AFFIDAVIT OF HEIRSHIP

GRANTEE:
Georgia Indrigo
1918 Kimbark Drive
Nashville, Tennessee 37215

SEND TAX BILLS TO:
Grantee

MAP-PARCEL NOS.
131022T00100 CO

THIS INSTRUMENT PREPARED BY:
SchlitzLAW
4235 Hillsboro Pike, Suite 300
Nashville, Tennessee 37215

Karen Johnson
Batch # 1324160
09/19/2025 08:50:06 AM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20250919-0074834

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, makes oath as follows:

1. My name is Georgia Indrigo. I will refer to myself in this Affidavit as the Affiant.

2. I am over the age of eighteen and I have personal knowledge of the matters stated in this Affidavit.

3. I reside at 1918 Kimbark Drive, Nashville, Davidson County, Tennessee, 37215 (the "Property"). The description of the Property to which this Affidavit applies is further described on the attached Exhibit A.

4. John P. Indrigo died on July 25, 2025. I will refer to him as the Decedent. A copy of his death certificate, with redactions, is attached hereto as Exhibit B. At the time of his death, the Decedent resided with me at the Property.

5. At the time the Decedent and I took title to the Property, we were married. We owned the Property as tenants by the entirety.

6. At the time of Decedent's death, Decedent and I were legally married.

7. There was no divorce or separation between the Decedent and I prior to Decedent's death.

The Affiant makes oath that, to the best of his information and belief, the information contained herein is true, accurate, and complete.

Georgia Indrigo

GEORGIA INDRIGO

ACKNOWLEDGEMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Georgia Indrigo**, with whom I am personally acquainted, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office, this 16th day of September, 2025.

Stacey Schlitz

Notary Public

My commission expires: March 8, 2028

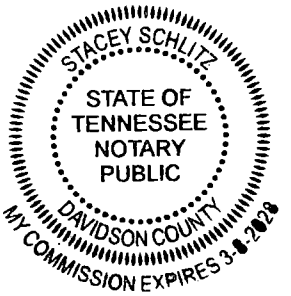


EXHIBIT A

Certain real property situate in Davidson County, Tennessee, and described as follows, to-wit:

BEING Unit A of 32 Colonial Homes, a Horizontal Property Regime with Private Elements located in Nashville, Davidson County, Tennessee, and described in a Declaration of Covenants, Conditions and Restrictions for 28 Colonial Homes, a Horizontal Property Regime with Private Elements of record as Instrument No. 20160310-0022901, Register's Office for Davidson County, Tennessee, to which reference if hereby made. The easements, restrictive covenants, conditions and regulations imposed upon and relating to the units, property, co-owners and tenants of 28 Colonial Homes, a Horizontal Property Regime and Private Elements, contained in said declaration, the plat filed as Exhibit "B" to said Declaration appearing in Instrument No. 20160310-0022901, and By Laws appended thereto as Exhibit "C", said Register's Office, are incorporated hereby reference and made a part hereof, the same as though copied herein for a more complete identification and description of said Unit.

Being the same property conveyed to John P. Indrigo and Georgia Indrigo, husband and wife, from Volunteer Builders LLC, by Warranty Deed dated December 7, 2016 in Instrument No. 20161207-0128238, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 047296

1. Decedent's Legal Name: JOHN PAUL INDRIGO		2. Sex: MALE	3. Date of Death: 07/25/2025
4. Time of Death (Approx.): 11:45	5a. Age: 82	6. Date of Birth: 02/23/1943	7. Birthplace: BRONX, NY
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 1918 KIMBARK DR	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): GEORGIA MAGGIOTTO	11a. Decedent's Usual Occupation: HEALTHCARE CEO	11b. Kind of Business/Industry: MEDICAL
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 1918 KIMBARK DR	13e. Inside City Limits?: YES	13f. Zip Code: 37215	14. Was Decedent ever in US Armed Forces?: YES
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: ENZO INDRIGO		19. Mother's Name Prior to First Marriage: VIOLET BUCCO	
20a. Informant's Name: GEORGIA INDRIGO	20b. Relationship to Decedent: SPOUSE	20c. Mailing Address: 1918 KIMBARK DR, NASHVILLE, TN 37215	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE		21c. Location: NASHVILLE, TN
22a. Signature of Funeral Director: ▶ /e/ KALEIGH B EASTWOOD BARKER	22b. License Number: 20503	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604			23b. License Number: 40
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 07/29/2025	

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/ DAVID MCRAY	27b. License Number: 19791	27c. Date Signed: 07/28/2025
27d. Name and Address: DAVID MCRAY 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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. PARKINSON'S DISEASE	YEARS
	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?: 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

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

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

Date Issued: Jul-29-2025

0 1 7 4 4 9 7 0 6

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE