THIS INSTRUMENT PREPARED BY:
LARRY D. CANTRELL
ATTORNEY AT LAW, P.C.
2016 –8TH AVENUE SOUTH
NASHVILLE, TN 37204 –2202

SEND TAX BILLS TO:
BURTON ZIMMERLE
1043 WHITLEY COURT
HENDERSONVILLE,
TN 37075

BILL GARRETT, Davidson County
Trans:T20110051847 AFFIDAVIT
Recvd: 08/23/11 11:09 11 pgs
Fees:57.00 Taxes:0.00
20110823-0065103

AFFIDAVIT OF INHERITANCE (REAL ESTATE)
PER T.C.A. § 30-2-712

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:
Rebecca Zimmerle Webb, a resident of Davidson County, State of Tennessee, who died November 2, 2010 as evidenced by a copy of the death certificate attached as **Exhibit A**, held a:

One Fourth (1/4) Fee simple undivided interest in the following described real estate:

Land in Davidson County, Tennessee, as described in **Deed Book 411, Page 224**, Register's Office for Davidson County, Tennessee. Some parts of this property were subsequently sold by the said **Walter (W.J.) Zimmerle and his Wife Annie M. Zimmerle** and the remaining portions of the property inherited by the undersigned is accurately described in the Deed form **Mellie Zimmerle** to **Burton Zimmerle** and Wife, **Martha Ann Zimmerle** recorded in **Deed Book 11539, Page 150,** Register's Office for Davidson County, Tennessee. The descriptions from the said Deeds are hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

At the time of her death **Rebecca Zimmerle Webb** was the sole owner of the undivided One Fourth (1/4) interest herein listed property by virtue of being one of the surviving tenants in common of the above listed parcel which was inherited from her mother and father **Walter (W.J.) Zimmerle and his Wife Annie M. Zimmerle** both of whom having died September 28, 1977 and August 18, 1984 respectively, as evidenced by a copy of their Death Certificates attached as **Exhibits B and C.**

SUBJECT TO any and all Governmental zoning and subdivision ordinances or regulations in effect thereon.

The undersigned received fifty percent (50%) interest in the undivided One Fourth (1/4) real estate described above by virtue of:

Being the recipient of the real estate under the provisions of the decedent **Rebecca Zimmerle Webb's** Last Will and Testament, which was probated in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 10P – 1762.**

(1) The Tennessee Inheritance Tax Non-Taxable Certificate of **Rebecca Zimmerle Webb** is attached as **Exhibit D**.

(2) The release from Tennessee TennCare of **Rebecca Zimmerle Webb** is attached as **Exhibit E**.

The undersigned **Judith Evelyn Head** received an additional undivided One Fourth (1/4) interest in the Land in Davidson County, Tennessee, as described in **Deed Book 411, Page 224**, Register's Office for Davidson County, Tennessee. Some parts of this property were

subsequently sold by the said **Walter (W.J.) Zimmerle and his Wife Annie M. Zimmerle** and the remaining portions of the property inherited by the undersigned is accurately described in the Deed form **Mellie Zimmerle** to **Burton Zimmerle** and Wife, **Martha Ann Zimmerle** recorded in **Deed Book 11539, Page 150,** Register's Office for Davidson County, Tennessee. The descriptions from the said Deeds are hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

At the time of her death **Evelyn Christine Head** was the sole owner of the undivided One Fourth (1/4) interest herein listed property by virtue of being one of the surviving tenants in common of the above listed parcel which was inherited from her mother and father **Walter (W.J.) Zimmerle and his Wife Annie M. Zimmerle** September 28, 1977 and August 18, 1984 respectively, as evidenced by a copy of their Death Certificates attached as **Exhibits B and C.**

SUBJECT TO any and all Governmental zoning and subdivision ordinances or regulations in effect thereon.

The undersigned received the additional undivided One Fourth (1/4) real estate described above by virtue of:

Being the sole surviving heir of **Evelyn Christine Head** who died May 13, 2011 as evidenced by a copy of her Death Certificate attached as **Exhibit F**.

(1) The Tennessee Inheritance Tax Non-Taxable Certificate of **Evelyn Christine Head** is attached as **Exhibit G**.

(2) The release from Tennessee TennCare of **Evelyn Christine Head** is attached as **Exhibit H**.

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.

Harry Burton Zimmerle

Judith Evelyn Head

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Harry Burton Zimmerle**, 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 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 at my office in said County, on this 10th day of August, 2011.

RUTA FAULKNER STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

Notary Public

My Commission Expires: August 20, 2014

My commission expires: _____

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Judith Evelyn Head**, 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 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 at my office in said County, on this 10TH day of AUGUST, 2011.

Notary Public

JANICE BOONE STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

My commission expires: 8-22-2011

STATE OF TENNESSEE
Office of Vital Records

1006505

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Rebecca Zimmerle Webb
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 2, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]0149
5a. AGE-LAST BIRTHDAY (Years): 94
5b. UNDER 1 YEAR (MON. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): November 2, 1916
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, 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 Nursing Home 5 Residence 6 [X] Other (Specify) Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ Skyline Madison Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Business Owner
12b. KIND OF BUSINESS/INDUSTRY: Retail - Grocery
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 408 Columbus Trace Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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+):
NAME OF DECEDENT (For use by Physician or Institution)
17. FATHER'S NAME (First, Middle, Last): Walter J. Zimmerle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Marie Toso
19a. INFORMANT'S NAME (Type/Print): Burton Zimmerle
19b. RELATIONSHIP TO DECEASED: Brother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1043 Whitley Place Hendersonville, TN 37075
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 Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: Amanda Reeves
21d. LICENSE NUMBER OF EMBALMER: 6369
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046
23. REGISTRAR'S SIGNATURE: Tonya Y. Stanley, Deputy
24. DATE FILED (Month, Day, Year): December 12, 2010
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:
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 11-09-2010
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): David Tribble, MD 1718 Patterson Street Nashville, TN 37203
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. Ischemic Colitis
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. Mesenteric Atherosclerosis
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.
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 [X] 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)

EXHIBIT A

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.

4377980

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

NOV 12 2010

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Stanley, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO. 77 027508

VITAL RECORDS

1994
07
1994-
BIRTH NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

198

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

DECEASED

1. DECEASED — NAME (First) Walter	(Middle) Jacob	(Last) Zimmerle		2. DATE OF DEATH (Month, Day, Years) Sept 28, 1977	
3. RACE (White, Negro, American Indian, etc.) White	4. SEX Male	5a. AGE — Last Birthday (Years) 88	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Min.	6. DATE OF BIRTH (Month, Day, Years) Sept 26, 1889
7a. COUNTY OF DEATH Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH Nashville	7c. INSIDE CITY LIMITS (Specify Yes or No) yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) General Hospital		
8. STATE OF BIRTH (If not in U.S.A., name country) Tn	9. CITIZEN OF WHAT COUNTRY U S A	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Annie Toso		
12a. SOCIAL SECURITY NUMBER [redacted]-4290	12b. SERVICE IN ARMED FORCES (Specify war or dates of service) none	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	13b. KIND OF BUSINESS OR INDUSTRY Farming		
14a. RESIDENCE — STATE Tn	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Whites Creek	14d. INSIDE CITY LIMITS (Specify Yes or No) yes	14e. STREET AND NUMBER 6211 Lickton Pk	
PARENTS AND INFORMANT	15. FATHER — NAME Henry Zimmerle	16. MOTHER — MAIDEN NAME Alice Taylor	17. INFORMANT — NAME Annie Zimmerle	MAILING ADDRESS 6211 Lickton Pk Whites Crk Tn	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

20a. MEDICAL EXAMINER — CERTIFICATION — SIGNATURE (On the basis of the examination of the body and/or the investigations, in my opinion, death occurred on the date and due to the causes stated.) I. E. Simpkins M D	TITLE 3	DATE SIGNED (Month, Day, Years) 20b. 10-3-77	
21a. CERTIFIER — NAME (Type or Print) T E Simpkins M D	MAILING ADDRESS (Street or R.F.D. No.) 21b. 1120 Dickerson Rd	CITY OR TOWN Nashville	STATE Tn
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE (Month, Day, Years) 22b. 9/30/77	22c. CEMETERY OR CREMATORY — NAME St Lawrence	LOCATION 22d. CITY OR TOWN Joelton Tn STATE
23. FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Anderson-Garrett Joelton Tn 37080	REGISTRAR — SIGNATURE Esther D. Grock	DATE RECEIVED BY LOCAL REGISTRAR 24. 10-4-77	

PHCH FORM NO. 55-10 REVISED 11-72

EXHIBIT B

4879930

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

Date Issued Aug-02-2011

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

8403767

19094
33
19094-

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

84-025093

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO.

STATE FILE NO.

1. DECEASED—NAME (First) Annie	(Middle) Marie	(Last) Zimmerle	2. DATE OF DEATH (Month, Day, Year) August 18, 1984		
3a. AGE—Last Birthday (Years) 91	3b. Under 1 Year (Mos. / Days)	3c. Under 1 Day (Hours / Min.)	4. DATE OF BIRTH (Month, Day, Year) 10-26-92	5. RACE (White, Black, American Indian, etc.) White	6. ORIGIN OR DESCENT (Italian, Mexican, German, etc.) American 06	7. SEX Female
8a. COUNTY OF DEATH Davidson	8b. CITY, TOWN OR LOCATION Madison	8c. INSIDE CITY LIMITS (Specify Yes or No) Yes	8d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify Private Residence, Nursing Home, Street, etc.) Nashville Memorial	8e. If Hosp. or Inst., Inpatient or Outpatient (Emergency Room or Dead on Arrival) Inpt. /	
9a. STATE OF BIRTH (If not in U.S.A., Name Country) Tennessee	9b. CITIZEN OF WHAT COUNTRY U S A	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)			
12a. SOCIAL SECURITY NUMBER [redacted]-4290	12b. SERVICE IN ARMED FORCES (Specify Yes or No) (Specify Unit or Dates of Service) No	12c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	12d. KIND OF BUSINESS OR INDUSTRY Own Home			
13a. RESIDENCE—STATE Tennessee	13b. COUNTY Davidson	13c. CITY, TOWN, OR LOCATION Nashville	13d. STREET AND NUMBER 532 Lemont Dr.	13e. Inside City Limits (Specify Yes or No) Yes	13f. CENSUS TRACT NO.	
14. FATHER—NAME Pete Toso	15. MOTHER—MAIDEN NAME Julian Forte	16. INFORMANT—NAME Rebecca Webb	16a. MAILING ADDRESS 532 Lemont Dr. Nashville, Tn.			
17a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	17b. DATE (Month, Day, Year) 8-21-84	17c. CEMETERY OR CREMATORY—NAME St. Lawrence	17d. LOCATION (City or Town, State) Joelton Tennessee			
18a. FUNERAL DIRECTOR (Signature) Robert Anderson	18b. LICENSE NO. 492	18c. EMBALMER (Signature) Robert Anderson	18d. LICENSE NO. 1954			
19. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) Anderson-Garrett Joelton Tn 37080	20. REGISTRAR—SIGNATURE Esther D. Groff	20a. DATE RECEIVED BY LOCAL REGISTRAR 8-22-84				
21a. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE Lynda Tirao	DEGREE M.D.	21b. DATE SIGNED (Month, Day, Year) 8/23/84				
22a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE	TITLE	22b. DATE SIGNED (Month, Day, Year)				
23a. CERTIFIER—NAME (Type or Print) Lynda Tirao M. D.	23b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) 509 Lentz Dr. Madison Tn. 37115					

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE

PERMIT REQUIRED FOR TRANSPORTATION BY COMMON CARRIER REMOVAL FROM

EXHIBIT C

4879931

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

Date Issued Aug-02-2011

CERTIFICATION OF VITAL RECORD

N0019001

8974927110629

TENNESSEE DEPARTMENT OF REVENUE

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

July 3, 2011

ESTATE OF REBECCA Z WEBB
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	441566585
Date of Death:	November 2, 2010
County:	DAVIDSON
SSN:	XXX-XX-0149

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

EXHIBIT D

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF REBECCA Z WEBB
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

July 3, 2011	
Account Type:	INHERIT TX
Account No.:	441566585
Date of Death:	November 2, 2010
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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

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

5/25/2011

LARRY D. CANTRELL
ATTORNEY
2016-8TH AVENUE SOUTH
NASHVILLE, TN 37204

RE: REBECCA Z. WEBB
[redacted]0149

Dear LARRY D. CANTRELL:

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

EXHIBIT E

STATE OF TENNESSEE
Office of Vital Records

1102818

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): Evelyn Christine Head
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 13, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]8320
5a. AGE-LAST BIRTHDAY (Years): 91
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): October 18, 1919
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [✓] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 [✓] Other (Specify) Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at Madison Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 120 S Graycroft Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [✓] Yes 2 No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [✓] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter J. Zimmerle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie M. Toso

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Judith E. Head
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 219 The Hollows Court, Hendersonville, TN 37075

NAME OF DECEDENT: Pre-use by physician or medical examiner

20a. METHOD OF DISPOSITION: 1 [✓] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn Memorial Gardens
20c. LOCATION-City or Town, State: Goodlettsville, Tennessee

FUNERAL

21a. SIGNATURE OF FUNERAL DIRECTOR: Tiffany Crystal Widener
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6231
21c. SIGNATURE OF EMBALMER: Dawn Renee Everett
21d. LICENSE NUMBER OF EMBALMER: 6024
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home and Memorial Gardens, 1150 Dickerson Road, Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers DR
24. DATE FILED (Month, Day, Year): May 18, 2011

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:
25b. LICENSE NUMBER: 29511
25c. DATE SIGNED (Month, Day, Year): May 17, 2011
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): Tiffany Hines MD 1718 Patterson Street Nashville TN 37203

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. dementia unknown type
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.

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

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):

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

EXHIBIT F

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.

4636110

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

MAY 18 2011
Date Issued

CERTIFICATION OF VITAL RECORD

N0019001

9840524110726

TENNESSEE DEPARTMENT OF REVENUE

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

July 29, 2011

ESTATE OF EVELYN C HEAD
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	441583548
Date of Death:	May 13, 2011
County:	DAVIDSON
SSN:	XXX-XX-8320

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

EXHIBIT G

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF EVELYN C HEAD
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

July 29, 2011

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Penalty:	$0.00
Total:	$0.00

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

7/7/2011

LARRY D. CANTRELL
LEGAL COUNSEL
2016 8TH AVENUE SOUTH
NASHVILLE, TN 37204

RE: EVELYN C. HEAD
[redacted]8320

Dear LARRY D. CANTRELL:

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

EXHIBIT H