INSTRUMENT PREPARED BY:

Susan S. Weiss, Attorney at Law
7100 Executive Center Drive
Mooreland House, Suite 100
P. O. Box 1025
Brentwood, TN 37024-1025
(615) 377-1209

BILL GARRETT, Davidson County
Trans:T20090023510 AFFIDAVIT
Recvd: 04/08/09 13:41 15 pgs
Fees:77.00 Taxes:0.00
20090408-0032195

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, being duly sworn, depose and say:

JEAN OVERBEY BEASLEY, a resident of Davidson County, State of Tennessee, who died on December 9, 2001, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate in Davidson County, Tennessee, described as follows, to-wit:

BEING a part of Lot 17, Section Two of Life and Casualty Insurance Company Subdivision, as recorded in Plat Book 843, page 56, Register's Office for Davidson County, Tennessee and more particularly described as follows:

BEGINNING at a point in the northerly line of Old Hickory Boulevard, where the same is intersected by the Lots 17 and 18, on the above mentioned map; and running thence northerly along the common line of Lots 17 and 18, a distance of 270 feet; thence easterly and parallel to the north line of Old Hickory Boulevard, a distance of 10 feet; thence southerly and parallel to the first course; a distance of 270 feet to the north line of Old Hickory Boulevard; thence westerly and along the north line of Old Hickory Boulevard, a distance of 10 feet to the point or place of beginning. This tract is intended to lie along and adjoin a tract previously transferred to W.T. JACKSON and wife, ALMA JACKSON, to E.R. VARDELL and wife, EVA B. VARDELL.

Being the same property quitclaimed from ETHEL W. OVERBEY, to JEAN OVERBEY BEASLEY in Deed Book 11484, Pages 194-195, Register's Office for

Davidson County, Tennessee. HARRY S. OVERBEY having predeceased ETHEL W. OVERBEY.

This is improved property known as 3800 Old Hickory Boulevard, Old Hickory, TN 37138.

The Decedent died leaving a Last Will and Testament dated January 21, 2000, (a copy of said Will is attached as Exhibit B). The Will was admitted to probate on December 17, 2001, in The Seventh Circuit Court (Probate Division) of Davidson County, Tennessee, Docket Number 01P-1970. Decedent's residuary beneficiary is her son, ROBERT STOKES BEASLEY, therefore the undersigned received a one hundred percent (100%) interest in the real estate described above by virtue of being the sole residuary beneficiary of Decedent's estate.

A Tennessee Inheritance Tax Closing Letter has been received, being number 441173946 a copy of which 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. Section 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. Section 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.

Dated: 3-20-09

Robert Stokes Beasley
ROBERT STOKES BEASLEY
Sole Residuary Beneficiary of the
Estate of JEAN OVERBEY BEASLEY

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Susan S. Weiss, a Notary Public, in and for said State and County, the within named ROBERT STOKES BEASLEY, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at Brentwood, Tennessee, this the 20th day of March, 2009.

Notary Public

SUSAN S. WEISS
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON CO.

My Commission Expires: May 8, 2012

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0106728

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): Jeane O. Beasley
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 9, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]0196
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): Oct 24, 1934
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Nursing
13a. RESIDENCE — STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 3800 Old Hickory Blvd
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
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+): 4

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Harry Stokes Overbey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ethel Westfelt

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Robert S. Beasley
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3800 Old Hickory Blvd, Old Hickory, TN 37138

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Affiliated Crematory
20c. LOCATION — City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Donald Garrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): December 10, 2001

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶ John P Dunn MD
26b. LICENSE NUMBER: TN10908
26c. DATE SIGNED (Month, Day, Year): 12/10/01
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Metastatic 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.	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

20a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
26b. 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: M
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):

PH-1659
REV 2-93

BIRTH NO: _____

RDA 1398

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.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued DEC 10 2001

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

Copy

LAST WILL AND TESTAMENT

OF

JEANE OVERBEY BEASLEY

I, **JEANE OVERBEY BEASLEY**, of 3800 Old Hickory Blvd., Old Hickory, Tennessee, do make, declare and publish this my last will and testament, hereby revoking all former wills and codicils.

I

REFERENCES

A. Family. My son, **ROBERT STOKES BEASLEY**, is herein referred to as "my son". My grandson, **ROBERT JOHN BEASLEY**, is herein referred to as "my grandson".

B. Fiduciaries. For convenience, the fiduciaries including any alternates hereinafter appointed are sometimes referred to as "the Executor", "the Trustee", and/or "the Guardian", regardless of the gender or the number of the parties serving in each capacity.

II

DEBTS, ADMINISTRATION EXPENSES AND TAXES

All of my lawful debts, which may be paid or retained in the discretion of the Executor, my funeral expenses and the expenses of administration of my estate shall be paid by the Executor as soon as practicable after my death. The Executor shall pay all estate, inheritance and other death taxes which shall become payable by reason of my death, whether in respect of property passing under this will or otherwise, as an expense of administration, without apportionment.

Jeane O Beasley
JEANE OVERBEY BEASLEY

Copy

III

DISPOSITION OF PERSONAL EFFECTS

A. I bequeath to my son, **ROBERT STOKES BEASLEY**, if he shall survive me, all of my personal effects, automobiles and all of my other tangible personal property.

B. In the event that my son shall predecease me, I direct that all of my person effects, automobiles and all of my other tangible personal property be sold and the proceeds, along with all bank accounts and other liquid assets, be delivered to the Trustee, in trust, for my grandson, **ROBERT JOHN BEASLEY.**

IV

RESIDUARY ESTATE

A. All of the rest and residue of my property I devise and bequeath absolutely and in fee simple to my son, **ROBERT STOKES BEASLEY**, if he shall survive me.

B. In the event that my son shall predecease me, I direct that all the rest and residue of my property shall be sold and the income generated therefrom shall go to the Trustee, in trust for my grandson, **ROBERT JOHN BEASLEY.**

General Provisions of Contingent Trust. The Trustee shall hold the assets of the trust and disposed of them under the following provisions:

1. Until my grandson shall attain the age of twenty-one (21) years, the Trustee shall pay to or for the benefit of my grandson so much of the net income as the Trustee deems necessary or desirable for the health, education, maintenance or support of my grandson, and may incorporate any income not so disbursed into the principal of the share; after my grandson has attained the age of twenty-one (21) years, the Trustee shall distribute absolutely to my grandson the then existing principal of the trust, at which time the trust shall terminate as to my grandson.

2. The Trustee may encroach upon the principal of the trust, at any time and from time to time, for the purpose of paying to or for the benefit of my grandson any amounts the Trustee, in its sole discretion, deems

Jeane O Beasley

JEANE OVERBEY BEASLEY

Copy

necessary or desirable for the health, education, maintenance or support of my grandson. For the guidance of the Trustee, I wish my grandson to have a college education and such professional and/or technical education as he may desire.

V

GENERAL TRUST PROVISIONS

A. Rule Against Perpetuities. Anything in this will to the contrary notwithstanding, the contingent trust hereunder shall not continue beyond twenty-one (21) years after the death of the last to die of those beneficiaries who were living at the time of my death; and upon the expiration of such period, the trust shall terminate and the assets thereof shall be distributed absolutely to those parties subject to Section A of Section V.

B. Distribution to a Incapacitated Beneficiary. During the incapacity of any beneficiary to whom income or principal is payable under this my last will and testament, the Trustee may make distribution in any one or more of the following ways: (a) directly to such beneficiary such amount as it may deem advisable as an allowance; (b) to the guardian of the person or of the property of such beneficiary; (c) to a relative of such beneficiary upon the agreement of such relative to expend such income or principal solely for the benefit of the beneficiary; (e) by expending such income or principal directly for the health, education, maintenance or support of such beneficiary. The Trustee shall have the power in its uncontrolled discretion to determine whether a beneficiary is incapacitated, and its determination shall be conclusive.

C. Spendthrift Provision. Neither the income nor principal of the contingent trust hereunder, nor any share thereof, shall be pledged, assigned, transferred, sold

Jeane O Beasley

JEANE OVERBEY BEASLEY

Copy

or in any manner whatsoever accelerated, anticipated or encumbered by any beneficiary, nor shall any income or principal of the trust estate be in any manner subject to or liable in the hands of the Trustee for the debts, contracts or engagements of any beneficiary or be subject to any assignment or any other voluntary or involuntary alienation or disposition whatsoever; but in all distribution of income or principal, the same shall be paid only to the beneficiary entitled, upon receipt of the beneficiary, or to others for his or her benefit as herein provided.

D. Lack of Beneficiaries. If in the absence of this Section, I otherwise would die intestate or the contingent trust hereunder otherwise would fail for lack of a beneficiary, I then devise and bequeath my residuary estate or the entire trust assets to my heirs. My heirs are the persons who would take the property of an intestate under the laws of Tennessee in effect at the time such heirs are to be determined, which time shall be at my death if I otherwise would die intestate and at the death of the last beneficiary of the trust if the trust otherwise would fail for lack of a beneficiary.

VI

POWERS OF EXECUTOR AND TRUSTEE

The Executor and Trustee, including any substitute or successor personal representative or Trustee, in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming a part of my estate or the contingent trust hereunder, may exercise any and all of the powers set forth in Tennessee Code Annotated Section 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference (as set out in said statute on the date of the execution of this will), even if said statute be amended or repealed hereafter and

JEANE OVERBEY BEASLEY

Copy

even if my estate or the contingent trust hereunder be administered in a state other than Tennessee. Without in any way limiting the foregoing, the Executor shall at all times during the administration of my estate be vested with all the powers, duties and authority of the Trustee herein provided, and shall be authorized to make payments in the same manner and to the same extent as if it were acting as Testamentary Trustee.

VII

FIDUCIARIES

A. Executor. I appoint my son, **ROBERT STOKES BEASLEY**, as the Executor of this my last will and testament. If **ROBERT STOKES BEASLEY** is unable to serve as the Executor for any reason, then I appoint **MYERS E. BROWN** as the alternate Executor. I direct that no bond be required of Executor or Alternate Executor for the faithful performance of his duties.

B. Trustee.

1. Appointment. I appoint **MYERS E. BROWN** as the Trustee of the contingent trust hereunder. I direct that no bond be required of **MYERS E. BROWN** for the faithful performance of his duties.

2. Reports. The Trustee is excused from making any accounting or report to any court regarding the administration of the contingent trust hereunder, but at least annually there shall be furnished to each income beneficiary of the trust a statement of receipts and disbursements, as well as a statement of the net value of the trust.

3. Removal. A majority of the beneficiaries then receiving income from the contingent trust hereunder shall have the right to remove any Trustee and appoint a

Successor Trustee, which must be a trust company or bank qualified to act as such and possessing trust powers and having trust assets under management of not less than One Hundred Million Dollars ($100,000,000.00). Such Successor Trustee does not have to be located in Tennessee. Such right of removal shall be continuing and shall be exercised by the beneficiaries' serving the acting Trustee with written notice of its removal, which notice shall specify the Successor Trustee and certify its willingness to serve as such. Within sixty (60) days thereafter, the Trustee so removed shall deliver all assets then held to its successor, whereupon it shall have full acquittance for all assets so delivered subject to judicial settlement of its accounts if requested by the beneficiaries or by its successor and shall have no further duties hereunder. A parent or legal guardian for any minor beneficiary shall act on behalf of the minor concerning removal of a Trustee. Any Successor Trustee shall have all powers and authority herein conferred on the original Trustee, and bond is excused.

4. Resignation. Any Trustee may resign upon thirty (30) days' written notice to the beneficiaries then receiving income from the contingent trust hereunder, whereupon a Successor Trustee shall be appointed by a majority of such beneficiaries. If the beneficiaries fail to appoint a Successor Trustee within such thirty (30) day period, the Trustee may petition the court having jurisdiction over the trust for the appointment of a successor. The Successor Trustee must be a trust company or bank qualified to act as such and possessing trust powers and having trust assets under management of not less than One Hundred Million Dollars ($100,000,000.00). Such Successor Trustee does not have to be located in Tennessee. Upon appointment of its successor, the Trustee shall deliver all assets then held to its successor, whereupon it shall have full acquittance for all assets so delivered subject to judicial settlement of its accounts if requested by the beneficiaries or by its successor. A parent or legal

 Jeane O Beasley
JEANE OVERBEY BEASLEY

Copy

guardian for any minor beneficiary shall act on behalf of the minor concerning appointment of a Successor Trustee. Any Successor Trustee shall have all powers and authority herein conferred on the original Trustee, and bond is excused.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my last will and testament, consisting of this and the preceding six (6) typewritten pages, and for the purpose of identification, I have signed each such page at the bottom thereof, all in the presence of the persons witnessing it, at my request, on this the 21st day of January, 2000, at Lebanon, Tennessee.

Jeane O Beasley
JEANE OVERBEY BEASLEY

PAGE SEVEN OF THIS MY
LAST WILL AND TESTAMENT Jeane O Beasley
JEANE OVERBEY BEASLEY

Copy

ATTESTATION

Signed, sealed, published and declared by the Testator, **JEANE OVERBEY BEASLEY** to be her last will and testament in the presence of all of us at one and the same time, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testator and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

WITNESSES:

Name

NANCY E. COOK
Address
2685 HICKORY RIDGE ROAD
LEBANON, TN 37087

Name

108 ANTLER LANE
Address

HENDERSONVILLE, TN 37075

THIS WILL PREPARED BY:

JAMES H. FLOOD, # 0016091
Attorney at Law
122 Public Square
Lebanon, Tennessee 37087
(615) 449-6126

Copy

AFFIDAVIT OF WITNESSES TO PROVE WILL

NANCY E. COOK and WANDA L. HENLEY after being duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the LAST WILL AND TESTAMENT of **JEANE OVERBEY BEASLEY**, dated January, 21, 2000, to which this affidavit is attached and that this affidavit is being made at the request of the Testator and in accordance with Tennessee Code Annotated Section 32-2-110.

3. That their signatures are affixed to the said LAST WILL AND TESTAMENT, that they signed or affixed the same at the instance and at the request of the Testator and in her presence and in the presence of each other at the place and on the date recited in said LAST WILL AND TESTAMENT.

4. That the Testator signed said paper writing as and for her LAST WILL AND TESTAMENT in their sight and presence.

5. That at the time they witnessed said WILL, the Testator was, in their opinion, of sound mind.

Nancy E. Cook
WITNESS

Wanda L. Henley
WITNESS

STATE OF TENNESSEE)
)
COUNTY OF WILSON)

Subscribed and sworn to before me this the 21 day of January, 2000.

NOTARY PUBLIC

My Commission expires: 12/15/03

NOTARY PUBLIC AT LARGE WILSON CO. TENN.

STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the LAST WILL AND TESTAMENT heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 17 day of DECEMBER , 2001 , in Case Number 01P1970 between BEASLEY, ROBERT STOKES Petitioner, and BEASLEY, JEANE OVERBEY ET.AL Respondent, as same remains in the records of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 26 day of MARCH 2009

RICHARD R. ROOKER, Clerk,

By _____
Deputy Clerk

SEAL



N0018901

9260964060714

TENNESSEE DEPARTMENT OF REVENUE

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

July 17, 2006

ESTATE OF JEANE O BEASLEY
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
BRENTWOOD TN 37027-5249

Account Type:	INHERIT TX
Account No.:	440567960
Date of Death:	December 9, 2001
County:	DAVIDSON
Social Security No.:	[redacted]-0196

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

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF JEANE O BEASLEY
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
BRENTWOOD, TN 37027-5249

July 17, 2006

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

RV-N0018901

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
5660 New Northside Drive, Suite 750
Atlanta, Georgia 30328
Telephone: 770-980-9777 Fax: 770-937-0180

6/29/2006

SUSAN S. WEISS, ATTORNEY
7100 EXECUTIVE CENTER DR.
SUITE B-100
BRENTWOOD, TN 37027

RE: JEANE O. BEASLEY
[redacted]0196

Dear SUSAN S. WEISS, ATTORNEY:

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 Tiffanee Kornegay at (866)389-8444.

Sincerely,

Ron Singh
Manager