New Owner: Wayne E. Powell
Send tax notice to: Map & Parcel No.:

Wayne E. Powell 095 10 0 011.00
539 Bismark Drive
Nashville, TN 37210

Davidson County AFFIDAVIT
Recvd: 07/02/10 14:23 6 pgs
Fees:32.00 Taxes:0.00
20100702-0052279

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Robert H. Powell and wife Gladys C. Powell, residents of Davidson County, State of Tennessee held a tenants by the entirety in the following described real estate:

A tract or parcel of land in Davidson County, State of Tennessee, described as follows to-wit:

Being Lot No. 173 on the Plan of Elm Hill Acres, Section IV, as of record, in Book 2331, page 118, Register's Office for said County. Said Lot No. 173 fronts 89.09 feet on the west side of Bismark Drive and runs back between lines, 181 feet on the north line and 181.7 feet on the south line to a dead line in the rear on which it measures 86 feet.
Being the same property conveyed to Robert H. Powell and wife, Gladys C. Powell from Holiday Homes Inc. by Deed dated October 5, 1956, of record in Book 2597, page 227 Registers' Office for Davidson County, Tennessee.

And more commonly described as:
539 Bismark Drive, Nashville, TN 37210

On June 28, 1982, Robert H. Powell died, as evidenced by a copy of the death certificate attached as Exhibit A. As the surviving tenant by the entirety, Gladys C. Powell then owned a fee simple ownership of the above-described real estate.

On July 27, 2003, Gladys C. Powell died, as evidenced by a copy of the death certificate attached as Exhibit B.

The undersigned received 100% interest in the real estate described above by virtue of the laws of descent and distribution, being the decedent's only heir at law.

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 441455258, a copy of which is attached as Exhibit C. The TennCare Release 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.

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared , 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 executed the foregoing instrument for the purposes therein contained as free act and deed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said Davidson County, on this 1st day of July, 2010.

Wayne E. Powell

Wayne E. Powell, Affiant

Thomas B. Luck Notary Public

My commission expires:

THOMAS B. LUCK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

MY COMMISSION EXPIRES:
MARCH 10, 2012

Document prepared by:

Thomas B. Luck, Attorney at Law
211 Donelson Pike, Suite 2
Nashville, TN 37214

CERTIFICATION

I, Justin Conn, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Justin Conn

State of Tennessee; County of Davidson

On this 2nd day of July, 2010, personally appeared before me, Thomas B. Luck, a notary public for this county and state, Justin Conn, who
acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Thomas B. Luck
My Commission Expires:

THOMAS B. LUCK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

MY COMMISSION EXPIRES: 2
MARCH 10, 2012

Exhibit A
Affidavit of Powell

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

L. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY
JUL 14 1982
J. M. Bistowish, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

3202878

BECOMES A LEGAL D WHEN PROPERLY EXE- AND FILED.

IR PRINT IN NENT BLACK INK.

RESIDENCE WHERE DE- LIVED. IF DEATH OC- D IN INSTITUTION, GIVE NCE BEFORE ADMIS-

PARENTS INFORMATION

REQUIRED PRIOR TO PORTATION OF BODY BY ON CARRIER OR RE- FROM STATE.

CERTIFIER

ATH NOT ATTENDED BY CIAN, AUTHORIZED OF- L SIGN HERE. ANY CIAN OR MEDICAL EX- ER EXECUTING CER- ATE MUST COMPLETE SIGN MEDICAL CER- ATION WITHIN 48 RS. POWER OF ATURE CANNOT BE GATED.

4-1659
v. 9/81 CRC

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST / MIDDLE / LAST)	DATE OF DEATH (MONTH, DAY, YEAR)
1. ROBERT H POWELL	2. June 28, 1982

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YR. MOS.	UNDER 1 YR. DAYS	UNDER 1 DAY HOURS	UNDER 1 DAY MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE WHITE, BLACK, AMERICAN IND. ETC. (SPECIFY)	ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)	SEX
3a. 62	3b.		3c.		4. 9-29-19	5a. White	5b	6. Male

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
7a. DAvidson	7b. Nashville	7c. Yes	7d. VA Medical Center	7e. Inpatient

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tennessee	9. USA	10. Married	11. Gladys Campbell Powell

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. [redacted]-0894	12b. WW II	13a.	13b.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
14a. Tennessee	14b. Davidson	14c. Nashville	14d. 539 Bismark Dr.	14e. Yes	14f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. Thabus Powell	16. Pauline Pendergrass	17. VA Files	Nashville, TN

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN	STATE
18a. Burial	18b. 6-30-82	18c. Woodlawn Cemetery	18d. Nashville	TN

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
19a. Joe E. Scudder	19b. 3484	19c. Joe E. Scudder	19d. 3774

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
20. Woodlawn Funeral Home - Nashville, TN	21. Esther D. Groh	21b. 7-14-82

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
22a.		M.D.	22b. 7-12-82
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a.			23b.

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)
24a. ROGER M. DES PREZ M.D.	24b. VA Medical Center Nashville TN 37203

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) Adenocarcinoma, unknown primary
DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO) 26. No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c. M.	27d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO. / CITY OR TOWN / STATE)
27e.	27f.	27g.

08-018 (4/80)

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0304235

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): Gladys M. Powell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 27, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4864
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 25, 1920
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): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 539 Bismark Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] 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
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): 10; College (1-4 or 5+):

NAME OF DECEDENT'S PHYSICIAN (If other than physician or institution listed in item 9b, For use by physician or medical examiner only)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hugh Campbell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Alcenia McMahan

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Tenna Chamberlin
19b. RELATIONSHIP TO DECEASED: Grand Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1018 Fairwin Ave. Nashville, TN 37216

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kent Wildman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: ▶ Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home 660 Thompson Lane Nashville TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha Jones
24. DATE FILED (Month, Day, Year): July 30, 2003

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: ▶ Ben Birdwell MD
25b. LICENSE NUMBER: MD 4334
25c. DATE SIGNED (Month, Day, Year): 7-29-03
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): Dr. Ben Birdwell 5653 Frist Blvd. ~~Nashville~~ HERMITAGE, TN 37076

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.	Septicemia	approx 24 hrs
DUE TO (OR AS A CONSEQUENCE OF): b.	Pneumonia	approx 3-4 day
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — 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.
HCVD; Probably Intra-abdominal malignancy
UTI

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 [✓] 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)

FH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

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]
Local Registrar

JUL 30 2003
Date Issued

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

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

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

June 28, 2010

ESTATE OF GLADYS POWELL
ATTN: THOMAS B LUCK
211 DONELSON PIKE STE 2
NASHVILLE TN 37214-2914

Account Type:	INHERIT TX
Account No.:	441455258
Date of Death:	July 27, 2003
County:	DAVIDSON
SSN:	XXX-XX-4864

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 GLADYS POWELL
ATTN: THOMAS B LUCK
211 DONELSON PIKE STE 2
NASHVILLE, TN 37214-2914

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

Exhibit D
Affidavit of Powell

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

3/24/2008

WAYNE E. POWELL
EXECUTOR
539 BISMARK DRIVE
NASHVILLE, TN 37210

RE: GLADYS CAMPBELL POWELL
[redacted]4864

Dear WAYNE E. POWELL:

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