This Document prepared by:
HOWARD M. SKIPWORTH, Attorney
From documents and information
Furnished by client.
No Title Examination Requested.

Owners: TOMMY BURGESS SHEARON, JR.
And PHILLIP RAY SHEARON

MAP & PARCEL NO.:
01400002100
DESCRIPTION:
E Side Harper Road
N of Clarksville Pike

Send TAX NOTICE TO:
TOMMY BURGESS SHEARON, JR.
1603 QUAIL ROOST CIRCLE
WILMINGTON, NC 28403

PHILLIP RAY SHEARON
5485 HIGHWAY 41A
JOELTON, TN 37080

BILL GARRETT, Davidson County
Trans:T20120030764 AFFIDAVIT
Recvd: 04/27/12 08:54 23 pgs
Fees:117.00 Taxes:0.00
20120427-0036004

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and say:

TOMMY BURGESS SHEARON, a resident of Davidson County, State of Tennessee, who died March 13, 2011 as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

SEE EXHIBIT "B"
FOR DESCRIPTION

Being the same property conveyed to T.B. Shearon AKA Tommy Burgess Shearon and wife, Anna Belle Shearon, by deed from O'Connor Homes of Nashville, Inc., of record in Book 3610, Page 385, Register's Office for Davidson County, Tennessee. The said Anna Belle Shearon having died on July 10, 2005 as evidence by Certificate of Death attached as Exhibit "C".

This is improved property known as and located at 7148 Harper Road, Joelton, Tennessee 37080.

SUBJECT TO governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 3610, Page 385 in the Register's Office of Davidson County, Tennessee.

The undersigned received equal interest in the real estate described above by virtue of being the recipients of the real estate under the provision of the decedent's Will, probated in the Seventh Circuit Court, Probate Division of Davidson County, State of Tennessee, Case No. 11P-812. (A copy of Will, Petition, and Order to Probate are attached as Exhibits D, E, and F).

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 441662702, a copy of which is attached as Exhibit G.

The Tenncare Release dated February 1, 2012, has been received, a copy of which 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 the beneficiaries.

TOMMY BURGESS SHEARON, JR.
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 18th day of April, 2012.

ANITA LANCASTER CARLSON
NOTARY PUBLIC
PENDER COUNTY, NC
My Commission Expires 12-12-2015

Anita Lancaster Carlson
NOTARY PUBLIC
My Commission expires: 12-12-2015

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared TOMMY BURGESS SHEARON, JR., the within named beneficiary, 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 18th day of April, 2012.

ANITA LANCASTER CARLSON
NOTARY PUBLIC
PENDER COUNTY, NC
My Commission Expires 12-12-2015

Anita Lancaster Carlson
NOTARY PUBLIC

My Commission expires: 12-12-2015

ANITA LANCASTER CARLSON
NOTARY PUBLIC
PENDER COUNTY, NC
My Commission Expires 12-12-2015

Phillip Ray Shearon

PHILLIP RAY SHEARON,
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 5th day of April, 2012.

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2016

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires:_____

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared PHILLIP RAY SHEARON, the within named beneficiary, 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 5th day of April, 2012.

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2016

Howard M. Skipworth
NOTARY PUBLIC

My Commission expires:_____

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Thomas Burgess Shearon
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 13, 2011
4. SOCIAL SECURITY NUMBER: [redacted]2226
5a. AGE-LAST BIRTHDAY (Years): 89
6. DATE OF BIRTH (Month, Day, Year): Mar 27, 1921
7. BIRTHPLACE (City and State or Foreign Country): Chapmansboro, TN
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): Golden Living Center - Springfield
9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield
9d. COUNTY OF DEATH: Robertson
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.): Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Auto repair
13a. RESIDENCE - STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 7148 Harper Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
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+):
17. FATHER'S NAME (First, Middle, Last): Hutton Green Shearon
18. MOTHER'S NAME (First, Middle, Maiden Surname): Effie Elmer Basford
19a. INFORMANT'S NAME (Type/Print): Phillip Shearon
19b. RELATIONSHIP TO DECEASED: son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5485 Hwy 41A Joelton, TN 37080
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): Mallory's UMC Cemeter
20c. LOCATION-City or Town, State: Chapmansboro, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Kenneth T. Anderson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3215
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P.O. Box 68, 3581 Old Clarksville Pike, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193
23. REGISTRAR'S SIGNATURE: Donna McEwin LR
24. DATE FILED (Month, Day, Year): March 24, 2011
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: 59283
25c. DATE SIGNED (Month, Day, Year): 3/24/11
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): John Manning, M.D., 2536 Hwy 49, P O Box 69, Pleasant View, TN 37146
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. Heart Failure
DUE TO (OR AS A CONSEQUENCE OF): b. Arrhythmia
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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
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)
BIRTH NO.

4534916

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

Donna McEwing, Local Registrar
Robertson County

March 24, 2011
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

Land in Davidson County, Tennessee, in the 14th Civil District of said County, and described according to a survey of a part of the A.J. William tract, according to a survey made by Hickerson-Miller Engineers-Surveyors, and shown as Tract No. 23 on said survey as follows:

Beginning at a point in the easterly margin of Harper Road, said point being 1179.5 feet north of the centerline of Highway No. 112, being the corner of Lots 23 and 24; thence with the margins of said road, north 2° 13′ west 100 feet to a point; thence north 89° 00′ east 435 feet to a point; thence south 2° 13′ east 100 feet to a point; thence south 89° 00′ west 435 feet to the point of beginning.

Being the same property conveyed to T.B. Shearon and wife, Anna Belle Shearon, by deed from O'Connor Homes of Nashville, Inc., as of record in Book 3610, Page 385, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT C

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): Anna Belle Shearon
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 10, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7779
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 27, 1921
7. BIRTHPLACE (City and State or Foreign Country): Cheatham County, TN.
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): Beverly Healthcare
9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield
9d. COUNTY OF DEATH: Robertson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Thomas B. Shearon
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Revenue Dept.
12b. KIND OF BUSINESS/INDUSTRY: State of Tenn.
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 7148 Harper Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Clay Dozier
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sadie Morris

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Phillip Shearon
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5485 Hwy 41 A., Joelton, TN 37080

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): Mallory Chapel Cemetery
20c. LOCATION-City or Town, State: Chapmansboro, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P.O. Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Donna McEwen
24. DATE FILED (Month, Day, Year): July 20 2005

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: Family Physician
25b. LICENSE NUMBER: 00000 24985
25c. DATE SIGNED (Month, Day, Year): July 17, 2005
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
25b. LICENSE NUMBER
25c. 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): Robert Ferland, M.D., 2102 A Park Plaza, Springfield, TN 37172

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.	Cerebrovascular Event (Stroke)	hours
DUE TO (OR AS A CONSEQUENCE OF): b.	Generalized Atherosclerosis	years
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

SEE INSTRUCTIONS ON OTHER SIDE

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 [ ] 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 [X] 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)

H-1659 (REV. 6/00) ODA 1398

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.

ROBERTSON COUNTY HEALTH DEPT.
800 SOUTH BROWN ST.
Sharon M. Leinbach SPRINGFIELD, TN 37172
STATE REGISTRAR 615-384-4504
FAX 615-[redacted]

Date Issued 7-20-05

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

TOMMY BURGESS SHEARON

I, TOMMY BURGESS SHEARON, of 7148 Harper Road, Joelton, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

Should I predecease my beloved wife, I devise and bequeath to my beloved wife all my property, including; however, but not specifically limited to, real, personal, tangible or intangible, wherever the same may be located.

If my wife should predecease me, I devise and bequeath all my property, including, however, not specifically limited to, real, personal, tangible and intangible, wherever the same may be located; as outlined in subsequent paragraphs herein.

ARTICLE I
PROVISIONS RELATIVE TO FIDUCIARIES

*1.1 **Definition**. The term "fiduciaries" means the executor, executrix, trustee, or guardian serving at any time under my will and includes successors.*

*1.2 **Bond**. No bond is required of any fiduciary appointed under this will or by a court.*

*1.3 **Waiver of Inventory and Appraisals.** I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.*

*1.4 **Resignation.** The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.*

ARTICLE 2
DEFINITIONS

2.1 **My Spouse**. My spouse is **ANNA BELLE SHEARON**, residing at 7148 Harper Road, Joelton, Davidson County, Tennessee.

2.2 **My Children**. My children are **TOMMY BURGESS SHEARON, JR.**, date of birth May 31, 1947, residing at 351 Gatewood Avenue, Winston Salem, North Carolina; and **PHILLIP RAY SHEARON**, date of birth February 3, 1958, residing at 5485 Highway 41A, Joelton, Tennessee; and **HUTTON CLAY SHEARON**, date of birth March 7, 1959, who predeceased the making of this my Last Will.

2.3 **Singular and Masculine Usage**. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 3
FIDUCIARIES

3.1 **Executors**. I appoint **ANNA BELLE SHEARON**, of 7148 Harper Road, Joelton, Tennessee, as executrix of my will. If **ANNA BELLE SHEARON** fails to qualify or ceases to serve, then my sons, **TOMMY BURGESS SHEARON, JR.**, of 351 Gatewood Avenue, Winston Salem, North Carolina, and **PHILLIP RAY SHEARON** of 5485 Highway 41A, Joelton, Tennessee, as co-executors.

ARTICLE 4
SIMULTANEOUS DEATH

If my wife should predecease me or die at the same time I do or not survive me by as many as thirty (30) days, I bequeath all of the above-mentioned property, as specifically outlined hereinafter, to my living children, the issue of a deceased child representing and taking the deceased parent's share per stripes. In the division as outlined herein, if any of my children or issue of deceased children shall be a minor, I direct that the executor shall represent such minor. In making such division, if there shall be any disagreement among my children or issue of deceased children, I direct that the executor shall determine and put into effect the method of settling any such disagreement and that the result of the method so determined shall be conclusive.

Initials

ARTICLE 5
PAYMENT OF DEBTS, EXPENSES AND TAXES

5.1 **Debts, Funeral and Administration Expenses**. My executor is to pay all burial expenses, the expenses of my last illness, and the administration expenses of my estate. My executor shall pay all my just debts, including, but not limited to, mortgages secured by real estate located at 7148 Harper Road, Joelton, Davidson County, Tennessee.

5.2 **Income Tax Treatment of Administration Expenses**. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating adjustments between the income and principal are to be made because of such decision.

5.3 **Taxes**.

(a). **Defined**. The terms "taxes" means any transfer tax assessed because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). **Payment**. My executor is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executor is to pay the taxes from my Remainder Estate.

ARTICLE 6
DISTRIBUTION OF TANGIBLE AND INTANGIBLE PERSONAL PROPERTY

I bequeath to each of the following persons the property set forth opposite his or her respective name:

6.1 To my two sons, **TOMMY BURGESS SHEARON, JR.**, and **PHILLIP RAY SHEARON**, to share and share alike equal interest, all my farm equipment and automobile or automobiles I own at the time of my death, together with all policies of insurance on said property against any loss of whatsoever kind.

6.2 To my two sons, **TOMMY BURGESS SHEARON, JR.**, and **PHILLIP RAY SHEARON**, to share and share alike equal interest, all my personal and household effects, including all furniture, library, work of art, chinaware, glassware, and silverware used or located about my residence, all my strictly personal belongings such as jewelry, money and clothing, I may own at the time of my death, together with all policies of insurance on said property against any loss of whatsoever kind.

ARTICLE 7
DISTRIBUTION OF REAL PROPERTY

I devise to each of the following persons the property set forth opposite his or her respective name:

*7.1 To my two sons, **TOMMY BURGESS SHEARON, JR.**, and **PHILLIP RAY SHEARON**, I devise and bequeath the homeplace located at 7148 Harper Road, Joelton, Davidson County, Tennessee, to share and share alike equal interest.*

ARTICLE 8
DEALING WITH FIDUCIARIES

*8.1 **Dealing with Executor**. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered, or loaned to the executor.*

*8.2 **Income During Administration**. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same person, and in the same proportions, as might be made if the administration were completed.*

*8.3 **Power to Disclaim**. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.*

*8.4 **Joint Accounts**. If any of my accounts are joint accounts with right of survivorship, it is my intention that these joint accounts pass to the surviving joint owner at my death.*

*8.5 **Indemnity of Fiduciary.** I want my fiduciary to exercise its discretion without fear of incurring a liability or expense. Therefore, unless it acts capriciously or arbitrarily, my estate must indemnify the fiduciary for each monetary expense (including attorney fees) which it incurs or expends, or which arises from the exercise of discretion.*

Initials

ARTICLE 9

Should any beneficiary under this will, in any manner, directly or indirectly attack or contest this will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

ARTICLE 10

SIGNATURE

This will consists of five (5) pages (each of which I have signed or initialed) covering Articles 1 through 9 inclusive. I now sign this as my Will on this the 12th day of March, 1993, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

***IN WITNESS WHEREOF,** I have set my hand this 12th day of March, 1993.*

Tommy Burgess Shearon
TOMMY BURGESS SHEARON

***SIGNED, DECLARED and PUBLISHED** by the said **TOMMY BURGESS SHEARON**, as and for his last Will, in the presence of us, the undersigned, who, at his request and in his sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date written.*

NAME	***ADDRESS***
Elsie Fetts	6540 Clarksville Hwy Joelton Tn. 37080
Joanne E. Calvert	3515 OH Clarksville Pike Joelton, Tn. 37080

AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence ***TOMMY BURGESS SHEARON****, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testator's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testator's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testator was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.*

Elsie Felts — 6540 Old Hwy. Fulton, Ms.
WITNESS *ADDRESS*

Connie E. Caldwell — 3515 Old Clarksville Pike
WITNESS *ADDRESS* Fulton, Tn. 38078

Subscribed and sworn to before me

this 24th *day of March, 1993.*

Sherri L Spann
NOTARY PUBLIC

My Commission Expires: 6-3-96

EXHIBIT E

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**), FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE

FILED
2011 MAY 19 PM 2:24
RICHARD R. ROOKER, CLERK
D.C.

In Re: Estate of
TOMMY BURGESS SHEARON
Deceased.

No. 11P-812

PETITION FOR PROBATE OF WILL

Comes the Petitioner, ***PHILLIP RAY SHEARON,*** who would respectfully show unto this Honorable Court as follows, to-wit:

1. Petitioner, ***PHILLIP RAY SHEARON***, has a mailing address of 5485 Highway 41A, Joelton, Davidson County, Tennessee, 37080. Petitioner is a son of the deceased, and the person named as Personal Representative under the Last Will and Testament of ***TOMMY BURGESS SHEARON,*** deceased, and an interested party in this estate. Tommy Burgess Shearon, Jr., the other nominee under the Will to serve as Co-Personal Represetative, has executed an Affidavit of Declination as evidenced on attached *EXHIBIT A*.

2. ***TOMMY BURGESS SHEARON*** died on 13 March 2011, at the age of eighty-nine (89) years. At the time of his death, the decedent had his usual residence at 7148 Harper Road, Joelton, Davidson County, Tennessee. A copy of his Certificate of Death is attached hereto as *EXHIBIT B*.

3. ***TOMMY BURGESS SHEARON*** left a paperwriting dated 12 March 1993, purporting to be his Last Will and Testament and whereon his name is signed thereto and ***ELSIE FELTS*** *and* ***CONNIE E. CALVERT*** are the *subs*cribing witnesses. A copy of said paperwriting together with a copy of the Affidavits of subscribing witnesses, as authorized by *Tennessee Code Annotated, Section 32-2-110*, are attached hereto as *EXHIBIT C*.

4. The names, relationships and residences of the beneficiaries under said paperwriting dated 12 March 1993, are as follows, to-wit:

Name:	Tommy Burgess Shearon, Jr.
Age:	Adult
Relationship:	Son
Address:	1603 Quail Roast Circle Wilmington, NC 28403

Name:	Phillip Ray Shearon
Age:	Adult
Relationship:	Son
Address:	5485 Highway 41A Joelton, TN 37080

5. The names, relationships and residences of the intestate heirs of ***TOMMY BURGESS SHEARON,*** deceased, should the paperwriting dated 12 March, 1993 not be admitted to probate, are as follows, to-wit:

Name:	Tommy Burgess Shearon, Jr.
Age:	Adult
Relationship:	Son
Address:	1603 Quail Roast Circle Wilmington, NC , TN 37080

Name:	Phillip Ray Shearon
Age:	Adult
Relationship:	Son
Address:	5485 Highway 41A Joelton, TN 37080

6. The Petitioner's name, relationship and mailing address are as follows:

Name:	Phillip Ray Shearon
Age:	Adult
Relationship:	Son
Address:	5485 Highway 41A Joelton, TN 37080

7. To the Petitioner's knowledge, ***TOMMY BURGESS SHEARON*** died seized and possessed of real property and personal property with a value that is yet to be determined.

8. Petitioner is ready, willing and able to serve as Personal Representative of the estate and he will faithfully and truthfully perform his duties as Personal Representative.

9. The paperwriting, at paragraph entitled "Article 1" (pg. 1) excuses bond.

10. All of the residuary distributes, being adults, have agreed to waive inventory and interim accountings as evidenced by the Agreement to Waive Inventory and Interim Accountings attached hereto and made a part hereof.

11. The estimated gross value of the Decedent's estate for Tennessee Inheritance Tax has not been determined at the filing of this petition.

12. To the Petitioner's knowledge, ***TOMMY BURGESS SHEARON*** was not enrolled in the TennCare Program at the time of his death.

FOR THE PREMISES SEEN AND CONSIDERED, PETITIONER PRAYS AS FOLLOWS, TO-WIT:

1. That this Honorable Court declare the paperwriting dated 12 March, 1993 to be the whole, true and Last Will and Testament of ***TOMMY BURGESS SHEARON,*** deceased, and that said paperwriting be admitted to probate.

2. That Petitioner be appointed Personal Representative under the Last Will and Testament of ***TOMMY BURGESS SHEARON,*** deceased and that the Probate Clerk be directed to issue Letters Testamentary to the Petitioner, ***PHILLIP RAY SHEARON,*** upon his appearing, taking oath, posting bond if required, and otherwise qualifying as required by law.

3. The requirement of notice to creditors be pursuant to *Tennessee Code Annotated, Section 30-2-306;* and Notice be given to the Department of Revenue as required in *Tennessee Code Annotated, Section 67-8-406.*

4. That bond be waived and excused pursuant to *Tennessee Code Annotated, Section 30-1-201(a)(1)(A).*

5. That Interim Accounting(s) be waived and excused pursuant to *Tennessee Code Annotated, Section 30-2-601(a)(2).*

6. That Petitioner has all such other, further and general relief as the equities of this case may require and as he may be entitled to upon a hearing.

PHILLIP RAY SHEARON

Respectfully submitted,

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

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

PHILLIP RAY SHEARON, first duly sworn, makes oath that the statements contained in the foregoing Petition to Probate are true according to the best of his knowledge, information and belief.

Phillip Ray Shearon
PHILLIP RAY SHEARON

Sworn to and subscribed before me
this 12th day of May, 2011.

Howard M. Shipwash
NOTARY PUBLIC
My commission expires: _____



My Commission Expires JAN. 9, 2012

EXHIBIT F

FILED

IN THE **SEVENTH** CIRCUIT COURT **(PROBATE DIVISION)**, FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE 2011 MAY 19 PM

RICHARD R. ROOKER,

In Re: ESTATE OF
TOMMY BURGESS SHEARON,
Deceased

Case No. 11P-812

PHILLIP RAY SHEARON,
Executor

ORDER TO PROBATE

Based on an examination of the Petition, and the sworn oath of Petitioner on Thursday, May 19, 2011, the Master finds the following:

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

B. Decedent died on March 13, 2011 at the age of eighty-nine (89);

C. Decedent left a paper writing bearing date of March 12, 1993, which was his Last Will and Testament (the "will").

D. Petitioner is the son of the decedent and under T.C.A. Section 30-1-106 is one of the persons entitled to serve as Executor;

E. Decedent owned property at decedent's death which is subject to a Court supervised administration by this Court worth less than one million ($1,000,000.00) dollars.

F. The estimated gross estate for Tennessee Inheritance Tax purposes is less than one million ($1,000,000.00) dollars.

G. Each person who is a residuary beneficiary of the estate is an adult and each has consented to the personal representative's being excused from bond, filing an inventory and filing interim accountings as evidenced by each beneficiary's signed acknowledged Agreement to Waive Bond, Inventory and Interim Accountings.

Based on these findings, the Master recommends the following:

1. After administering the oath, Letters of Testamentary be issued to ***PHILLIP RAY SHEARON.***

2. All bond is excused;

3. The requirement of an inventory is waived;

4. The requirement of interim accountings is waived; however, an estate status report shall be filed annually on the date of this Order until the estate is closed.

5. Notice will be issued to creditors and the Department of Revenue as required by T.C.A. Section 30-2-306 and 67-8-406 respectively; and

6. The personal representatives shall file the affidavit certifying the sending of a copy of the Letters Testamentary to each heir at law within sixty (60) days of the date of this Order.

From all of which, the Court finds that Letters Testamentary shall be issued to ***PHILLIP RAY SHEARON.***

IT IS THEREFORE ORDERED, ADJUDGED and ***DECREED*** by the Court that said paper-writing is a true, whole and Last Will and Testament of ***TOMMY BURGESS SHEARON***, deceased; and the same be and hereby is admitted to

Probate as such; and the Clerk is hereby directed to file and record the same and issue Letters Testamentary to ***PHILLIP RAY SHEARON*** without bond.

ENTERED, this the 19th day of May, 2011.

PROBATE CLERK AND MASTER

Approved for entry:
HOWARD M. SKIPWORTH & ASSOCIATES

HOWARD M. SKIPWORTH #012469
Attorney for Co-Executor/Executrix
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
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:

Tommy Burgess Shearon, Jr.
1603 Quail Roast Circle
Wilmington, NC 28403

This the 19th 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: Phillip Ray Shearon
5485 Highway 41A
Joelton, TN 37080

EXHIBIT G

TENNESSEE DEPARTMENT OF REVENUE

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

March 25, 2012

ESTATE OF TOMMY B SHEARON
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441662702
Date of Death:	March 13, 2011
County:	DAVIDSON
SSN:	XXX-XX-2226

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 TOMMY B SHEARON
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

March 25, 2012

Account Type:	INHERIT TX
Account No.:	441662702
Date of Death:	March 13, 2011
County:	DAVIDSON
SSN:	XXX-XX-2226

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

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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 H

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

2/2/2012

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

RE: THOMAS B. SHEARON
3/13/2011

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,

Tangela J. Howard

Tangela J. Howard
Supervisor