IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

In Re Estate of
JAMES HENRY HANCOCK

Deceased.

Docket No.
10P-1001

BILL GARRETT, Davidson County
Trans:T20110029162 AFFIDAVIT
Recvd: 05/16/11 16:09 10 pgs
Fees:52.00 Taxes:0.00
20110516-0037486

PICK-UP

This Instrument Prepared By:
John T. Horton, Esq.
Davies, Humphreys, Horton & Reese, PLC.
150 Second Avenue North, Suite 225
Nashville, TN 37201

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the affiant, Harry Wayne Hancock, being first duly sworn according to law, and being of lawful age and a resident of Nashville, Davidson County, Tennessee, and pursuant to T.C.A § 30-2-712 hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. James Henry Hancock, a resident of Nashville, Davidson County, Tennessee, who died September 13, 2009, as evidenced by a copy of the death certificate attached as Exhibit "A", held a fee simple interest in residential real property known as,

   a. **Property Address: 705 Anderson Lane, Nashville, Madison, TN 37115**
   Mailing Address: 705 Anderson Lane, Madison, TN 37115
   Parcel # 04306015600, Map 43-06, Par 156
   Of record in Book 3930, Page 980, Registrar's Office for Davidson County, TN.

   b. **Property Address: 705 Anderson Lane, Madison, TN 37115**
   Mailing Address: 705 Anderson Lane, Madison, TN 37115
   Parcel # 04306001800, Map 43-6, Par 18
   Of record in Book 4443, Page 899, Registrar's Office for Davidson County, TN.

2. The decedent died without a surviving spouse. The was decedent was married once during his lifetime to Lois A. Hancock. Lois A. Hancock died on July 23, 2009.

3. The decedent died intestate. A Probate Estate was opened for the decedent on July 14, 2011 in the Seventh Circuit Court , Davidson County, Tennessee, Docket No.

10P-1001.

4. Harry Wayne Hancock was appointed Administrator of the estate of James Henry Hancock by Order entered July 14, 2010. A true and correct copy of the Order is attached hereto as Exhibit "B".

5. The Tennessee Department of Revenue issued a tax clearance certificate, a true and correct copy of which is attached hereto as Exhibit "C".

6. The Bureau of Tenncare issued a release of any recovery from the decedent's estate pursuant to T.C.A. § 71-5-116 (c)(2), a true and correct copy of which is attached hereto as Exhibit "D".

7. Decedent's probate estate was closed on April 8, 2011 by Order declaring Harry Wayne Hancock as the recipient of all of the property decedent owned at the time of his death. A true and correct copy of the Order is attached hereto as Exhibit "E".

8. This Affidavit is being recorded pursuant to the authority of T.C.A. § 30-2-712.

Further Affiant Saith Not.

HARRY WAYNE HANCOCK

Before me, a Notary Public, duly appointed, qualified and commissioned in and for the State and County aforesaid, personally appeared Harry Wayne Hancock the within named bargainor, with whom I am personally acquainted or proved to me 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 in said County on this the 16 day of May, 2011.

Renee D. Garrett
NOTARY PUBLIC

My Commission Expires: 5-20-2014

RENEE D. GARRETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAY 20, 2014

STATE OF TENNESSEE
Office of Vital Records

0805381

STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR *INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): James Henry Hancock
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 13, 2009
4. SOCIAL SECURITY NUMBER (or Dependent): 401-36-9247
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR (Months / Days / Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Aug 7, 1920
7. BIRTHPLACE (City and State or Foreign Country): Okeechobee, Florida
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 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Bordeaux Long Term Care
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): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Health Care
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1414 County Hospital Rd.
CENSUS TRACT: 3114
13e. RESIDENCE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
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+): 4
17. FATHER'S NAME (First, Middle, Last): Clyde Claudson Hancock
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rosalee Coats
19a. INFORMANT'S NAME (Type/Print): Mary Bennett
19b. RELATIONSHIP TO DECEASED: Patient Account
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1414 County Hospital Rd., Nashville, TN 37218
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): Middle Tennessee Veterans Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: NONE
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396
23. REGISTRAR'S SIGNATURE: Linda R. Bowers RR
24. DATE FILED (Month, Day, Year): September 24, 2009

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

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Hel MD
25b. LICENSE NUMBER: TN-38700
25c. DATE SIGNED (Month, Day, Year): 9-23-09
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Faiza Richman MD 1414 County Hospital Road, Nashville, TN 37218

SEE INSTRUCTIONS ON OTHER SIDE

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.	Acute Failure to thrive	days
DUE TO (OR AS A CONSEQUENCE OF): b.	Dementia advanced	years
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.		

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

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 [ ] 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):

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1

4367857

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

9/24/2010
Date Issued

ALL-STATE LEGAL®

EXHIBIT
A

CERTIFICATION OF VITAL RECORD

Copy

FILED
2010 JUL 14 AM 10: 59
RICHARD R. ROOKER, CLERK
D.C.

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

In Re Estate of: JAMES HENRY HANCOCK
Deceased.

Docket No. 10P-1001

ORDER OPENING PROBATE
(INTESTATE)

This cause came to be heard by the court on the 14th day of July 2010, upon the petition of HARRY WAYNE HANCOCK for the opening of probate of the intestate estate JAMES HENRY HANCOCK. Based upon the sworn testimony, all matters presented and the entire record in this cause this court finds as follows:

1. Decedent was a resident of Davidson County, Tennessee;

2. Decedent died on September 13, 2009 at the age of 89 years;

3. Decedent left no will;

4. Petitioner is the son of the decedent.

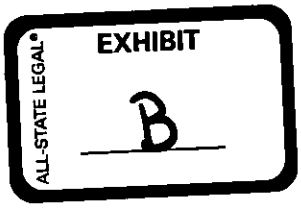
5. Decedent was not married at the time of his death and has two surviving children.

6. Petitioner's brother, Larry Hancock, has consented to the appointment of Petitioner as Personal Representative, disclaimed any interest in the estate, does not wish to participate in probate and does not wish to receive any notices, documents or information.

7. Decedent owned no property at the time of his death other than a home located at 705 Anderson Lane, Nashville, Tennessee.

Based upon these findings the court orders the following:

It is therefore **ORDERED, ADJUDGED** and **DECREED** that probate be opened for this estate and that the petitioner be appointed as Personal Representative of this estate with all authority, duties and powers as provided by Tennessee law.



Copy

It is further **ORDERED, ADJUDGED** and **DECREED,** pursuant to the filing of a Disclaimer of Interest by Larry Hancock that the Personal Representative be relieved of any obligation to provide him with notice in this matter.

It is further **ORDERED, ADJUDGED** and **DECREED** that no bond be required of the Personal Representative.

It is further **ORDERED ADJUDGED** and **DECREED,** that as sole heir of the estate, HARRY WAYNE HANCOCK be relieved of any requirement to file an inventory or accountings in this matter.

It is further **ORDERED, ADJUDGED** and **DECREED** that the Personal Representative shall prepare and file an Annual Status Report for the estate.

This 14th day of July, 2010.

RANDY KENNEDY, CIRCUIT COURT JUDGE

APPROVED FOR ENTRY:
DAVIES, HUMPHREYS, HORTON & REESE, PLLC

By:

JOHN T. HORTON, BPR #16153
Attorney for the Petitioner
150 Second Avenue, North, Ste. 225
Nashville, Tennessee 37219
Telephone: (615) 256-8125

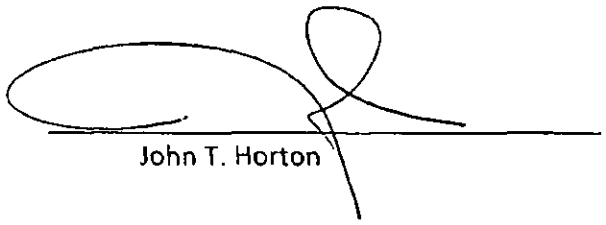
Copy

CERTIFICATE OF SERVICE

I hereby certify that on the 14th day of July, 2010, a true and correct copy of the foregoing was transmitted to the following:

Harry Wayne Hancock
Bordeaux Hospital Room R413A
1414 County Hospital Road
Nashville, TN 37218

( ) VIA FACSIMILE
(✓) VIA FIRST CLASS MAIL
( ) VIA HAND-DELIVERY



John T. Horton

N0019001

TENNESSEE DEPARTMENT OF REVENUE

FILED

2011 FEB 18 AM 9:04

RICHARD R. ROOKER, CLERK

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

February 13, 2011

ESTATE OF JAMES H HANCOCK
ATTN: JOHN T HORTON
150 2ND AVE N STE 225
NASHVILLE TN 37201-1944

D.C.

Account Type:	INHERIT TX
Account No.:	441527804
Date of Death:	September 13, 2009
County:	DAVIDSON
SSN:	XXX-XX-9247

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 JAMES H HANCOCK
ATTN: JOHN T HORTON
150 2ND AVE N STE 225
NASHVILLE, TN 37201-1944

February 13, 2011

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

EXHIBIT C

ALL-STATE LEGAL

RV-N0019001

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
2010 NOV 16 PM 4:08
RICHARD R. ROOKER
D.C.

11/9/2010

JOHN HORTON
LEGAL COUNSEL
150 2ND AVE N., STE. 225
NASHVILLE, TN 37201

RE: JAMES H. HANCOCK
401369247

Dear JOHN HORTON:

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

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EXHIBIT
D

Copy

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

FILED
APR 08 2011
BY RICHARD R. BOOKER, Clerk

In Re Estate of: JAMES HENRY HANCOCK Docket No. 10P-1001
Deceased.

ORDER TO CLOSE WITHOUT DETAILED ACCOUNTING
(INTESTATE)

IT APPEARING to this Court that the personal representative was granted Letters by this Court for the administration of this estate, it is the opinion of this Court as follows:

1. That the estate is declared to be solvent;

2. That all claims filed against this estate have been paid, released or adjudicated;

3. That the certificate of taxation issued by the Tennessee Department of Revenue is properly filed with the Clerk;

4. That the TennCare release has been filed with the Clerk;

5. That a Personal Representative Statement has been filed with the Clerk detailing the completed and proper performance of his duties pertaining to the administration of this estate, as require by statute;

6. That accountings were waived by Order of this Court;

7. That the personal representative, Harry Wayne Hancock, is the sole beneficiary of the estate;

8. That all administrative costs involved in this estate have been paid in full,

IT IS THEREFORE, ORDERED, ASDJUDGED AND DECREED, that it is the opinion of this Court that this estate should be declared closed.

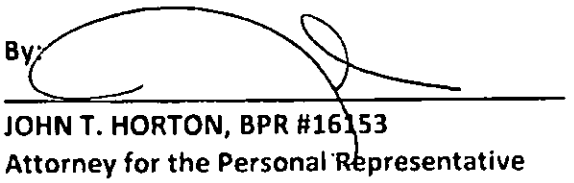
This 7 day of April, 2011.

Randy Kennedy, Judge

ALL-STATE LEGAL®
EXHIBIT
E

Copy

APPROVED FOR ENTRY:
DAVIES, HUMPHREYS, HORTON & REESE, PLLC

By: 

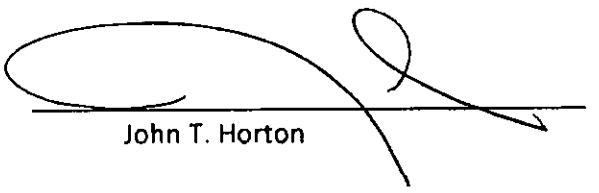
JOHN T. HORTON, BPR #16153
Attorney for the Personal Representative
150 Second Avenue, North, Ste. 225
Nashville, Tennessee 37219
Telephone: (615) 256-8125

CERTIFICATE OF SERVICE

I hereby certify that on the 17th day of March, 2011, a true and correct copy of the foregoing was transmitted to the following:

Harry Wayne Hancock
Bordeaux Hospital Room R413A
1414 County Hospital Road
Nashville, TN 37218

( ) VIA FACSIMILE
(✓) VIA FIRST CLASS MAIL
( ) VIA HAND-DELIVERY



John T. Horton