

AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS

Before me, the undersigned authority, on this day personally appeared SARISOL SOLVAL ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is SARISOL SOLVAL, and I live at

(insert address of affiant's residence). I am personally familiar with the family and marital history of SAM LYON ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from 2019 (insert date) until 2021 (insert date). Decedent died on or about 8/30/2021 (insert date). Decedent's place of death was Coral Springs Medical (insert place of death). At the time of decedent's death, decedent's residence was 7813 NW 40th St Coral Springs (insert address of decedent's residence).

3. Decedent's marital history was as follows:

KAREN LYON

(insert marital history and, if decedent's spouse is deceased, insert date and place of spouse's death).

4. Decedent had the following children:

<u>SAMANTHA JANE LYON</u>	<u>3/20/90</u>
<u>WILLIAM RAYMOND LYON</u>	<u>10/24/96</u>

(insert name, birth date, condition in life of child as mental and/or physical incapacity, name of other parent, and current address of child or date of death of child and descendants of deceased child, as applicable, for each child, or state "none").

5. Decedent did not have or adopt any other children and did not take any other children into decedent's home or raise any other children, except:

None

(insert name of child or names of children, or state "none").

6. (Include if decedent was not survived by descendants.) Decedent's mother was:

N/A

(insert name, birth date, and current address or date of death of mother, as applicable).

7. (Include if decedent was not survived by descendants.) Decedent's father was:

N/A

(insert name, birth date, and current address or date of death of father, as applicable).

8. (Include if decedent was not survived by descendants or by both mother and father.) Decedent had the following siblings:

N/A

(insert name, birth date, and current address or date of death of each sibling and parents of each sibling and descendants of each deceased sibling, as applicable, or state "none").

9. Decedent died without leaving a written will.

10. There has been no administration of decedent's estate.

11. To the best of my knowledge, decedent left no debts that are unpaid, except:

NONE

(insert list of debts, or state "none").

12. To the best of my knowledge, there are no unpaid estate or inheritance taxes, except:

NONE

(insert list of unpaid taxes, or state "none").

13. To the best of my knowledge, decedent owned an interest in the following real property:


PARCEL # 21 1 120000003. 003 Shelby County, Alabama

(insert list of real property in which decedent owned an interest, or state "none").

14. The following were the heirs of decedent:

KAREN LYON

(insert names of heirs).

Signed this 8 day of Dec, 2021

(signature of affiant)

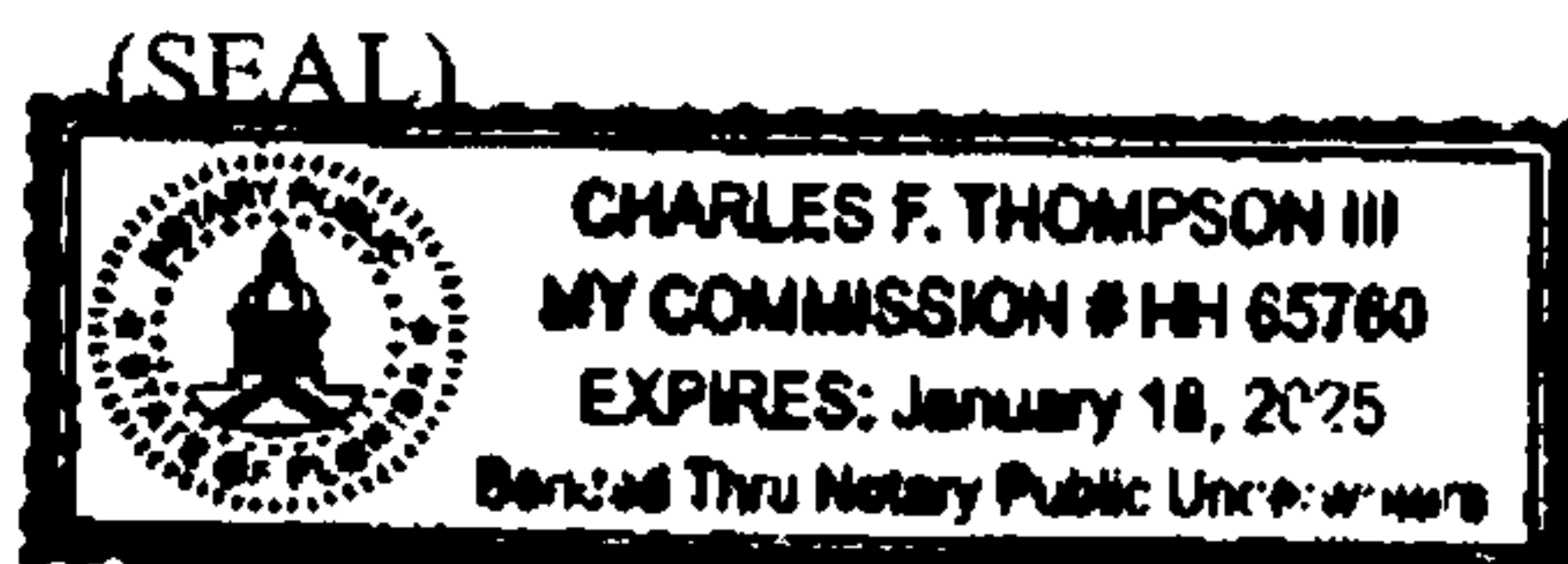
State of FLORIDA
County of Broward

Sworn to and subscribed to before me on 12/8/21 (date) by
SARISON SOLVAL (affiant).


(signature of notarial officer)

CHARLES F. THOMPSON III
(printed name)

My commission expires: 1-18-25



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
06/01/2022 08:20:03 AM
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Allie S. Bayl