THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

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Karen Johnson
Batch # 1285221
06/17/2025 11 03 23 AM
Fees $22 00 Taxes $0 00
Davidson County
AFFIDAVITH
4 pgs
20250617-0047476

AFFIDAVIT OF HEIRSHIP FOR CHRISTIAN AYON

Pursuant to Tenn Code Ann § 30-2-712, I, Christian Ayon, after being duly sworn, do hereby state as follows

1 That I, Christian Ayon, am over the age of 21, of sound mind, and am not executing this Affidavit under coercion or undue influence My address is 1107 South Chavez Street, Burbank, California, 91506

2 That I am familiar with the family history of Sean Cummins Ammell, who was the owner at the time of his death of real property located at 477 Huntington Ridge Drive, Nashville, Davidson County, Tennessee, and more particularly described as follows

> BEING Lot No 100 on the Plan of Huntington Ridge Townhouses of record in Plat Book 9700, Page 846, Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete and accurate description
>
> This is improved property, known as 477 Huntington Ridge Drive, Nashville, TN 37211

3 That the said Sean Cummins Ammell died intestate in Davidson County, Tennessee on August 8, 2024 Sean Cummins Ammell Death Certificate is attached hereto as **Exhibit A**

4 That at the time of Sean Cummins Ammell death, he resided at 477 Huntington Ridge Drive, Nashville, TN 37211

5 That said decedent left only the following person surviving as heirs or otherwise interested in the estate Tara Lindsay Chandler, Daughter

6 That said decedent did not leave a will or any other testamentary instrument

7 That I have no interest, legal or otherwise, in said property

8 That I acknowledge and understand that the statements above will be recorded in the Register's Office of Davidson County, Tennessee and relied upon to convey real property vested in the descendants and heirs of Sean Cummins Ammell

FURTHER, AFFIANT SAITH NOT.

DATED THIS THE 25 DAY OF April, 2025.

Christian Ayon
CHRISTIAN AYON

STATE OF)
COUNTY OF)

On this ____ day of _____, 2024, before me, personally appeared Christian Ayon, the affiant known to me to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be his free act and deed, without undue influence, stating that the information therein is accurate and true to the best of his knowledge

IN WITNESS WHEREOF, I have hereunto set my hand and seal

See Attached Certificate

Notary Public

My Commission Expires _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On April 25, 2025 before me, Narciso Meza, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Christian Ayon
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Narciso Meza
Signature of Notary Public

NARCISO MEZA
Notary Public - California
Los Angeles County
Commission # 2487206
My Comm. Expires May 15, 2028

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit of Heirship for Christian Ayon Document Date: April 25, 2025
Number of Pages: 2 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Christian Ayon	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☒ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☑ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 049476

1. Decedent's Legal Name: SEAN CUMMINS AMMELL		2. Sex: MALE	3. Date of Death: 08/08/2024
4. Time of Death (Approx.): 18 38	5a. Age: 62	6. Date of Birth: 05/24/1962	7. Birthplace: PITTSBURGH, PA
8a. Place of Death: RESIDENCE			
8b. Facility Name: 477 HUNTINGTON RIDGE DR		8c. City or Town: NASHVILLE	8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: REGISTERED NURSE	11b. Kind of Business/Industry: MEDICAL
12. Social Security Number: -6468	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 477 HUNTINGTON RIDGE DR		13e. Inside City Limits?: YES	13f. Zip Code: 37211
14. Was Decedent ever in US Armed Forces?: NO			
15. Decedent's Education: ASSOCIATE DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: JOHN AMMELL		19. Mother's Name Prior to First Marriage: MARY WELSH	
20a. Informant's Name: MARGARET SILVERMAN	20b. Relationship to Decedent: SISTER	20c. Mailing Address: 192 FAIRVIEW RD , SKILLMAN, NJ 08558	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: AFFILIATED CREMATORY	21c. Location: NASHVILLE TN	
22a. Signature of Funeral Director: ▶ /s/ MATTHEW A TERRY	22b. License Number: 6054	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216			23b. License Number: 331
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 08/14/2024	

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: ▶ /s/ DAVID L ZIMMERMAN, MD	27b. License Number: 046030	27c. Date Signed: 08/12/2024

27d. Name and Address: DAVID L ZIMMERMAN, MD 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. INTRAORAL GUNSHOT WOUND	
	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: SUICIDE	31. Did Tobacco Use Contribute to Death?: NO	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: SHOT SELF		34f. Location of Injury: 477 HUNTINGTON RIDGE DR, 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: Aug-14-2024

016516622

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE