BILL GARRETT, Davidson County
Trans:T20120034755 AFFIDAVIT
Recvd: 05/10/12 15:57 4 pgs
Fees:22.00 Taxes:0.00
20120510-0040764

This Instrument Prepared By:
John P. Long, Jr.
Taylor, Pigue, Marchetti, & Mink, PLLC
2908 Poston Avenue
Nashville, TN 37203-1312

# AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE )
)
COUNTY OF DAVIDSON )

The undersigned, being duly sworn, deposes and says:

Juanita B. Bass, a resident of Davidson County, State of Tennessee, who died on January 11, 2011, as evidenced by a copy of the Death Certificate attached as EXHIBIT "A", held a joint tenancy with Walter Michael Hill in the following described real estate:

A certain tract or parcel of land in Davidson County, TN described as follows, to wit;

Being Lots Nos. 22, 23, 24 and 25 of Block "B" on the Map of Yowell Place Subdivision of record in Book 974, page 61, Register's Office for Davidson County, Tennessee.

Said Lots Nos. 22, 23, and 25 adjoin and front together 100 feet on the easterly side of Hillcrest Drive and run back between lines 405 feet on the north line of Lot No. 22 and 403 feet on the southerly line of Lot No. 25, to a dead line in the rear on which they measure 100 feet.

Being the same property as conveyed by Warranty Deed from Willis S. Floyd and wife Kitty B. Ford, to Lisa K. Brown, unmarried, as of record in book 7261, page 406, to Lucille Hague book 8576, page 375, to Register's Office for Davidson County, Tennessee.

This is improved property known as 141 Hillcrest Drive, Madison, Tennessee, 37115.

SUBJECT TO Governmental Zoning and Subdivisions Ordinances and Regulations in effect thereon.

REFERENCE is made to prior Title recorded in Book 8576. Page 375 in the Register's Office of Davidson County, Tennessee, through the Last Will and Testament of Lucille B. Hague, Document WB-000002090000379.

BEING recipient of the real estate under the provisions of Lucille B. Hague Will probated in Probate Court of Davidson County, State of Tennessee, Case No. 96P1696 and the surviving tenant by the entirety.

A Tennessee Inheritance Tax Waiver has been received being number 441667118, a copy of which is attached as EXHIBIT B.

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 that the valuation oath is unnecessary, the affidavit being used to evidence the transfer of title to the property to a beneficiary.

Witness my hand this 8 day of May, 2012.

ESTATE OF JUANITA BASS
BY WALTER MICHAEL HILL,
ADMINISTRATOR

STATE OF TENNESSEE )
)
COUNTY OF DAVIDSON )

Before me, a notary public, duly appointed, commissioned and qualified in the State and County aforesaid, personally appeared Walter Michael Hill, 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 on oath, acknowledged that he executed the foregoing instrument for the purpose of therein contained as his free act and deed.

WITNESS WHEREOF, I have here unto set my hand and affixed my seal at my office in said county on this 8 day of May, 2012.

NOTARY PUBLIC

TRACY L. JOHNSON
STATE OF TENNESSEE
NOTARY PUBLIC
RUTHERFORD COUNTY

MY COMMISSION EXPIRES:
April 18, 2015

MY COMMISSION EXPIRES:
4-18-2015

# STATE OF TENNESSEE
## Office of Vital Records

1100156

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): Catherine Juanita Bass
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 11, 2011
4. SOCIAL SECURITY NUMBER: [redacted]9939
5. AGE - LAST BIRTHDAY (Years): 90
5a. UNDER 1 YEAR: MOS. / DAYS
5b. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Nov 26, 1920
7. BIRTHPLACE (City and State or Foreign Country): Old Hickory, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 209 Hillcrest Drive
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.): State Title Clerk
12b. KIND OF BUSINESS/INDUSTRY: Government
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 209 Hillcrest Drive
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 [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): Hessie Beech
18. MOTHER'S NAME (First, Middle, Maiden Surname): Pearlie Gertrude Fuller

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Walter Michael Hill
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 209 Hillcrest Drive Madison Tennessee

**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): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Jerry L. Hunt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2530
21c. SIGNATURE OF EMBALMER: Daniel L. Jam
21d. LICENSE NUMBER OF EMBALMER: 4287
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 Old Hickory Blvd. East, Madison, Tennessee 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Deanna L. Stanley, DC
24. DATE FILED (Month, Day, Year): January 18, 2011

**CERTIFIER**

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: David Harrow MD
25b. LICENSE NUMBER: MD023975
25c. DATE SIGNED (Month, Day, Year): January 14, 2011
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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 Harrow MD, 3447 Dickerson Pike #380, Nashville, TN 37207

**CAUSE OF DEATH**

28. PART I. Enter the disease, 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. Metastatic Cancer of ovary — 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.

Approximate Interval Between Onset and Death: 5 years

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Coronary artery disease -- Congestive Heart Failure

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: 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 1309

4507413

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. Foreman
Tonya Y. Foreman, Local Registra
Davidson County, Tennessee

EXHIBIT A

JAN 18 2011
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD

# TENNESSEE DEPARTMENT OF REVENUE

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

April 21, 2012

ESTATE OF CATHERINE J BASS
ATTN: JOHN P LONG
2908 POSTON AVE
NASHVILLE TN 37203-1312

| | |
|---|---|
| Account Type: | INHERIT TX |
| Account No.: | 441667118 |
| Date of Death: | January 11, 2011 |
| County: | DAVIDSON |
| SSN: | XXX-XX-9939 |

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 CATHERINE J BASS
ATTN: JOHN P LONG
2908 POSTON AVE
NASHVILLE, TN 37203-1312

April 21, 2012

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| Estate Tax: | $0.00 |
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EXHIBIT B