THIS INSTRUMENT PREPARED BY:
LARRY D. CANTRELL
ATTORNEY AT LAW, P.C.
2016 –8TH AVENUE SOUTH
NASHVILLE, TN 37204 -2202

SEND TAX BILLS TO:
PHILLIP A. ROBINSON
8018 CHARLOTTE PIKE
NASHVILLE, TN 37208

Davidson County AFFIDAVIT
Recvd: 01/06/09 11:54 6 pgs
Fees:32.00 Taxes:0.00
20090106-0001191

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:
Jesse Will Robinson, a resident of Davidson County, State of Tennessee, who died June 14, 2008 as evidenced by a copy of the death certificate attached as **Exhibit A**, held a:

Fee simple interest in the following described real estate:

Land in Davidson County, Tennessee, as described in **Deed Book 3538, Page 123**, Register's Office for Davidson County, Tennessee. The description from the said Deed is hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

At the time of his death **Jesse Will Robinson** was the sole owner of the herein listed property by virtue of being the surviving tenant by the entirety of the above listed parcel his Wife **Minnie Christian Robinson** having died April 29, 1977, as evidenced by a copy of the death certificate attached as **Exhibit B.**

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

REFERENCE is made to prior title recorded in **Deed Book 3538, Page 123,** 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:

Being the recipient of the real estate under the provisions of the decedent **Jesse Will Robinson's** Last Will and Testament, which was probated in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 08P - 1103**

(1) The Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit C**.

(2) The release from Tennessee TennCare is attached as **Exhibit D**.

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.

Phillip A. Robinson

Phillip A. Robinson

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Phillip A. Robinson**, 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 he executed the foregoing instrument for the purposes therein contained as his 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 11TH day of DECEMBER, 2008.

Janice Boone

Notary Public

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

My commission expires: 8-22-2011

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0803420

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jesse Will Robinson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 14, 2008
4. SOCIAL SECURITY NUMBER: [redacted]1143
5a. AGE-LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Sept. 6, 1920
7. BIRTHPLACE (City and State or Foreign Country): Fairfield, Tennessee
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; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice Inc.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): ———
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Salesman
12b. KIND OF BUSINESS/INDUSTRY: Welding Supplies
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2526 Crossfield Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37214
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): ; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Sanford Howard Robinson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Shelly Bush

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dave Robinson
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6201 Charlotte Pike Nashville, Tennessee 37209

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): Mt. Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wade, Sarah
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5884
21c. SIGNATURE OF EMBALMER: ▶ Wade, Sarah
21d. LICENSE NUMBER OF EMBALMER: 5885
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): June 17, 2008

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: ▶ Melinda Henderson MD
25b. LICENSE NUMBER: 39361
25c. DATE SIGNED (Month, Day, Year): June 17, 2008
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Melinda Henderson 1718 Patterson Street 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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pleural effusions, recurrent - unknown etiology — months
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.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Rchest tubes; hypoalbuminemia
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] 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):

PH-1659 (REV. 6/99)
BIRTH NO.
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
Tonya Y. Foreman
Local Registrar

Date Issued JUN 17 2008

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

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1994
10
1994 —
STATE NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO. 77 014500 7

VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

DECEASED

1. DECEASED — NAME: First: Minnie; Middle: Christine; Last: Robinson
2. DATE OF DEATH (MONTH, DAY, YEAR): 4-29-1977
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): white
4. SEX: female
5a. AGE — LAST BIRTHDAY (YEARS): 55
5b. UNDER 1 DAY — MOS.: 5c. DAYS: 5d. HOURS: 5e. MINS.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): 2-11-1922
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 8018 Charlotte Ave.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Jesse W. Robinson
12a. SOCIAL SECURITY NUMBER: [redacted]7075
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): operator
13b. KIND OF BUSINESS OR INDUSTRY: Western Union.
14a. RESIDENCE — STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 8018 Charlotte Ave.

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

PARENTS AND INFORMANT

15. FATHER — NAME: C. Carl Crowder
16. MOTHER — MAIDEN NAME: Cora Walton
17. INFORMANT — NAME: Dave Robinson; MAILING ADDRESS: 4425 Westlawn Dr. Nashville, Tenn.

CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

20a. (SPECIFY YES OR NO): NO
20b. OFFICE (DEPT., ETC. (SPECIFY)): (HOME)
20c. PLACE OF DEATH (NAME OF HOSPITAL OR OTHER INSTITUTION — STREET AND NUMBER OR LOCATION — CITY, TOWN, OR COUNTY): 8018 CHARLOTTE PK. NASH TN

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED FROM (DATE) TO (DATE). I LAST SAW THE DECEASED ALIVE ON (DATE). DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSES STATED OR TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSES STATED.
SIGNATURE — DEGREE OR TITLE — DATE SIGNED (MONTH, DAY, YEAR)
21a. 21b.

MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR)
22a. John C Ashhurst M D 22b. 5/31/77

23a. CERTIFIER — NAME (TYPE OR PRINT): JOHN C. ASHHURST MD
23b. MAILING ADDRESS (STREET OR R.F.D. NO.): 1500 KINGS CT
CITY OR TOWN: NASH STATE: TN ZIP: 37215

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. DATE (MONTH, DAY, YEAR): 5-2-1977
24c. CEMETERY OR CREMATORY — NAME: Mt. Olivet Cem.
24d. LOCATION — CITY OR TOWN, STATE: Nashville, Tenn.
25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Petway-Dixon & Wood, Inc. Nashville, Tenn.
26a. REGISTRAR — SIGNATURE: Esther D Groh
26b. DATE ACCEPTED BY LOCAL REGISTRAR: 6-6-77

PHLM FORM NO. 35.10 REVISED 11-72

EXHIBIT B

2980690

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 Department of Health. Alteration or erasure voids this certification.

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

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jun-30-2008

CERTIFICATION OF VITAL RECORD

6169015081220

TENNESSEE DEPARTMENT OF REVENUE

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

December 23, 2008

ESTATE OF JESSE W ROBINSON
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204

Account Type:	INHERIT TX
Account No.:	441287010
Date of Death:	June 14, 2008
County:	DAVIDSON
Social Security No.:	[redacted]1143

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 C

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF JESSE W ROBINSON
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204

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Penalty:	$0.00
Total:	$0.00

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

7/11/2008

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

RE: JESSE WILL ROBINSON
[redacted]1143

Dear LARRY D. 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 D