BILL GARRETT, Davidson County
Trans:T20090019647 AFFIDAVIT
Recvd: 03/25/09 09:21 5 pgs
Fees:27.00 Taxes:0.00
20090325-0026806

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $ -0-

Martha Ann Banks
AFFIANT

Subscribed and sworn to before me, this 18 **day of** March **2009.**

Suzanne Adams
NOTARY PUBLIC
MY COMMISSION EXPIRES: 8-23-2011

SUZANNE ADAMS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires August 23, 2011

This instrument was prepared by: Beck & Beck Attorneys, 4209 Gallatin Road, Nashville, Tennessee 37216

ADDRESS OF NEW OWNER AS FOLLOWS: Jimmy L. Robinson, 7966 Whites Creek Pike, Joelton, TN 37080.
SEND TAX BILLS TO:Jimmy L. Robinson, 7966 Whites Creek Pike, Joelton, TN 37080.

Parcel/TaxID: 043-05-0-177.00

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Affiant, JIMMY L. ROBINSON, after first being duly sworn, states that he is an adult citizen and resident of Nashville, Davidson County, Tennessee, being over 18 years of age, having been born on November 12, 1941. He further states that he is the only child of KATIE M. ROBINSON, who was a resident of Nashville, Davidson County, Tennessee and died on October 21, 2008. Therefore, I state that I, JIMMY L. ROBINSON, , am the sole heir at law and beneficiary of my mother, Katie M. Robinson.

There was no Estate to administer, the Affiant having paid all claims, including funeral expenses.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by Katie M. Robinson in Davidson County, Tennessee, or elsewhere and particularly to confirm the vesting of title to certain real property in Davidson County, Tennessee described as follows:

> Land in Davidson County, Tennessee, being lot No. 52 and the westerly 25 feet of lot no. 51 of Block "B" on the map of Overlook Estates, as of record in book 843, page 105, Register's Office for said County.
>
> Said lot No. 52 and part of lot No. 51 front together 75 feet on the southerly side of Garner Street and extend back 140.7 feet on the westerly line and 141.3 feet on the easterly line to a dead line, measuring 75 feet thereon.
>
> Said lot No. 52 was conveyed to Katherine M. Bohenstiel by two deeds, one from C. & R. Builders, Inc., dated June 1, 1950, filed June 8, 1950, and recorded in Book 2740, page 375, said Register's Office, and said part of lot No. 51 was conveyed to Katherine M. Bohenstiel by two deeds, one from Bill Hall and wife, dated May 20, 1953, filed May 20, 1953, and recorded in Book 2146, page 235, and the other from Robert L. Bohenstiel, dated March 4, 1958, filed March 5, 1958, and recorded in book 2740, page 387, Register's Office for Davidson County, TN.
>
> The said Katherine M. Bohenstiel having since re-married and is now Katherine M. Bohenstiel Deck.
>
> Being the same property conveyed to Alfred F. Robinson and Katie M. Robinson by Katherine M. Bohenstiel Deck in Registers Office of Davidson County, TN in Book 3313, page 9.
>
> Said Alfred F. Robinson predeceased his wife, Katie M. Robinson, on ~~August 10, 1988. Katie M. Robinson died October 21, 2008.~~

A Tenn Care release and a Death Certificate are filed with this document.

FURTHER AFFIANT SAITH NOT.

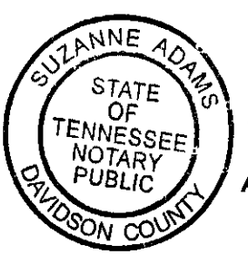
Jimmy L. Robinson

JIMMY L. ROBINSON

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, Suzanne Adams, a Notary Public in and for said County and State, the within named JIMMY L. ROBINSON, the affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee this 18 day of March, 2009.

Suzanne Adams
NOTARY PUBLIC
My Commission Expires: 8/23/2011



My Commission Expires August 23, 2011

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

1/8/2009

JIMMY L. ROBINSON
EXECUTOR
7966 WHITES CREEK PIKE
JOELTON, TN 37080

RE: KATIE M. ROBINSON
426140775

Dear JIMMY L. ROBINSON:

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

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 106120

1. DECEDENT'S NAME: KATIE MARIE ROBINSON
2. SEX: FEMALE
3. DATE OF DEATH: October 21, 2008
4. SOCIAL SECURITY NUMBER: 426-14-0775
5a. AGE-Last Birthday: 86
6. DATE OF BIRTH: MARCH 11, 1922
7. BIRTHPLACE: BOONEVILLE, MISSISSIPPI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. PLACE OF DEATH: Hospice
10. FACILITY NAME: Alive Hospice, Skyline Madison Campus
11. CITY, TOWN, OR LOCATION OF DEATH: Madison
12. COUNTY OF DEATH: Davidson
13. MARITAL STATUS: WIDOWED
14. SURVIVING SPOUSE
15. USUAL OCCUPATION: HOUSEWIFE
16. KIND OF BUSINESS/INDUSTRY: HOMEMAKER
17. RESIDENCE-STATE: TENNESSEE
18. COUNTY: DAVIDSON
19. CITY, TOWN OR LOCATION: JOELTON
20. STREET AND NUMBER OR RURAL LOCATION: 7966 WHITES CREEK PIKE
21. INSIDE CITY LIMITS? Yes
22. ZIP CODE: 37080
23. WAS DECEDENT OF HISPANIC ORIGIN? No
24. RACE: WHITE
25. DECEDENT'S EDUCATION: 12
26. FATHER'S NAME: UNKNOWN NIPPER
27. MOTHER'S NAME: UNKNOWN
28. INFORMANT'S NAME: JIMMY ROBINSON
29. RELATIONSHIP TO DECEDENT: SON
30. MAILING ADDRESS: 7966 WHITES CREEK PIKE JOELTON, TENNESSEE 37080
31. METHOD OF DISPOSITION: Burial
32. PLACE OF DISPOSITION: NASHVILLE NATIONAL CEMETERY
33. LOCATION: NASHVILLE, TENNESSEE
34a. SIGNATURE OF FUNERAL DIRECTOR: TRAVIS L. LINDSAY
34b. LICENSE NUMBER: 5520
34c. SIGNATURE OF EMBALMER: ADAM ROGERS
34d. LICENSE NUMBER: 4622
35a. NAME AND ADDRESS OF FUNERAL HOME: MADISON FUNERAL HOME 219 OLD HICKORY BLVD. EAST, MADISON, TENNESSEE 37115
35b. LICENSE NUMBER: 690
36a. SIGNATURE: [redacted] DATE SIGNED: October 21, 2008
36b. SIGNATURE AND TITLE OF PHYSICIAN
36c. LICENSE NUMBER
36d. DATE SIGNED
36e. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and hour, and due to the cause(s) and manner as stated.
36f. SIGNATURE AND TITLE OF MEDICAL EXAMINER
36g. LICENSE NUMBER: 34634
36h. DATE SIGNED: October 21, 2008
37. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Adele Lewis, M.D.; 880 R.B. Gaus Boulevard, Nashville, TN 37216; MEC08-3482
38. 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. Use only one cause on each line.
a. Pending Further studies
DUE TO (OR AS A CONSEQUENCE OF):
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.
39a. WAS AN AUTOPSY PERFORMED? No
39b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No
40. MANNER OF DEATH: Natural
41a. DATE OF INJURY
41b. TIME OF INJURY
41c. ACTIVITY AT INJURY
42. DESCRIBE HOW INJURY OCCURRED
43. PLACE OF INJURY
44. LOCATION

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.

2740365

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

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

OCT 27 2008
Date Issued

CERTIFICATION OF VITAL RECORD