| THIS INSTRUMENT PREPARED BY: | STATE OF Indiana<br>COUNTY OF Johnson |
|---|---|
| MARTIN HELLER POTEMPA<br>& SHEPPARD, PLLC<br>2122 21st Avenue South<br>Nashville, Tennessee 37212<br>(615) 800-7096<br><br>BRENDA S DAVIS<br>Notary Public - Seal<br>Johnson County - State of Indiana<br>Commission Number NP0658002<br>My Commission Expires Sep 12, 2030<br><br>An independent title search was not conducted in the preparation of this Affidavit All information was provided by the Affiant. | The actual consideration for this transfer is: $0.00.<br><br>AFFIANT<br><br>Subscribed and sworn to before me, this 7 day of April 2025.<br><br>NOTARY PUBLIC<br>My Commission Expires: 9-12-2030 |

| Address New Owner: | Send Tax Bills To: | Tax Information: |
|---|---|---|
| Stephen and Margret Seitz<br>6011 Delk Drive<br>Evansville, IN 47711 | New Owner | 108070B02600CO |

## AFFIDAVIT OF HEIRSHIP

1. My name is **Zachary Scott Newport** ("Affiant"). I currently reside in Johnson County, State of Indiana. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. **Brian Joseph Seitz** (hereinafter "Decedent") was my brother-in-law and I knew him for approximately 15 years.

3. Decedent died on February 1, 2025, as a resident of Davidson County, Tennessee. His Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, he died without a Last Will and Testament and an estate has not been opened for probate administration.

4. At the time of his passing, Decedent owned real property located at **122 N TIMBER DRIVE, NASHVILLE, TENNESSEE 37214** (the "Property"). The Property is more fully and particularly described as follows:

Karen Johnson
Batch # 1264314
04/24/2025 08 10 22 AM
Fees $17 00 Taxes $0 00
Davidson County
AFFIDAVITH
3 pgs
20250424-0031364

A certain Condominium Apartment in Davidson County, Tennessee, being Unit No. 26. Building B, of Timberlake Condominiums, of record Master Deed of record in Book 6549, page 475, Register's Office for Davidson County, Tennessee. together with the undivided percentage interest in the common elements appurtenant to said units, as set forth in Exhibit A-1 of the Master Deed, to which reference is hereby made.

Being the same property conveyed to Brian Seitz by Warranty Deed from Joshua A. Combs, an unmarried man, of record in Instrument No. 20170829-0088686, Register's Office for Davidson County, Tennessee.

5. The Decedent was unmarried at the time of his death and had no children, born-to or adopted by him during his lifetime.

6. Decedent was survived by his parents, Stephen Seitz and Margret Seitz.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in Stephen Seitz and Margret Seitz, his sole heirs-at-law, immediately upon his death, pursuant to T.C.A. §31-2-103.

**FURTHER AFFIANT SAYETH NOT.**

SWORN this 7th day of April 2025.

**Zachary Scott Newport, Affiant**

STATE OF Indiana )
COUNTY OF Johnson )

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Zachary Scott Newport,** the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 7 day of April 2025.

Brenda S Davis
NOTARY PUBLIC
My commission expires: 9-12-2030

BRENDA S DAVIS
Notary Public - Seal
Johnson County - State of Indiana
Commission Number NP0658002
My Commission Expires Sep 12, 2030

# STATE OF TENNESSEE
## CERTIFICATION OF VITAL RECORD

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH**

STATE FILE NUMBER 2025 007853

| | | | | | |
|---|---|---|---|---|---|
| 1 Decedent's Legal Name: BRIAN JOSEPH SEITZ | | | | 2. Sex: MALE | 3 Date of Death: 02/01/2025 |
| 4 Time of Death (Approx.): 06 00 AM | 5a Age: 43 | 6 Date of Birth: 03/17/1981 | 7. Birthplace: EVANSVILLE IN | | |
| 8a. Place of Death: RESIDENCE | | | | | |
| 8b. Facility Name: 122 N TIMBER DRIVE | | 8c. City or Town: NASHVILLE | | 8d County of Death: DAVIDSON | |
| 9. Marital Status: NEVER MARRIED | 10. Surviving Spouse (name prior to first marriage) | 11a Decedent's Usual Occupation: INSURANCE CLAIMS ADJUSTOR | | 11b. Kind of Business/Industry: INSURANCE | |
| 12. Social Security Number: [redacted] | 13a Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | | 13c City or Town: NASHVILLE | |
| 13d. Street and Number: 122 N TIMBER DR | | 13e. Inside City Limits?: NO | 13f. Zip Code: 37214 | 14 Was Decedent ever in US Armed Forces?: NO | |
| 15 Decedent's Education: BACHELOR'S DEGREE | 16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO | 17. Decedent's Race: WHITE | | | |
| 18 Father's Name: STEPHEN SEITZ | | 19 Mother's Name Prior to First Marriage: MARGRET NEDDO | | | |
| 20a Informant's Name: STEPHEN SEITZ | 20b. Relationship to Decedent: FATHER | 20c Mailing Address: 6011 DELK DR, EVANSVILLE, IN 47711 | | | |
| 21a Method of Disposition: BURIAL REMOVAL FROM | 21b Place of Disposition: PARK LAWN CEMETERY | 21c Location: EVANSVILLE, IN | | | |
| 22a Signature of Funeral Director: ▶ /e/ JORDAN DUNCAN | 22b License Number: FD21200049 | 22c Signature of Embalmer: ▶ /e/ JORDAN DUNCAN | | 22d. License Number: FD21200049 | |
| 23a Name and Address of Funeral Home: BOONE FUNERAL HOME-EAST CHAPEL , 5330 EAST WASHINGTON AVE, EVANSVILLE, IN 47715 | | | | 23b License Number: FH88900004 | |
| 24 Registrar's Signature: ▶ /e/ EDWARD G BISHOP III | | 25 Date Filed: 02/07/2025 | | | |

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 | 27b License Number | 27c. Date Signed |
|---|---|---|
| ▶ /e/ GULPREET SINGH BOWMAN | 3471 | 02/03/2025 |

27d. Name and Address: GULPREET SINGH BOWMAN 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 [redacted] | |
| | 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 | 31. Did Tobacco Use Contribute to Death? | 32. If Female |
|---|---|---|
| [redacted] | UNKNOWN | N/A |

| 33 If Transportation Injury, Specify | 34a Date of Injury | 34b. Time of Injury | 34c. Injury at Work? | 34d. Place of Injury |
|---|---|---|---|---|
| | UNKNOWN | UNKNOWN | NO | RESIDENCE |

34e Describe How Injury Occurred: [redacted]

34f. Location of Injury: 122 N TIMBER DRIVE NASHVILLE TN

PH 1559E

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 Feb-07-2025

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