODE
LOS ANGELES	P.O. BOX 120 L.A. CA.90053-0120

23D. ISSUE DATE-Month,Day,Year	23E. LICENSE EXPIRES AFTER-Month,Day,Year
07/30/1997	10/28/1997

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California

ON 08 (MONTH) 04 (DAY) 97 19

AT COMPTON (CITY OR TOWN) L.A (COUNTY) CALIFORNIA

NOTE THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED.

26A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	26B. RELIGIOUS DENOMINATION (IF CLERGY)
▶ Juana Q. Gurrola	CHRISTIAN
26C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT) JUANA Q. GURROLA	26D. OFFICIAL TITLE REVEREND
26E. MAILING ADDRESS (Include City and State) 4136 TWEEDY BLVD. SOUTH GATE,CA	26F. ZIP CODE 90280

COUNTY CLERK

27A. SIGNATURE OF COUNTY CLERK	27B. SIGNATURE OF DEPUTY CLERK (If Applicable)	28. DATE ACCEPTED FOR REGISTRATION--
▶ CONNY B. McCORMACK	BY ▶ DEPUTY	AUG 19 1997

05 96517 MUST BE LEGIBLE/MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS–SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS VS 123(3-91)

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNY B. McCORMACK
Registrar-Recorder/County Clerk

1997 AUG 19
19-768046

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.