THIS INSTRUMENT PREPARED BY:	STATE OF IN COUNTY OF MARION
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 DEBRA M. LEBOVITS NOTARY PUBLIC - SEAL STATE OF INDIANA COMMISSION NUMBER NP0736056 MY COMMISSION EXPIRES SEPT 09, 2029 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. AFFIANT Subscribed and sworn to before me, this 12th day of MARCH 2025. NOTARY PUBLIC My Commission Expires: 09/09/2029

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

AFFIDAVIT OF HEIRSHIP

1. My name is **Leon Myrell Neddo** ("Affiant"). I currently reside in Marion 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 nephew, and I knew him for approximately 43 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 Davidson County
Batch # 1264314 AFFIDAVITH
04/24/2025 08 10 22 AM 3 pgs
Fees $17 00 Taxes $0 00
20250424-0031365

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 12th day of MARCH 2025.

Leon Myrell Neddo

Leon Myrell Neddo, Affiant

STATE OF IN)
COUNTY OF MARION)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Leon Myrell Neddo,** 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 12th day of MARCH 2025.

Debra M Lebovits

NOTARY PUBLIC
My commission expires: 09/09/2029

DEBRA M. LEBOVITS
NOTARY PUBLIC - SEAL
STATE OF INDIANA
COMMISSION NUMBER NP0736056
MY COMMISSION EXPIRES SEPT 09, 2029

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: ▶ /e/ GULPREET SINGH BOWMAN	27b License Number: 3471	27c. Date Signed: 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

28a Was an Autopsy Performed? YES
28b Were Autopsy Findings Available to Complete the Cause of Death? YES

30 Manner of Death: [redacted]	31 Did Tobacco Use Contribute to Death?: UNKNOWN	32 If Female: N/A	
33. If Transportation Injury, Specify.	34a. Date of Injury: UNKNOWN	34b. Time of Injury: UNKNOWN	34c. Injury at Work?: NO
	34d Place of Injury: RESIDENCE		
	34e Describe How Injury Occurred: [redacted]		34f. Location of Injury: 122 N TIMBER DRIVE 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 Feb-07-2025

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THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796