BILL GARRETT, Davidson County
Trans:T20130016864 AFFIDAVIT
Recvd: 02/28/13 15:41 6 pgs
Fees:32.00 Taxes:0.00
20130228-0020321

Prepared By:
J. Paul Singleton, Esq.
Manier & Herod,
A Tennessee Professional Corporation
One Nashville Place, Suite 2200
150 Fourth Avenue, North
Nashville, TN 37219
(615) 742-9306

OWNER:
Robert Mark Young
2716 Emery Drive
Nashville, TN 37214

SEND TAX BILLS TO:
(SAME)

MAP/PARCEL ID:
09609003200

AFFIDAVIT OF INHERITANCE

The undersigned Co-Affiants, each being duly sworn, make oath as follows:

ROBERT VERNON YOUNG, a resident of Davidson County, State of Tennessee, who died June 25, 2012, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real property located in Davidson County, Tennessee:

> Land in Davidson County, Tennessee, being Lot No. 17 on the map of Meadowview Acres, as of record in Book 2133, page 50, Register's Office for Davidson County, Tennessee.
>
> Said Lot 17 fronts 100 feet on the northerly side of Emery Drive and runs back between lines 134.6 feet on the westerly line and 162 feet on the easterly line to a dead line, measuring 145.7 feet thereon.
>
> Being the same property conveyed to Robert V. Young by Quitclaim Deed dated April 28, 2003 from Lisa Marie Sullivan of record as Instrument No. 20030724-0103956 in the Register's Office for Davidson County, Tennessee. Also being the same property conveyed to Lisa Marie Sullivan by Quitclaim Deed dated September 13, 2000 from Robert V. Young of record as Instrument No. 20030724-0103956 in the Register's Office for Davidson County, Tennessee. Reference is further made to prior title recorded in Book 3178, Page 139, in the Register's Office of Davidson County, Tennessee.

The undersigned received all of the interest in and to the real estate described above by virtue of the laws of descent and distribution, being the decedent's surviving children and his only heirs at law. Further, a Tennessee Inheritance Tax Waiver has been filed with the Tennessee Department of Revenue on January 17, 2013, a copy of which is attached as Exhibit B. The Bureau of TennCare has released any interest in recovery from the Estate of Robert V. Young; a copy of said release is attached as Exhibit C.

WITNESS OUR HANDS this 20th day of February, 2013.

Robert Mark Young
R. Mark Young
ROBERT MARK YOUNG, Affiant

Lisa M Sullivan
LISA MARIE SULLIVAN, Affiant

AGREED AND CONSENTED TO BY:

Emily K Young
EMILY K. YOUNG, Daughter of Robert Mark Young

Brett T. Young
BRETT T. YOUNG, Son of Robert Mark Young

STATE OF TENNESSEE)
COUNTY OF Wilson)

On this 20th day of Feb, 2013, before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared ROBERT MARK YOUNG, 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 ROBERT MARK YOUNG executed the foregoing instrument for the purposes therein contained as his free act and deed.

WITNESS MY HAND and notarial seal.

JAMI L. PORTER
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

Jami L Porter
Notary Public
My Commission Expires: 11-8-15

708544.1

STATE OF TENNESSEE)
COUNTY OF Wilson)

On this 20th day of February, 2013, before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared LISA MARIE SULLIVAN, 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 LISA MARIE SULLIVAN executed the foregoing instrument for the purposes therein contained as her free act and deed.

WITNESS MY HAND and notarial seal.

JAMI L. PORTER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

Jami L Porter
Notary Public
My Commission Expires: 11-8-15

STATE OF TENNESSEE)
COUNTY OF Wilson)

Personally appeared before me, Emily K. Young, a Notary Public, in and for said State and County, EMILY K. YOUNG, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument) and who acknowledged that she executed the within instrument for the purposes therein contained as her free act and deed.

WITNESS MY HAND and official seal at Mt Juliet, Tennessee, this the 20th day of February, 2013.

Jami L Porter
Notary Public
My Commission Expires: 11-8-15

JAMI L. PORTER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

STATE OF TENNESSEE)
COUNTY OF Wilson)

Personally appeared before me, Brett T. Young, a Notary Public, in and for said State and County, BRETT T. YOUNG, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument) and who acknowledged that he executed the within instrument for the purposes therein contained as his free act and deed.

WITNESS MY HAND and official seal at Mt Juliet, Tennessee, this the 20th day of February, 2013.

Jami L Porter
Notary Public
My Commission Expires: 11-8-15

JAMI L. PORTER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

Pursuant to T.C.A. § 67-4-409(a)(3)(D) and T.C.A. § 67-4-409(a)(5), this instrument is exempt from tax and I am making oath of value.

708544

STATE OF TENNESSEE
Office of Vital Records

1203788 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Robert Vernon Young
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 25, 2012
4. TIME OF DEATH (Actual): 5
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 DAY — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 16, 1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not Institution, give street and number): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Clerk
11b. KIND OF BUSINESS/INDUSTRY: U.S. Postal Service

12. SOCIAL SECURITY NUMBER: [redacted]8622
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2716 Emery Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade; no diploma
[X] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Frank J. Young
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary J. Zink

DISPOSITION

20a. INFORMANT'S NAME: Robert Mark Young
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 204 Parallel Place, Mount Juliet, TN 37122

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Calvary Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Brian S. Davidson
22b. LICENSE NUMBER: 5814
22c. SIGNATURE OF EMBALMER: ▶ Brian S. Davidson
22d. LICENSE NUMBER: 5815
23a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Ave. North, Nashville TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Donald L. Starkey, Dr.
25. DATE FILED (Month, Day, Year): July 2, 2012

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 38945
27c. DATE SIGNED (Month, Day, Year): 6/29/12
27d. NAME AND ADDRESS: 5653 First Blvd, Suite 630, Hermitage TN 37076

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPSIS = ACUTE RENAL FAILURE	HOURS – DAYS
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. UTI — Due to (or as a consequence of)	DAYS
	c. DEHYDRATION & DEMENTIA — Due to (or as a consequence of)	DAYS – MONTHS
	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.
ACUTE RENAL FAILURE, HYPERNATREMIA, DM2, CAD

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) — RDA 1399

Exhibit A

5089386

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.

JUL 02 2012

Teresa S. Hendricks
STATE REGISTRAR

Tonya F. Thurman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX RELEASE
FOR REAL OR PERSONAL PROPERTY

NOTICE: THIS DOCUMENT BECOMES AN OFFICIALSTATE RECORD WHEN COMPLETED. INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY IN INK. COMPLETE A SEPARATE INHERITANCE TAX RELEASE FORM FOR EACH PARCEL OF REAL PROPERTY OR FOR EACH BANK OR CORPORATION.

NAME OF DECEDENT: Robert Vernon Young

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: 199-18-8622

APPLICATION:

ATTACHED: YES X NO ___

ON FILE: YES ___ NO ___ IF SO DATE FILED ___

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property now in your custody, or standing on your records in the name of the captioned decedent.

DESCRIPTION OF PROPERTY:
(List only one)
2716 Emery Drive, Nashville, TN 37214
Land in Davidson County, Tennessee, being Lot No. 17 on the map of Meadowview Acres, of record in Book 213, page 50, Register's Office for Davidson County, Tennessee.

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

Representative of the Estate
(Not valid unless signed)

RETAIN SECOND COPY FOR YOUR RECORDS. RETURN ORIGINAL AND FIRST COPIES TO THE TENNESSEE DEPARTMENT OF REVENUE, 500 DEADERICK ST., NASHVILLE, TN 37242.

DEPARTMENTAL USE ONLY

Amy Green
For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

JAN 17 2013
Date approved
Inheritance - Gift Tax Section

J. Paul Singleton, Esq., Maner & Herod, PC
One Nashville Place, Suite 2200
150 4th Avenue North
Nashville, TN 37219

Release will be mailed to address to the left. Type or print clearly in ink the complete address (include street number and zip code.) Address should be contained within the space provided.

RV-F1401501 (Rev. 8-09)

Exhibit B

12P-1556 COPY

ED

2012 OCT 19 PM 3:33

RICHARD R. ROOKER, CLERK

D.C.

State of Tennessee
Department of Finance and Administration
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

Bill Haslam
Governor

Mark A. Emkes
Commissioner

10/15/2012

J. PAUL SINGLETON
ONE NASHVILLE PLACE, STE. 2200
150 FOURTH AVENUE NORTH
NASHVILLE, TN 37219

RE: ROBERT V. YOUNG
Last Four Of SSN 8622

Dear J. PAUL SINGLETON:

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,

Angela J. Howard

Exhibit C