Karen Johnson Davidson County
Batch# 1199312 AFFIDAVITH
10/31/2024 08:57:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20241031-0084076

Affidavit of Facts Concerning Identity of Heirs

Date: September 30, 2024

Decedent: William O. Sharfner, Jr.
Property: 653 Putnam Drive, Nashville, TN 37218

Affiant: Jana Booker

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant:

1. My name is Jana Booker, and I live at 321 Walton Ln. Apt. E75 Madison TN. I am personally familiar with the family and marital history of William O. Sharfner, Jr., (Decedent), and I have personal knowledge of the facts stated in this affidavit.

2. I knew Decedent from Nov. 2010 until Nov. 2023. Decedent died on Nov. 24, 2023 Decedent's place of death was Hospital. At the time of Decedent's death, Decedent's residence was: 653 Putman Dr. Nashville TN 37218

3. Decedent's marital history was as follows:
Divorced

4. Decedent had the following children:
Name: Chatika Collins Date of Birth: N/A Date of Death: N/A
Address: 302 Williams Ave Unit 126 Madison TN 37115

Name: William Sharfner T.J. Date of Birth: Unkown Date of Death: N/A
Address: 407 Myrtle St. Nashville TN 37206.

Name: William S Sharfner Date of Birth: 11/11/93 Date of Death: N/A
Address: 1035 Hilltop Rd Ashland City 37015.

Name: Emily Sharfner Date of Birth: 9/11/95 Date of Death: N/A
Address: 623 Whispering Oaks pl. Nashville TN 37211

Name: _____ Date of Birth: _____ Date of Death: _____
Address: _____.

5. Decedent did not have or adopt any other children and did not take any other children into Decedent's home or raise any other children, except:
N/A

Include the following if the decedent was not survived by descendants

6. Decedent's mother was: Deceased
Name: _____ Date of Birth:_____ Date of Death: _____
Address:_____.

7. Decedent's father was: Deceased
Name: _____ Date of Birth:_____ Date of Death: _____
Address:_____.

Include the following if the decedent was not survived by descendants or by both mother and father

8. Decedent had the following siblings: Has Sibling but don't Know them.
Name: _____ Date of Birth:_____ Date of Death: _____
Address:_____.
Name: _____ Date of Birth:_____ Date of Death: _____
Address:_____.
Name: _____ Date of Birth:_____ Date of Death: _____
Address:_____.

Include the following if applicable

9. The following persons have knowledge regarding Decedent, the identities of Decedent's children, if any, and parents or siblings, if any: UNSE

Continue with the following

10. Decedent died without leaving a written will. ___ (Yes) X (No)

11. There has been no administration of Decedent's estate. X (Yes) ___ (No)
If yes, list here: Emily Shartner @ Executor.

12. Decedent left no debts that are unpaid, except:
NONE.

13. There are no unpaid estate or inheritance taxes, except:
NONE.

14. To the best of my knowledge, Decedent owned an interest in the following real property: **653 Putnam Drive, Nashville, TN 37218**

15. The following were the heirs of Decedent:
Chatika Collins, William Sharfner, William S. Sharfner, Emily Sharfner

Jana Booker
Affiant:

State of Tennessee)
County of Davidson

On this 1st day of October, 2024, before me personally appeared Jana Booker, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or person's) free act

SUBSCRIBED AND SWORN TO before me on 10/01/2024 by Jana Booker, Affiant.

Seal:

JAMES WARD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public, State of ~~Texas~~ Tennessee
Name: James Ward
Expiration Date: 11/08/2027

This instrument prepared by and (MAIL) instrument may be returned to:
Charles Chacko
OS National, LLC
3097 Satellite Blvd., Suite 400
Duluth,GA 30096
Tel. 770-497-9100

CERTIFICATION REQUIRED BY TCA 66-24-101(D)

I, Cyndi Van Campen, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on **October 1, 2024** (date of document).

Affiant Signature

October 1, 2024
Date

State of GA
County of Gwinnett

Sworn to and subscribed before me this **1st** day of **October**, 20**24**,

Notary's Signature

My Commission Expires: 4/10/2027

Notary's Seal (if on paper)

STATE OF GEORGIA NOTARY PUBLIC
LATANYA ROBERTS
Gwinnett County
My Commission Expires
April 10, 2027