AFFIDAVIT OF SURVIVORSHIP

State of Tennessee
County of Davidson

I, Gilma Manzur ("Affiant"), residing at 308 John Henry Dr, La Vergne, Tennessee, 37086, being of legal age and duly sworn, do hereby depose and say:

1. That Affiant has personal knowledge of the facts stated in this Affidavit.

2. That Antonio Manzur ("Decedent"), the deceased as listed in the attached, certified copy of Decedent's death certificate, who died on April 21 2026, is the same party as Antonio Manzur, named as one of the parties to that certain General Warranty Deed, dated 07/15/1999, executed by Steve L. Bland and wife, Lisa Bland, as the grantor, to Antonio Manzur and wife, Gilma Manzur, as the grantee, and recorded in the official records of Davidson, Tennessee, with a unique identifier number of 0613193, as to that certain real property located at 312 Bart Dr, Antioch, Tennessee, 37013, and more specifically described as:

Being Lot No. 378 on the Plan of Antioch Park, Section V, as of record in Book 4460, Page 58, Register's Office for said County, to which Plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to Steve L. Bland and wife, Lisa Bland of record in Book 6944, Page 198. Said Register's Office.

3. That, at the time of Decedent's death, the Affiant and Decedent co-owned the above-described property as tenants by the entirety with right of survivorship.

4. That Affiant, as the surviving owner, acquired title to the above-described property through a right of survivorship upon the death of the Decedent.

Date: 7-2-2026

Signature: Gilma Manzur.

Karen Johnson Davidson County
Batch # 1441883 AFFIDAVITH
07/02/2026 02:24:57 PM 4 pgs
Fees: $17.00 Taxes: $0.00
20260702-0060009

Prepared by: Gilma Manzur
Address: 308 John Henry Dr
Lavergne TN 37086

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 2nd day of July, 2026.

Tatiana Hayes
Notary Public



My commission expires 11/17/2029

NOTARY ACKNOWLEDGEMENT

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

State of Tennessee
County of Rutherford

On July 2, 2026, before me, Tahana Hayes, personally appeared Gulma Manzur, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing Affidavit as the Affiant, and who acknowledged to me that the execution of said Affidavit was undertaken as the Affiant's voluntary act for uses and purposes expressed therein.

WITNESS my hand and official seal.

Tatiana O Hayes
Notary Public Exp: 11/9/2029

Print Tahana Hayes

TATIANA HAYES NOTARY PUBLIC STATE OF TENNESSEE RUTHERFORD COUNTY

(Seal)

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2026 025613

1. Decedent's Legal Name: ANTONIO HUMBERTO MANZUR			2. Sex: MALE	3. Date of Death: 04/21/2026
4. Time of Death (Approx.): 07:20 AM	5a. Age: 68	6. Date of Birth: 07/13/1957	7. Birthplace: MEXICO	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 308 JOHN HENRY DR		8c. City or Town: LA VERGNE		8d. County of Death: RUTHERFORD
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): GILMA CRISTELA BENITEZ-VIERAS	11a. Decedent's Usual Occupation: FORKLIFT OPERATOR		11b. Kind of Business/Industry: SHIPPING
12. Social Security Number: -0715	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: RUTHERFORD		13c. City or Town: LA VERGNE
13d. Street and Number: 308 JOHN HENRY DR		13e. Inside City Limits?: YES	13f. Zip Code: 37086	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: 9TH - 12TH GRADE, NO DIPLOMA	16. Decedent of Hispanic Origin?: YES, MEXICAN, MEXICAN AMERICAN, OR CHICANO	17. Decedent's Race: WHITE		
18. Father's Name: JORGE MANZUR		19. Mother's Name Prior to First Marriage: MIRIAM TELLO		
20a. Informant's Name: GILMA MANZUR	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 308 JOHN HENRY DR, LA VERGNE, TN 37086		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: ROSELAWN MEMORIAL GARDENS		21c. Location: MURFREESBORO, TN	
22a. Signature of Funeral Director: ▶ /e/ TODD RANDALL HOWELL	22b. License Number: 5864	22c. Signature of Embalmer: ▶ /e/ ALEXIS CARLSON		22d. License Number: 20517
23a. Name and Address of Funeral Home: WOODFIN FUNERAL CHAPEL, INC., 1488 LASCASSAS PIKE, MURFREESBORO, TN 37130				23b. License Number: 179
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 04/29/2026		

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/ AKASHIA ANDERSON MURPHY	27b. License Number: 45989	27c. Date Signed: 04/28/2026

27d. Name and Address: AKASHIA ANDERSON MURPHY 211 HERITAGE PARK DRIVE, MURFREESBORO, TN 37129

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. PARKINSONS DISEASE WITH DYSKENISIA WITH FLUCTUATIONS	
	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?: UNKNOWN	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: Apr-29-2026

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE