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

SEND TAX BILLS TO:
JOHN N. RICHARDSON
2405 BELLEVUE MANOR DR.
NASHVILLE, TN 37221

BILL GARRETT, Davidson County
Trans:T20120024483 AFFIDAVIT
Recvd: 04/04/12 11:16 5 pgs
Fees:27.00 Taxes:0.00
20120404-0028654

**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:
**Jacqueline D. (Evans) Richardson**, a resident of Davidson County, State of Tennessee, who died July 27, 2011 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:

Land in Davidson County, Tennessee, as described in **Deed Book 5933, Page 283**, Register's Office for Davidson County, Tennessee. The description from the said Deed is 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 **Jacqueline D. (Evans) Richardson** was the sole owner of the herein listed property by virtue of the afore referenced Deed from **William Roger Evans** dated August 27, 1982.

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

**REFERENCE** is made to prior title recorded in **Deed Book 4029, Page 539,** In the Register's Office of Davidson County, Tennessee.

The undersigned received one hundred (100%) interest in the real estate described above by virtue of:

Being the recipient of the real estate under the provisions of the decedent **Jacqueline D. (Evans) Richardson's** Last Will and Testament, which was probated in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 11P – 1337.**

(1) The Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit B**.

(2) The release from Tennessee TennCare is attached as **Exhibit C**.

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.

**John N. Richardson**

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **John N. 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 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 28TH day of MARCH, 2012.

**Notary Public**

**My commission expires:** 9-21-2015

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

# STATE OF TENNESSEE
## Office of Vital Records

STATE FILE NUMBER: 1104465

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Jacqueline Evans Richardson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 27, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-9399
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): December 9, 1941
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. 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): The Alive Hospice Residence
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John N. Richardson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Branch Manager of Credit Union
12b. KIND OF BUSINESS/INDUSTRY: Nashville Electric Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2405 Bellevue Manor Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
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+): 2

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Thomas Duncan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mildred Jackson

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): John N. Richardson
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2405 Bellevue Manor Drive, Nashville, TN 37221

**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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Marshall, Justin D.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6268
21c. SIGNATURE OF EMBALMER: ▶ Marshall, Justin D.
21d. LICENSE NUMBER OF EMBALMER: 6269
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100 / PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Marshal Y. Starks, Dep
24. DATE FILED (Month, Day, Year): August 5, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 8-04-2011
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): David B. Tribble, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Diastolic and Systolic Dysfunction Heart Failure
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. Mitral Stenosis following Porcine Valve Replacement
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

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

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 [ ] 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)

F-1659 (REV. 6/99)

EXHIBIT A

BIRTH NO.

RDA 1399

4619913

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

Onya Y. Foreman
Onya Y. Foreman, Local Registrar
Davidson County, Tennessee

AUG 05 2011
Date Issued

CERTIFICATION OF VITAL RECORD

N0019001 8065883120229

# TENNESSEE DEPARTMENT OF REVENUE

EXHIBIT B

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

March 4, 2012

RICHARDSON JACQUELINE E
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

| | |
|---|---|
| Account Type: | INHERIT TX |
| Account No.: | 441655827 |
| Date of Death: | July 27, 2011 |
| County: | DAVIDSON |
| SSN: | XXX-XX-9399 |

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

RICHARDSON JACQUELINE E
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

March 4, 2012

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| Estate Tax: | $0.00 |
| Interest: | $0.00 |
| 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

FILED
2011 SEP 27 PM 1:59
RICHARD R. ROOKER, CLERK
_____ D.C.

9/8/2011

11P-1337

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

RE: JACQUELINE E. RICHARDSON
415649399

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 C