AFFIDAVIT CONFIRMING SU	CCESSOR(S) IN INTEREST
I, Crate Howard McCady, am the perjury under the laws of the State of Texas, the knowledge:	undersigned affiant and hereby declare under the penalties of that the following is true and correct to the best of my
1.1 am of sound mind and capable of executing this Affidavit.	
2.1 am currently the primary, qualified legal administrator for the	Estate of Bered, MCO. ~1.
to confirm the beneficiaries and heirs, otherwise known as suc	cessors in interest.
 The identities of the beneficiaries who now hold an interest for 77095, are the following individuals: 	the property address, 15315 Meadow Village Dr Houston, TX
Craig Mc Windy 10240 Lone P	ine La Fort Worth Tx 76108
Name Address	
Dunes	Son
interest in Property	Relationship to Decedent
N	er ere
Name Address	
The second secon	
Interest in Property	Relationship to Decedent
Name Address	
Audiges	
Interest in Property	
	Relationship to Decedent
Name Address	
Addiess	
Interest in Property	
*Please use a separate sheet of paper to indicate any additional successors in interest	Relationship to Decedent
4. If applicable, the Estate was properly disposed in the following	
Probate Court # 2	, having a case number ' 481 911
If applicable, I have provided/attached a copy of the court order revoked, modified, or amended in any manner that would cause incorrect.	confirming my qualification. This order has not been the representations contained in this Affidavit to be
6. If applicable, there was no need for administration.	(please indicate yes if applicable)
	3/3//20
Affiant's Signature	Date
Afflant's Contact Information	
Name: Crain Mily vady	Telephone: (2823048798
Address: 10240 Lone Pire Ln	Telephone: 6823048798 Email: bluebloodhouston Oyahoo.com
FALWORK TX 74108	Jane Garante
	v.
State of Texas Acknowledg	ment
County of Tarray	
2:0	2 1 2 2
On 3/3/1020 Public, personally appeared Could Milwork	, <u>paul Berber</u> , a Notary
who proved to me on the basis of satisfactory evidence to be the person	son(s) whose name(s) is/are subscribed to within the
instrument and acknowledged to me that he/she/they executed the sa his/her/their signatures(s) on the instrument the person(s), or the enti- instrument.	the in her/her/their githerized conscibulies) and that the
I certify under PENALTY OF PERJURY under the laws of the State of paragraph is true and correct.	f TEXAS that the foregoing
WITNESS my hand and official seal.	107
Signature Sul Sull	PAUL BERBER, JR. My Notary ID # 131270140
	Expires September 6, 2021

CERTIFICATION OF VITAL RECORD AG A AR

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS Dec 04 2019 CERTIFICATE OF TEXAS CERTIFICATE OF DEATH

						1					Name of the last			Total Control	Eventue						
			TEX	AS D	EPA	RTM	ENT OF	STATE	HE	EALT	'H SI	ERVI	CES -	VITA	L ST	TATI	STIC	S UN	ИТ		
33 DI ACT OF DISCOSI	Other (Specify)	Burial Cremation	CRAIG MCQUADY - SON	17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	HARRIS	14. COUNTY OF DEATH	IF DEATH OCCURRED IN A HOSPITAL: Inpatient	WILLIAM ELMER P		11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE	HARRIS	10d. COUNTY	15315 MEADOW VILLAGE DR	10a. RESIDENCE STREET ADDRESS	462-70-2072	SECURITY NUMBE	FEMALE AUG	3	BEVEDIV KAY	1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle (1981)	0
	Mausoleum	Donation As		NSHIP TO DECEASED	PRECINCT A 77070	15. CITY/TOWN, ZIP (IF C	DOA	POLLARD		R TO FIRST MASSIAGE		10e, STATE	DR.	S Divorced (but not remarried)	Married	8. MARITAL STATUS AT TIME OF DEATH		4. DATE OF BIRTH (mm-dd-yyw) 5. AGE.		clude AKA's, if any) (First, Middle 1.	
	FRANK W. SEDDIO SR.,BY ELECTRONIC SIGNATURE -	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	10240 LONE PINE LN, FORT WORTH, TX 76108			15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) 16. EACH ITY NAME (I	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice Facility Nursing Home Pacceptage Local IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL OF DEAT	ANNIE CALDWELL	12. MOTHER/PARENT 1 NA	7	10			h	Widowed (but not remarried)		75 Mo Days	5 AGE TO BIRTHON		IE OF DEATH	
	TRONIC SIGNATURE	RAL DIRECTOR OR PERSON AC	(T WORTH, TX 76108		HOUSTON METHODIS	16 FACILITY NAME (II		4	12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE	77095	10f. ZIP CODE		10b. APT. NO. 10c. (9. SURVIVING SPOUSE'S	-	Hours Min	ARD	(Before Marriage)	STATE FILE NUMBER	
Block	Section	CTING 21.	,State,Zip Code)	WILLOWBROOK HOSPITAL	STIVILL OWNERS street address)				AGE	⊠ Yes □ No	10g. INSIDE CITY LIMITS?	HOUSTON	10c. CITY OR TOWN		SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	DALLAS, TX	6. BIRTHPLACE (City & State or Foreign Country)	NOVEMBER 26, 2019	2. DATE OF DEATH - ACTUAL OR PRESUME	BER 142-19-18239	

15628047

Natural
Acciden
Suicide
Homicid
Pending

Stot pregnant within past year
Pregnant at time of death
Integrant, but pregnant within 42 days of death
Not pregnant, but pregnant 43 days to one year before
Unknown if pregnant within the past year

Driver/Operator
Passenger
Pedestrian
Other (Speely)

SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

BUT NOT RESULTING IN THE UNDERLYING

CAUSE OF DEATH?

VGS AVAILABLE TO COMPLETE FORMED?

Yes

× PERFO

39. IF TRANSPORTATION INJURY, SPECIFY:

equence of):

ence of)

12 REV 1/2006

DESCRIBE HOW INJURY DCCURRED

City, State, Zip Code) ☐ Yes

> ON O AT WORK?

40d. PLACE OF INJURY (e.g. Dece

COUNTY OF INJURY

rostaurant, wooded area)

YEARS

WARNING

26. CERTIFIER (Check only one)

Startllying physician-To the bast of my kno
Medical Examinor/Justice of the Papera - C
27.SIGNATURE OF CERTIFIER

27.SIGNATURE OF CERTIFIER

SOUTHEAST TEXAS CREMATORY

r place)

23. LOCATION (City/Town, and State)

NAME OF FUNERAL FACILITY

IMRAN NATHANI 1205 GRAHAM DR. TOMBALL. TX 77375

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, MUJRIES OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DC.
TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE
ETIOLOGY, DO NOT ABBREVIATE, ENTER ONLY ONE CAUSE ON EACH.

PRINTED NAME, ADDRESS OF CERTIFIER (Steet and Number, City, State, Zip Code

AN NATHANI, BY ELECTRONIC SIGNATURE

opinion, death occurred at the time,date and 28. DATE CERTIFIED (mm-dd-yyyy)

DECEMBER 4, 2019

K1581 29. LICENSE NUMBER

MD

32. TITLE OF CERTIFIER

08:15 PM

(s) and mannor stated.

30. TIME OF DEATH(Actual or presumed)

The penalty for knowingly making a false statement in this form

The penalty for knowingly making a faise statement in this for a fine up to \$10,000. (Health and Safety Code, Soc. 193, 1939)

33, PART 1. ENTE

TERMINAL ENTE

ETOLOGY, DO K

AMAEDIATE CAU

General of Code, Soc. 193, 1939)

CAUSE OF DEATH

MALEDIATE CAU

General of Code, Soc. 193, 1939

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H (Beneral of Code, Soc. 193, 1939)

CAUSE OF

IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)

CORONARY ARTERY DISEASE

Lot

HOUSTON, TX

SPACE

SPA

2242 N. TOWN EAST BLVD., MESQUITE, TX 75150