THIS DOCUMENT PREPARED BY:
Alfred Lee Ballinger
103 E. Paris Street
Cookeville, TN 38501

Send tax bills to:
Alfred Lee Ballinger, etal
103 E. Paris Street
Cookeville, TN 38501

BILL GARRETT, Davidson County
Trans:T20110049849 AFFIDAVIT
Recvd: 08/15/11 11:59 6 pgs
Fees:32.00 Taxes:0.00
20110815-0062751

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, **Alfred Lee Ballinger,** born July 14, 1940, currently residing at 103 E. Paris Street, Cookeville, Putnam County, Tennessee 38501, being duly sworn, depose and state as follows:

1. My father was Samuel Lee Ballinger, born November 20, 2914. My mother was Ruby Wilfred Helton Ballinger, born June 4, 1915. Samuel Lee Ballinger and Ruby Wilfred Helton Ballinger were married only once to each other. The marriage of Samuel Lee Ballinger and Ruby Wilfred Helton Ballinger produced three (3) issues, being:

    1) Alfred Lee Ballinger, born July 14, 1940, currently residing at 103 E. Paris Street, Cookeville, TN 38501;
    2) Glenn Thomas Ballinger, born July 11, 1943, currently residing at 176 Penfield Road, Portland, CT 06480; and
    3) Joseph Dale Ballinger, born June 26, 1948, currently residing at 287 East 8th Street, Cookeville, TN 38501.

2. My mother, Ruby Wilfred Helton Ballinger, died intestate on March 24, 2003, a resident of Davidson County, Tennessee (copy of death certificate attached as Exhibit A). A diligent search for a Will was made and none was found. There has been no probate of her estate inasmuch as the total value of her estate did not exceed $25,000.00. All debts have been paid and any Federal or State estate taxes that may have been assessed have been paid.

3. My father, Samuel Lee Ballinger, died intestate on March 16, 2008, a resident of Davidson County, Tennessee (copy of death certificate attached as Exhibit B). There has been no probate of his estate inasmuch as the total value of his estate did not exceed $3,500.00. All debts have been paid and any Federal or State estate taxes that may have been assessed have been paid. Attached is an Inheritance Tax Closing Letter (Exhibit C) from the Tennessee Department of Revenue and a release from the Bureau of TennCare (Exhibit D).

4. By virtue of the fact that Samuel Lee Ballinger survived Ruby Wilfred Helton Ballinger, he held certain real property described as follows:

   - Tax Map & Parcel 06413000100, Lots 1 and 2, Block 4 Berryville, located in the GSD Tax District of Davidson County, Tennessee, identified as 4252 Old Hickory Blvd, Old Hickory, TN 37138, and Tax Map & Parcel 06409012100., Lot 3, Block 4 Berryville, located at 4250 Old Hickory Blvd, Old Hickory, TN 37138 of record in Warranty Deed Book 2273, Page 267, Register's Office, Davidson County, Tennessee.

   By virtue of the fact that Alfred Lee Ballinger, Glenn Thomas Ballinger and Joseph Dale Ballinger survived Samuel Lee Ballinger, they became the sole owners of the said real property upon his death.

5. Samuel Lee Ballinger did not remarry following the death of Ruby Wilfred Helton Ballinger and had no other issue(s) of his body.

I hereby acknowledge that this Affidavit is being given freely pursuant to Section 30-2-712 et.seq. Tennessee Code Annotated to clarify and substantiate title to the above referenced property, and I hereby agree to indemnify and hold harmless from any and all liability, costs, expenses (including reasonable attorney fees), and damages which may arise out of or relate to any information herein stated or certified by me to be true.

IN WITNESS WHEREOF I have executed this Affidavit of Heirship this 15TH day of AUGUST 2011.

Alfred Lee Ballinger

ALFRED LEE BALLINGER

Sworn to and subscribed before me this 15 day of Aug 2011.

J R Bingham

Notary Public

My Commission expires: Nov 12 2012

J.R. BINGHAM
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TN

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0302021

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): Ruby Wilfred Ballinger
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 24, 2003
4. SOCIAL SECURITY NUMBER: [redacted]-7204
5a. AGE-LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR: MOB / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 6-4-1915
7. BIRTHPLACE (City and State or Foreign Country): Waynesboro, TN
8. EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 XX ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Sam Ballinger
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 4252 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 O 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willis Helton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edna Arnett

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sam Ballinger
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4252 Old Hickory Blvd. Old Hickory, TN 37138

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): Hermitage Cemetery
20c. LOCATION-City or Town, State: Hermitage, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: Jeff Plunk
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane Hermitage, TN 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): April 14, 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: Deborah W Robin MD
25b. LICENSE NUMBER: 4000000192774
25c. DATE SIGNED (Month, Day, Year): 4/11/03
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. Deborah Robin, 1161 21st Ave.So. Room 1121 Nashville, TN 37232

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

SEE INSTRUCTIONS ON OTHER SIDE.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
b. coronary artery disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
sick sinus syndrome, possible amiodarone pulmonary toxicity
29a. WAS AN AUTOPSY PERFORMED? 1 Yes X 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: 1 X Natural 6 Pending Investigation 2 Accident 3 Suicide 5 Could not be Determined 4 Homicide
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)

FH-1659 (REV. 6/99)
BIRTH NO.
RDA 1309

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]

[signature]
Local Registrar

APR 14 2003
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

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): Samuel Lee Ballinger
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 16,2008
4. SOCIAL SECURITY NUMBER: [redacted]1068
5a. AGE-LAST BIRTHDAY (Years): 93
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Nov 20, 1914
7. BIRTHPLACE (City and State or Foreign Country): Lebanon, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): Bethesda Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Cookeville
9d. COUNTY OF DEATH: Putman
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.): Sheet Metal Craftsman
12b. KIND OF BUSINESS/INDUSTRY: Dupont
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 4252 Old Hickory Boulevard
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 [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): 9; College (1-4 or 5+):

NAME OF DECEDENT (To be completed by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oliver Ford Ballinger
18. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Ann Riggan

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Glenn Ballinger
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4252 Old Hickory Boulevard Old Hickory, Tennessee 37138

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): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Charles H Teague
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5845
21c. SIGNATURE OF EMBALMER: ▶ Mary Katherine Morse
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane PO Box 757 Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda Young, D.R.
24. DATE FILED (Month, Day, Year): March 31, 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 ▶ [signature] MD
25b. LICENSE NUMBER: MD020230
25c. DATE SIGNED (Month, Day, Year): 3/24/08
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): Kathryn Bertram MD 128 N Whitney Cookeville TN 38501

SEE INSTRUCTIONS ON OTHER SIDE

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. GI Bleed
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. Unclear Etiology
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. End Stage Renal Disease

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 5 [ ] Pending Investigation
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
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2800509

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.

Linda Young

Sharon M. Leinbach
STATE REGISTRAR

Linda Young, Deputy Registrar
Putnam County

Date Issued MAR 3 1 2008

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

N0006801

6029327100528

TENNESSEE DEPARTMENT OF REVENUE

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

June 1, 2010

ESTATE OF SAMUEL L BALLINGER
ATTN: ALFRED L BALLINGER
103 PARIS ST
COOKEVILLE TN 38501-3915

Account Type:	INHERIT TX
Account No.:	441442520
Date of Death:	MARCH 16, 2008
County:	DAVIDSON
SSN:	XXX-XX-1068

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 SAMUEL L BALLINGER
ATTN: ALFRED L BALLINGER
103 PARIS ST
COOKEVILLE, TN 38501-3915

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Estate Tax:	$0.00
Interest:	$0.00
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

5/3/2010

ALFRED L. BALLINGER
REPRESENTATIVE
103 E. PARIS ST.
COOKEVILLE, TN 38501

RE: SAMUEL L. BALLINGER
408051068

Dear ALFRED L. BALLINGER:

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