BILL GARRETT, Davidson County
Trans:T20110079266 AFFIDAVIT
Recvd: 12/15/11 09:08 18 pgs
Fees:92.00 Taxes:0.00
20111215-0097505

This Instrument Prepared By:
HOWARD M. SKIPWORTH #012469
6408 Clarksville Pike
Post Office Box 489
Joelton, Tennessee 37080-0489
From paperwork provided by Client –
No Title examination requested

OWNER: Garland Wayne Morphis
124 Sullivans Bend
Elmwood, TN 38560

Tommy G. Morphis
3445 Cooper Nicholson Road
Pleasant View, TN 37146

Patricia A. Richardson
6588 Old Hickory Blvd.
Whites Creek, TN 37189

Malcolm N. Morphis
2118 Riverside Drive
Nashville, TN 37216

Send tax notice to:

Malcolm N. Morphis
2118 Riverside Drive
Nashville, TN 37216

Map & Parcel No.:
07211013100
F/B 15D-10750

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and say:

Elizabeth S. Morphis, a resident of Davidson County, State of Tennessee, who died 03 December 2010, as evidenced by a copy of the Certificate of Death attached as Exhibit A, held a fee simple interest in the following described real estate:

SEE EXHIBIT "B"
FOR DESCRIPTION

SUBJECT to Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 4010, Page 849 in the Register's Office of Davidson County, Tennessee.

The undersigned received equal interest in the real estate described above by virtue of the laws of descent and distribution being the heirs at law of the decedent as evidenced by a Petition to Probate the intestate estate of ELIZABETH S. MORPHIS, filed in the Probate Court Clerk's Office for Davidson County, Tennessee, Probate Case No. 11P749. (A copy of Petition and Order to Probate are attached as Exhibit C and D.)

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 441608244 a copy of which is attached as Exhibit E.

The Tennessee Tenncare Release has been received being dated September 16, 2011, a copy of which is attached as Exhibit F.

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 the sole heirs.

Signed this 10th day of November, 2011.

Patricia A. Richardson

PATRICIA A. RICHARDSON, HEIR

SWORN TO AND SUBSCRIBED before me on this the 10th day of November, 2011.

Howard M. Shipworth

NOTARY PUBLIC

My Commission expires: _____



STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **PATRICIA A. RICHARDSON**, 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 she executed the foregoing instrument for the purposes therein contained as her 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 November, 2011.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JUL 9, 2012

Signed this 10th day of November, 2011.

Garland Wayne Morphis
GARLAND WAYNE MORPHIS, HEIR

SWORN TO AND SUBSCRIBED before me on this the 10th day of November, 2011.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JUL 9, 2012

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **GARLAND WAYNE MORPHIS**, 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 November, 2011.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2012

Signed this 10th day of November, 2011.

TOMMY G. MORPHIS, HEIR

SWORN TO AND SUBSCRIBED before me on this the 10th day of November, 2011.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2012

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **TOMMY G. MORPHIS**, 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 November, 2011.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2012

Signed this 10th day of November, 2011.

Malcolm N. Morphis

MALCOLM N. MORPHIS, HEIR

SWORN TO AND SUBSCRIBED before me on this the 10th day of November, 2011.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

My Commission Expires JAN. 9, 2012

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **MALCOLM N. MORPHIS**, 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 November, 2011.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

My Commission Expires JAN. 9, 2012

STATE OF TENNESSEE
Office of Vital Records

1067172

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): Elizabeth S. Morphis
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 03, 2010
4. SOCIAL SECURITY NUMBER: [redacted]0997
5a. AGE-LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR (Mos. / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): July 18, 1925
7. BIRTHPLACE (City and State or Foreign Country): McLemoresville, 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)
9b. FACILITY NAME (If not institution, give street and number): 2118 Riverside Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Widow
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): Book Binder
12b. KIND OF BUSINESS/INDUSTRY: Nicholstone Book Bindrey
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2118 Riverside Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ✓ Yes 2 No
13f. ZIP CODE: 37216
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): Univailable; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or funeralizer

PARENTS

17. FATHER'S NAME (First, Middle, Last): Floyd Stanton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Beulah Irene Long

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Garland Wayne Morphis
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 124 Sullivan's Bend, Elmwood, Tennessee, 38560

DISPOSITION

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, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Ann Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: Todd Lee Yates
21d. LICENSE NUMBER OF EMBALMER: 4558
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: Tonya Y. Forman
24. DATE FILED (Month, Day, Year): December 15, 2010

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: 27211
25c. DATE SIGNED (Month, Day, Year): 12-15-10
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): STEPHEN D. MAY 300 20TH AVE N. 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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SUDDEN CARDIAC DEATH	MINUTES
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): CAD	YRS
	c. DUE TO (OR AS A CONSEQUENCE OF): CAD	YRS
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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-1899 (REV. 8/99)

BIRTH NO.

RDA 1399

4509322

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, Local Registrar
Davidson County, Tennessee

DEC 15 2010
Date Issued

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1870

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT A

EXHIBIT "B"

Being Lot No. 141 on the map showing the Subdivision of the Waters Place, as of record in Book 332, pages 136 and 137.

Said Lot No. 141 fronts 50 feet on the west side of Riverside Drive and runs back between parallel lines, 160 feet to an alley.

Being the same property conveyed to Garland J. Morphis and wife, Elizabeth Morphis, by deed from Elic Hardy Kirkpatrick and wife, Parlee Kirkpatrick, of record in Book 4010, page 849, Register's Office for Davidson County, Tennessee. Garland J. Morphis having since died on 20 February 1993, and Elizabeth Morphis having since died on 3 December 2010.

FILED

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION
AT NASHVILLE

2011 MAY 10 PM 1:02
RICHARD R. ROOKER, CLERK

IN THE MATTER OF:

THE ESTATE OF
ELIZABETH S. MORPHIS,
Deceased,

D.C.

Probate No: 11P-749

GARLAND WAYNE MORPHIS, ADMINISTRATOR

TO: The Honorable R. L Bradshaw, Jr., Probate Master

PETITION FOR LETTERS OF ADMINISTRATION

Your Petitioner shows the Court the following:

1. The Decedent, **ELIZABETH S. MORPHIS**, died December 3, 2010, at the age of 85 years. The Decedent's place of residence was 2118 Riverside Drive, Nashville, Davidson County, Tennessee 37216.

2. The Decedent was a widow at the time of her death having been predeceased by her husband, GARLAND J. MORPHIS, on February 20, 1993. She is survived by four (4) children, who are the only children born to or adopted by her during her lifetime and her only heirs at law, and whose names, relationships, and mailing addresses appear below. Said children are both more than eighteen (18) years of age and sui juris.

Name:	Patricia A. Richardson
Relationship:	Daughter
Age:	68
Home address:	2118 Riverside Drive Nashville, TN 37216

EXHIBIT C

Name:	Garland Wayne Morphis
Relationship:	Son
Age:	65
Home address:	124 Sullivans Bend Elmwood, TN 38560

Name:	Tommy G. Morphis
Relationship:	Son
Age:	62
Home address:	3445 Cooper Nicholson Road Pleasant View, TN 37146

Name:	Malcolm N. Morphis
Relationship:	Son
Age:	50
Home address:	2118 Riverside Drive Nashville, TN 37216

3. The Decedent, Elizabeth S. Morphis, was the owner of real property located at 2118 Riverside Drive, Nashville Davidson County, Tennessee, valued at approximately seventy-five thousand five hundred and 00/100 ($75,500.00) Dollars.

4. The Decedent, Elizabeth S. Morphis, owned certain personal property, consisting of a 1992 Chevrolet automobile, a bank account with a balance of more than $21,000.00, and certain household goods, furniture, fixtures, appliances, tools and equipment with a value of approximately $7,000.00.

5. The Petitioners being the only heirs at law of the Decedent, as evidenced by their signatures below and attached waivers, agree to waive the requirements for bond, inventory and interim accountings.

6. Petitioners have made a thorough search for wills and/or codicils and/or other paper writings made by the Decedent which purport to make a distribution of her estate but have found no such wills, codicils or other paper writings.

7. The name, relationship and mailing address of the Petitioners is shown in paragraph 2 above. However, Garland Wayne Morphis, as evidenced by the signatures of his siblings below and executed waivers attached to Petition, will serve as sole administrator of the Decedent's estate.

8. The estimated gross value of the Decedent's estate for Tennessee Inheritance Tax purpose is believed to be less than $ 100,000.00. Petitioner states that according to his information, the Decedent made no gifts during her lifetime in excess of the maximum single exemption allowable free of tax under T.C.A. §67-8-104.

9. The Petitioner states that the decedent was never a recipient of TennCare during her lifetime.

PETITIONERS PRAY THAT:

1. The Petitioner, GARLAND WAYNE MORPHIS, be appointed to serve as Administrator. The Clerk be directed to administer the oath and otherwise qualify the Administrator and to issue Letters of Administration;

2. Notice by publication be given to the creditors of the estate as required in T.C.A. §30-2-306; and notice be given to the Department of Revenue as required in T.C.A. §67-8-406;

3. The requirement of an inventory be waived;

4. The requirement of interim accountings be waived;

5. Bond for the personal representative be waived; and

6. The Petitioner be granted such additional relief as the Court may deem proper under the circumstances.

Garland Wayne Morphis

GARLAND WAYNE MORPHIS

Respectfully submitted,

HOWARD M. SKIPWORTH & ASSOCIATES

By: _____

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080
Telephone: 615.876.2550
Facsimile: 615.876.4292

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, **GARLAND WAYNE MORPHIS**, one of the above named Petitioners, who, being duly sworn by me, deposes and says that the statements in the foregoing Petition are true to the best of his knowledge, except as to matters therein stated to be on information and belief, and these matters Petitioners believe to be true.

_____
GARLAND WAYNE MORPHIS

Sworn to and subscribed before me
this 13th day of April, 2011.

_____
NOTARY PUBLIC
My commission expires: _____



STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, **PATRICIA A. RICHARDSON**, one of the above named Petitioners, who, being duly sworn by me, deposes and says that the statements in the foregoing Petition are true to the best of her knowledge, except as to matters therein stated to be on information and belief, and these matters Petitioners believe to be true.

Patricia A Richardson
PATRICIA A. RICHARDSON

Sworn to and subscribed before me
this 13th day of April, 2011.

Bonni K Kipton
NOTARY PUBLIC
My commission expires: _____



STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, **TOMMY G. MORPHIS**, one of the above named Petitioners, who, being duly sworn by me, deposes and says that the statements in the foregoing Petition are true to the best of his knowledge, except as to matters therein stated to be on information and belief, and these matters Petitioners believe to be true.

TOMMY G. MORPHIS

Sworn to and subscribed before me
this 13th day of April, 2011.

Bonni K Kipton
NOTARY PUBLIC
My commission expires: _____



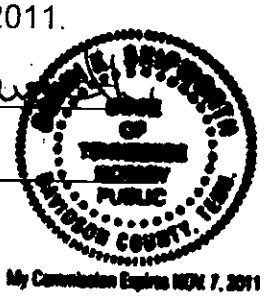
STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, **MALCOLM N. MORPHIS**, one of the above named Petitioners, who, being duly sworn by me, deposes and says that the statements in the foregoing Petition are true to the best of his knowledge, except as to matters therein stated to be on information and belief, and these matters Petitioners believe to be true.

Malcolm N Morphis
MALCOLM N. MORPHIS

Sworn to and subscribed before me
this 13th day of April, 2011.

Bonnie K. Kipp
NOTARY PUBLIC
My commission expires: _____



FILED

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION
AT NASHVILLE

2011 MAY 10 PM 1:09
RICHARD R. ROOKER, CLERK

IN THE MATTER OF:

THE ESTATE OF
ELIZABETH S. MORPHIS,
Deceased,

Probate No: 11P-749

GARLAND WAYNE MORPHIS, ADMINISTRATOR

ORDER

Based on examination of the Petition and the sworn testimony of the Petitioners, on the 10th day of May, 2011, the Court finds the following:

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

B. Decedent died December 3, 2010 at the age of 85 years;

C. Decedent did not leave a Will;

D. Decedent was unmarried at the time of her death;

E. Petitioners are the only children born to or adopted by the Decedent and are her only heirs at law, each of whom have suggested the appointment of Garland Wayne Morphis as Administrator, excusing him from making bond or giving inventory or interim accounting, except that a status report will be given in the event this estate is not closed within twelve (12) months;

F. Decedent owned property at decedent's death which is subject to a Court supervised administration by this Court worth approximately one hundred thousand and 00/100 ($100,000.00) Dollars.

EXHIBIT D

G. The beneficiaries of the estate are all Class A beneficiaries.

BASED ON THESE FINDINGS, THE COURT ORDERS THE FOLLOWING:

1. After administering the oath to Petitioner, GARLAND WAYNE MORDPHIS, Letters of Administration will be issued to GARLAND WAYNE MORPHIS;
2. All bonds are excused;
3. Notice will be issued to the creditors and to the Department of Revenue as required by T.C.A. §30-2-306 and §67-8-406;
4. The requirement of an inventory is waived;
5. The requirement of interim accounting is waived, except that a status report will be given by the Administrator in the event this estate is not closed within the next twelve (12) months.

ENTERED this the 10th day of May, 2011.

R.L. BRADSHAW, JR.
PROBATE MASTER

Approved for Entry,

HOWARD M. SKIPWORTH & ASSOCIATES

By: Howard M. Skipworth

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080
Telephone: 615.876.2550
Facsimile: 615.876.4292

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing has been forwarded by U.S. Mail, with sufficient postage prepaid, to the following, to-wit:

Patricia A. Richardson
2118 Riverside Drive
Nashville, TN 37216

Tommy G. Morphis
3445 Cooper Nicholson Road
Pleasant View, TN 37146

Malcolm N. Morphis
2118 Riverside Drive
Nashville, TN 37216

This the 10th day of MAY, 2011.

HOWARD M. SKIPWORTH
S.C. Reg. No. 012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080
Telephone: 615.876.2550
Facsimile: 615.876.4292
E-mail: hmskiplaw@comcast.net

cc: Garland Wayne Morphis
124 Sullivans Bend
Elmwood, TN 38560

N0019001

9792765111004

TENNESSEE DEPARTMENT OF REVENUE

FILED
2011 DEC 15 AM 8:15
RICHARD R. ROOKER
D.C.

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

October 8, 2011

ESTATE OF ELIZABETH S MORPHIS
ATTN: HOWARD M SKIPWORTH
6408 CLARKSVILLE PIKE
JOELTON TN 37080-8652

Account Type:	INHERIT TX
Account No.:	441608244
Date of Death:	December 3, 2010
County:	DAVIDSON
SSN:	XXX-XX-0997

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 ELIZABETH S MORPHIS
ATTN: HOWARD M SKIPWORTH
6408 CLARKSVILLE PIKE
JOELTON, TN 37080-8652

October 8, 2011	
Account Type:	INHERIT TX
Account No.:	441608244
Date of Death:	December 3, 2010
County:	DAVIDSON
SSN:	XXX-XX-0997

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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

EXHIBIT E

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
2011 DEC 15 AM 8:46
RICHARD R. ROOKER, CLERK
D.C.

9/16/2011

HOWARD M. SKIPWORTH
6408 CLARKSVILLE HWY.
P.O. BOX 489
JOELTON, TN 37080

RE: ELIZABETH S. MORPHIS
[redacted]0997

Dear HOWARD M. SKIPWORTH:

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