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

SEND TAX BILLS TO:
LISA ELAINE FINCH
5813 CARL PLACE
NASHVILLE, TN 37209

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:
James Clifton Finch, a resident of Davidson County, State of Tennessee, who died August 4, 2012 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 3859, Page 924**, 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 his death **James Clifton Finch** was the sole owner of the herein listed property by virtue of being the surviving tenant of a tenancy by the entirety with his wife, **Hazel C. Finch** she having died January 8, 2000 as evidenced by a copy of the Certificate of Death attached as **Exhibit B**.

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

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 **James Clifton Finch's** Last Will and Testament, which was probated in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 12P – 1486.**

A Disclaimer Pursuant to Tennessee Code Annotated Section 31-1-103, said disclaimer disclaims a life time estate in the property herein described to **Nora Perl Nall**. The Disclaimer was executed by Sherry Pardue pursuant to a power of Attorney granted to her by Nora Pearl Nall said Power of Attorney is recorded in the Register's Office of Davidson County, Tennessee instrument number 20120927 – 0088006. The Disclaimer was duly filed in the Probate Court for Davidson County, Tennessee and a copy is attached as **Exhibit C**.

BILL GARRETT, Davidson County
Trans:T20130017153 AFFIDAVIT
Recvd: 03/01/13 11:11 10 pgs
Fees:52.00 Taxes:0.00
20130301-0020748

(1) A copy of the Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit D**.

(2) A copy of the release from Tennessee TennCare is attached as **Exhibit E**.

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 **(a)(5)** further provides the valuation oath is unnecessary, the affidavit being used **T.C.A. § 67-4-409** evidence transfer of title to the property to a beneficiary.

Lisa Elaine Finch

LISA ELAINE FINCH

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Lisa Elaine Finch**, 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 28TH day of FEBRUARY, 2013.

Janice Boone

Notary Public

My commission expires: 5-21-2015

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

1201636 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James C. Finch
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 4, 2012
4. TIME OF DEATH (Approx.): 2:12 a.m.
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 2, 1931
7. BIRTHPLACE (City and State or Foreign Country): Houston County, Tenn.

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): Baptist Hospital
8c. CITY OR TOWN: Nashville
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: Carpenter
11b. KIND OF BUSINESS/INDUSTRY: NES

12. SOCIAL SECURITY NUMBER: [redacted]3985
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 5813 Carl Place
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 8th grade or less
[ ] 9th - 12th grade; no diploma
[ ] 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): Will Finch
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Flick

20a. INFORMANT'S NAME: Lisa Finch
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5813 Carl Place, Nashville, TN 37209

DISPOSITION

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

22a. SIGNATURE OF FUNERAL DIRECTOR: Michael P. Illobre
22b. LICENSE NUMBER: 5352
22c. SIGNATURE OF EMBALMER: Michael P. Illobre
22d. LICENSE NUMBER: 5353

23a. NAME AND ADDRESS OF FUNERAL HOME: West Harperth F.H., 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda K Bowers, DR
25. DATE FILED (Month, Day, Year): Aug. 09, 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: Cerb Hall
27b. LICENSE NUMBER: 30653
27c. DATE SIGNED (Month, Day, Year): 08/09/2012
27d. NAME AND ADDRESS: VETERAT REDDY, MD, 1804 STATE STREET, NASHVILLE, TN 37203

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. SHORTNESS OF BREATH
Due to (or as a consequence of):
b. PLEURAL EFFUSION
Due to (or as a consequence of):
c. CONGESTIVE HEART FAILURE, CARDIAC ARRHYTHMIA
Due to (or as a consequence of):
d. CHRONIC RENAL FAILURE

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

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

RDA 1399

PH-1659 (Rev. 10/2011)

5281562

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.

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

Teresa S. Hendricks
STATE REGISTRAR

AUG 09 2012
Date Issued

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

JAN 12 2000

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

John F. Dixon
LOCAL REGISTRAR

000071

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or medical examiner

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Hazel Clarine Finch
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 1-8-2000
4. SOCIAL SECURITY NUMBER: [redacted]0519
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 6-5-1932
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co., TN
8. EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] 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): Baptist Hospital
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): James C. Finch
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): House Wife
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5813 Carl Place
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): 10; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Burnice H. Sweeney
18. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Clara Climer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lisa E. Finch
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5813 Carl Place Nashville, TN 37209

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): Alsobrook Cemetery
20c. LOCATION-City or Town, State: Erin, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Denny Shephard
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4995
21c. SIGNATURE OF EMBALMER: Thomas H. North, Jr.
21d. LICENSE NUMBER OF EMBALMER: 4636
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home & Crematory 6962 Charlotte Pike Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert Rhodes
24. DATE FILED (Month, Day, Year): January 12, 2000

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: MD016016
25c. DATE SIGNED (Month, Day, Year): 1 12 00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Dr. Bryce Dixon 300 20th Ave. Nashville, TN 37203

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. renal 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.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: osteomyelitis, diabetes
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. 2-93

EXHIBIT B

BIRTH NO

RDA 1399

EXHIBIT C

FILED

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION), AT NASHVILLE, TENNESSEE 2012 OCT 12 AM 11:19

RICHARD R. ROOKER, CLERK

D.C.

RE: PROBATE OF THE ESTATE OF

JAMES CLIFTON FINCH **Docket No. 12P - 1486**

DISCLAIMER PURSUANT OT TENNESSEE CODE ANNOTATED SECTION 31 – 1- 103

Pursuant to **Tennessee Code Annotated Section 31 – 1- 103**, and in accordance with **U.S. Internal Revenue Code Section 2518**, the undersigned, **Sherry Pardue with Power of Attorney for Nora Pearl Nall (said Power of Attorney is duly recorded in the Register's Office for Davidson County, Tennessee in Nashville Tennessee instrument number 20120927 – 0088006, recorded September 27, 2012 at 10:56 A.M.)** hereby exercises her right and election in accordance with said Power of Attorney to disclaim a portion of the property her mother **Nora Pearl Nall** is entitled to receive from the estate of the late, **James Clifton Finch,** who died August 4, 2012, and in furtherance of such disclaimer, she states as follows:

1. **Sherry Pardue** is the Attorney in fact for her mother **Nora Pearl Nall** said Power having been granted to her in the General Power of Attorney executed by **Nora Pearl Nall** and recorded as stated herein above. **Nora Pearl Nall** is a recipient of property from the decedent's estate, in that the Decedent (in his Last Will and Testament previously filed with this honorable Court) granted to her a lifetime Estate in the property owned by the Decedent located at 5813 Carl Place, Nashville, Davidson County, Tennessee 37209.

2. The property disclaimed consists of a Life Time Estate granted to **Nora Pearl Nall** in the real property located at 5813 Carl Place, Nashville, Davidson County, Tennessee 37209 owned by the Decedent **James Clifton Finch.**

3. **Nora Pearl Nall** has not accepted, received, or benefited in any way with respect to the disclaimed property. She hereby through her Attorney in Fact irrevocably and unqualifiedly disclaims and refuses to accept an interest in any and all right, title, and interest in the said herein described Life Time Estate being disclaimed.

4. By virtue of this action, the property renounced and disclaimed shall pass to the daughter **Lisa Elaine Finch,** of the Decedent, **James Clifton Finch in** fee simple absolute.

SIGNED this 24 day of October, 2012.

Sherry Pardue

Sherry Pardue with POA for the Disclaimant Nora Pearl Nall

STATE OF TENNESSEE

COUNTY OF Cheatham

Personally appeared before me, a Notary Public in the said state and County, the above named **Sherry Pardue Attorney in fact for Nora Pearl Nall,** who, being duly sworn by me, deposes and says that the statements in the foregoing Disclaimer are true to her knowledge information and belief.

Sworn to and subscribed before me this 2nd day of October, 2012

Lillie Buckner

Notary Public

LILLIE H. BUCKNER
STATE OF TENNESSEE NOTARY PUBLIC
CHEATHAM COUNTY, TENN.

MY COMMISSION EXPIRES: 1/8/14

Lisa Elaine Finch, the Executrix of the Estate of **James Clifton Finch**, and the Fee Simple Absolute owner as a result of the Disclaimed Property, joins in this Disclaimer for the sole purpose of releasing **Nora Pearl Nall**, her Estate, heirs and assigns of any and all liability, responsibility in law or in equity to maintain in any manner or form the property disclaimed herein from and after the date of the execution of this instrument.

Lisa Elaine Finch

Lisa Elaine Finch
Individually and Executrix of the
Estate of James Clifton Finch

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in the said state and County, the above named **Lisa Elaine Finch, individually and as the Executrix for the Estate of James Clifton Finch,** who, being duly sworn by me, deposes and says that the statements in the foregoing Disclaimer are true to her knowledge information and belief.

Sworn to and subscribed before me this 1ST day of OCTOBER, 2012

Notary Public

MY COMMISSION EXPIRES: 5-21-2015

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

CERTIFICATE OF SERVICE

I certify that a true and exact copy of the foregoing document was mailed postage prepaid to the following:

Lisa Elaine Finch
5813 Carl Place
Nashville, TN 37209

Nora Pearl Nall
c/o Sherry Pardue
5808 Carl Place
Nashville, TN 37209

This the 12TH day of OCTOBER, 2012.

Larry D. Cantrell

RICHARD R. ROOKER CIRCUIT COURT CLERK

I hereby certify that this is a true copy of original instrument filed in my office this 12th day of October 20 12
RICHARD R. ROOKER Clerk
By _____ Deputy Clerk

N0019001

8139713130223

EXHIBIT D

TENNESSEE DEPARTMENT OF REVENUE

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

February 26, 2013

ESTATE OF JAMES C FINCH
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	441771424
Date of Death:	August 4, 2012
County:	DAVIDSON
SSN:	XXX-XX-4985

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 JAMES C FINCH
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

February 26, 2013	
Account Type:	INHERIT TX
Account No.:	441771424
Date of Death:	August 4, 2012
County:	DAVIDSON
SSN:	XXX-XX-4985

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

EXHIBIT E

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

9/28/2012

LARRY D. CANTRELL
LEGAL COUNSEL
2016- 8TH AVE. SOUTH
NASHVILLE, TN 37204

RE: JAMES C. FINCH
Last Four Of SSN 3985

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,

Jamela J. Howard