PICK-UP

Davidson County AFFIDAVIT
Recvd: 12/15/08 13:00 5 pgs
Fees:27.00 Taxes:0.00
20081215-0120052

Owner: JOSEPHINE ANN FITZGERALD
Send tax notice to: JOSEPHINE ANN FITZGERALD
221 NEW SAWYER BROWN RD.
NASHVILLE, TN 37209

Map & Parcel No. 12713003200

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PER T.C.A. §30 – 2 - 712

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:
James Jerry Fitzgerald, a resident of Davidson County, State of Tennessee, who died December 30, 2007 as evidenced by a copy of the death certificate attached as Exhibit A, held a:

(1) tenants by the entirety interest in the following described real estate:

Lot 16 Merry Mount Acres, Section 4, located at 8425 Rolling Hills Drive, Nashville, Tennessee.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 7956, Page 325 In the Register's Office of Davidson County, Tennessee.

The undersigned received One Hundred (100%) interest in the real estate described above by virtue of:

(1) being the surviving tenant by the entirety.

(2) being the recipient of the real estate under the provisions of the decedent's Will, probated in the Probate Court of Davidson County, State of Tennessee, Case No. 08P - 101.
(2) The Tennessee Inheritance Tax Non-Taxable Certificate is attached as Exhibit "B."

(3) The release from Tennessee TennCare is attached as Exhibit "C.".

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. **T.C.A. § 67-4-409 (a)(3)(D)** exempts this instrument from tax and **T.C.A. § 67-4-409 (a)(5)** further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

Josephine Ann Fitzgerald
JOSEPHINE ANN FITZGERALD

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Josephine Ann Fitzgerald**, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that She executed the foregoing instrument for the purposes therein contained as Her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 12TH day of DECEMBER, 2008.

Janice Boone
Notary Public

My commission expires: 8-22-2011

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 070729

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JAMES "JERRY" FITZGERALD
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 30, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): 408-64-0624
5a. AGE LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 30, 1940
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Alive Hospice
9b. FACILITY NAME (If not institution, give street and number): ALIVE HOSPICE AT ST. THOMAS
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): JOSEPHINE ANN SHEARIN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): SHEET METAL WORKER
12b. KIND OF BUSINESS/INDUSTRY: R. D. HERBERTS
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 221 NEW SAWYER BROWN RD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT, if not the informant or physician

PARENTS

17. FATHER'S NAME (First, Middle, Last): James R. Fitzgerald
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Stone

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JOSEPHINE ANN FITZGERALD
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 221 NEW SAWYER BROWN RD, NASHVILLE, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): HARPETH HILLS MEMORIAL GARDENS
20c. LOCATION City or Town, State: NASHVILLE TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Keith Stapl
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3236
21c. SIGNATURE OF EMBALMER: John T Walker
21d. LICENSE NUMBER OF EMBALMER: 5722
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Ave. North, Nashville, TN 37203-
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Sr R.R.
24. DATE FILED (Month, Day, Year): December 31, 2007

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Jim Bridges MD
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month, Day, Year): 12/30/2007
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER (CERTIFYING CERTIFICATE) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): James Bridges 1718 Patterson ST Nashville, TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Adenocarcinoma of the lung
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
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? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1059 (REV. 6-99) RDA 1399

EXHIBIT A

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]

Tonya Y Foreman
Local Registrar

Date Issued: DEC 31 2007

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

Copy

RV-N0019001

7873672080829

TENNESSEE DEPARTMENT OF REVENUE

FILED

2008 NOV 24 PM 12:30

RICHARD R. ROOKER, CLERK

Inheritance Tax Closing Letter (This is not a bill for tax due)

September 1, 2008

ESTATE OF JAMES J FITZGERALD
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204

Account Type:	INHERIT TX
Account No.:	441248295
Date of Death:	December 30, 2007
County:	DAVIDSON
Social Security No	[redacted]

08P101

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

EXHIBIT B

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF JAMES J FITZGERALD
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204

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Copy

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

FILED
2008 NOV 24 PM 12: 30
RICHARD R. ROOKER, CLERK
D.C.

1/23/2008

LARRY CANTRELL
LEGAL COUNSEL
2016-8TH AVE. S.
NASHVILLE, TN 37204

RE: JAMES J. FITZGERALD
[redacted]

08P101

Dear LARRY CANTRELL:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X — This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Ron Singh
Manager

EXHIBIT C