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

SEND TAX BILLS TO:
NANCY S. BILBREY
805 WEST CYNTHIA TRAIL
GOODLETTSVILLE, TN 37072

BILL GARRETT, Davidson County
Trans:T20120047123 AFFIDAVIT
Recvd: 06/26/12 13:10 7 pgs
Fees:37.00 Taxes:0.00
20120626-0056025

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:
Lucille B. Searcy, a resident of Davidson County, State of Tennessee, who died November 19, 2011, as evidenced by a copy of her 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 as lot 50 in **Deed Book 2105, Page 229**, and as lot 51 in **Deed Book 2105, Page 227**, Register's Office for Davidson County, Tennessee. Said description of the properties are hereby incorporated from the afore referenced Deeds and 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 **Lucille B. Searcy** was the sole owner of the herein above listed properties by virtue of being the surviving tenant by the entirety her husband **Elbie Morris Searcy**, having died May 15, 2001.

A copy of his Certificate of Death is attached as **Exhibit B**.

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 2030, Page 385,** In the Register's Office of Davidson County, Tennessee.

The undersigned received one hundred (100%) interest divided into two equal undivided interest of fifty (50%) each (as tenants in common) in the real estate described above by virtue of:

Being the recipient of the real estate under the provisions of the decedent **Lucille B. Searcy** Last Will and Testament, which was probated in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 12P – 44.**

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

(2) The release from Tennessee TennCare of **Lucille B. Searcy**, is attached as **Exhibits D**.

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.

Nancy S. Bilbrey

Nancy S. Bilbrey

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Nancy S. Bilbrey**, 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 29TH day of MAY, 2012.

Janice Boone

Notary Public

My commission expires: 9-21-2015

William R. Searcy

William R. Searcy

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **William R. Searcy**, 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 29TH day of MAY, 2012.

Janice Boone

Notary Public

My commission expires: 9-21-2015

JANICE BOONE
NOTARY PUBLIC
TENNESSEE
STATE AT LARGE
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

1106784

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): Lucille B. Searcy
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 19, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]6069
5a. AGE LAST BIRTHDAY (Years): 98
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): March 03, 1913
7. BIRTHPLACE (City and State or Foreign Country): Hopkinsville, Kentucky
8. 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): 515 Moncrief Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widow
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.): Home Maker
12b. KIND OF BUSINESS/INDUSTRY: At Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 515 Moncrief Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [✓] Yes 2 No
13f. ZIP CODE: 37072
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): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Bailey Peyton Belk
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nancy Lillian Hays

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Bilbrey
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 805 West Cynthia Trail, Goodlettsville, TN 37072

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): Maple Hill Cemetery
20c. LOCATION-City or Town, State: Portland, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: John Andrew Pavlek
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5755
21c. SIGNATURE OF EMBALMER: Jeffrey Plunk
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home & Memorial Gardens, 1150 Dickerson Road, Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers DR
24. DATE FILED (Month, Day, Year): November 23, 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: Sally J. Killian MD
25b. LICENSE NUMBER: 18700
25c. DATE SIGNED (Month, Day, Year): 11-23-11
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): Sally J. Killian, MD. 222 22nd 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

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Kidney Failure — Approximate Interval Between Onset and Death: years
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. hypertensive heart disease — years
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.: hyperlipidemia, peripheral arterial disease

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 "A"

5083196

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, Local Registrar
Davidson County, Tennessee

NOV 29 2011
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE (PRINT IN PERMANENT BLACK INK) FOR INSTRUCTIONS SEE HANDBOOK

0102852

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Elbie Morris Searcy
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 15, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted] 8231
5a. AGE – LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan 22, 1914
7. BIRTHPLACE (City and State or Foreign Country): Portland, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
5e. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify)
5b. FACILITY NAME (If not institution, give street and number): Alive Hospice Center
5c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
5d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Lucille Belk
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Millwright
12b. KIND OF BUSINESS/INDUSTRY: Ford Glass Plant
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 515 Moncrief Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 10; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Eddie Allison Searcy
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Bell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Bilbrey
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 805 West Cynthia Trail Goodlettsville, Tennessee 37072

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): Maple Hill Cemetery
20c. LOCATION – City or Town, State: Portland, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry D. Briggs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4179
21c. SIGNATURE OF EMBALMER: ▶ Norris Jarrell
21d. LICENSE NUMBER OF EMBALMER: 2182
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeal Home Box 444 – Goodlettsville, TN 37070
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): May 29, 2001

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: 3434
25c. DATE SIGNED (Month, Day, Year): 5-23-01
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 HRS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): John Mulder, MD 1718 Patterson Street Nashville, TN 37073

SEE INSTRUCTIONS ON OTHER SIDE

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. Cerebrovasular Accident — Approximate Interval Between Onset and Death

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
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)

TN-1659
EV 1/89

EXHIBIT "B"

BIRTH NO

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

John P. Dunn
John P. Dunn
Local Registrar

Date Issued MAY 30 2001

CERTIFICATION OF VITAL RECORD

N0019001

6413830120606

TENNESSEE DEPARTMENT OF REVENUE

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

June 10, 2012

ESTATE OF LUCILLE B SEARCY
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	441686937
Date of Death:	November 19, 2011
County:	DAVIDSON
SSN:	XXX-XX-6069

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 LUCILLE B SEARCY
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

June 10, 2012

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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 "C"

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

1/11/2012

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

RE: LUCILLE B. SEARCY
11/19/2011

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,

Tangela J. Howard

Tangela J. Howard
Supervisor

EXHIBIT "D"