Karen Johnson
Batch # 1308878
08/12/2025 11:24:28 AM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20250812-0064072

..pared by
Shana Carel
680 Atlanta Dr.
Hermitage, TN 37076

8/12/25

Affidavit of Heirship

I Shana Carel ("Affiant"), residing at 680 Atlanta Drive, Hermitage, Tennessee 37076, 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, Andrew Carel, who died on December 19th, 2022 from February 1st, 2005 to December 19th, 2022. Andrew Carel was my Husband. Andrew Carel's place of death was Nashville, Tennessee.

3. Andrew Carel left the following items of real property and did not leave a Last Will and Testament:

   680 Atlanta Drive, Hermitage, Tennessee,37076,
   located in Davidson County and legally described as
   Land in Davidson County, Tennessee, being all of lot No. 514, on the plan of section Nine, Tulip Grove, as shown by plat apppearing of record in plat book 4675, page 135, of register's office of Davidson County, Tennessee, to which plat reference is hereby made for more complete details of said lot..

4. At the time of death, Andrew Carel's marital history was as follows:

   Shana Carel, who Andrew Carel married on October 18th, 2014.

5. At the time of death, Andrew Carel sole surviving heirs were as follows:

   Shana Carel, _____, _____, _____, _____, a _____, born 11/03/1986.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and
complete as of August 12th, 2025, the date I affixed my signature to this Affidavit.

Shana Carel 8/12/25

STATE OF TENNESSEE , COUNTY OF DAVIDSON, ss:

On this 12th day of Aug, before me personally appeared Shana Carel, 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.



My Commission Expires Oct. 25, 2026

Notary Public

Banker II

Title (and Rank)

10/25/2026

My commission expires

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State of Tennessee

Marriage Certificate

County of Davidson

This certifies that Andrew Jordan Carel 29

and Shana Renee Gardiner 27

were united by David A Michi, Minister in the

Holy Bonds of Matrimony

on the 18th day of October

in the year of our Lord 2014, as appears of record in my

office in Marriage Record Book 236, Page 373

This 30th day of October, 2014

L. Jones
Deputy Clerk

Brenda Wynn
Davidson County Clerk

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 083404

1. Decedent's Legal Name: ANDREW JORDAN CAREL		2. Sex: MALE	3. Date of Death: 12/19/2022
4. Time of Death (Approx.): 09:13	5a. Age: 37	6. Date of Birth: 07/07/1985	7. Birthplace: SPRINGFIELD, IL
8a. Place of Death: INPATIENT			
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): SHANA RENEE GARDNIER	11a. Decedent's Usual Occupation: CATERING	11b. Kind of Business/Industry: RESTAURANT
Security Number: -1928	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: HERMITAGE
13d. Street and Number: 680 ATLANTA DRIVE	13e. Inside City Limits?: YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: MARK CAREL		19. Mother's Name Prior to First Marriage: MELODY LEE TAYLOR	
20a. Informant's Name: SHANA RENEE CAREL	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 680 ATLANTA DRIVE, HERMITAGE, TN 37076	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: MIDDLE TN CREMATION CENTER	21c. Location: MOUNT JULIET, TN	
22a. Signature of Funeral Director: /e/ KASHA WILLIS	22b. License Number: 20196	22c. Signature of Embalmer:	22d. License Number:
23a. Name and Address of Funeral Home: BOND MEMORIAL CHAPEL, 1098 WESTON DR, MOUNT JULIET, TN 37122			23b. License Number: 1041
24. Registrar's Signature: /e/ EDWARD G BISHOP,III		25. Date Filed: 12/21/2022	

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/ TODD W RICE	27b. License Number: 35262	27c. Date Signed: 12/19/2022
27d. Name and Address: TODD W RICE 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232		

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. HEPATIC ENCEPHALOPATHY — DAYS
b. CIRRHOSIS — MONTHS
c. ALCOHOL USE — YEARS
d.

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: UPPER GASTROINTESTINAL BLEEDING, ACUTE RENAL FAILURE

29a. Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: N/A		
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

PH-1659E RDA 10112

14730981

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

1 4 7 3 0 9 8 1

Edward G. Bishop III
State Registrar

Morgan McDonald, MD, FAAP, FACP
Commissioner

Date Issued: Dec 21 2022

CERTIFICATION OF VITAL RECORD