BILL GARRETT, Davidson County
Trans:T20130047637 AFFIDAVIT
Recvd: 06/07/13 09:59 14 pgs
Fees:72.00 Taxes:0.00
20130607-0057991

This Instrument Prepared By:
HOWARD M. SKIPWORTH #012469
6408 Clarksville Pike
Post Office Box 489
Joelton, Tennessee 37080-0489
From paperwork provided by Client –
No Title examination requested

OWNER: Renee Suzette Womack
7767 Strawberry Hill Road
Goodlettsville, TN 37072

Send tax notice to:

Renee Suzette Womack
7767 Strawberry Hill Road
Goodlettsville, TN 37072

Map & Parcel No.:
01500014800

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

JERRY D. WOMACK, (AKA JERRY DAVID WOMACK),a resident of Davidson County, State of Tennessee, who died 12 December 2011, 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:

SEE EXHIBIT "B"
FOR DESCRIPTION

Being the same property conveyed to Jerry David Womack and wife, Mary Margaret K. Womack by deed from Jerry David Womack of record in Book 9580, Page 482, Register's Office for Davidson County, Tennessee. Mary K. Womack and Jerry D. Womack were divorced in the Fourth Circuit Court for Davidson County, Tennessee, Civil Docket No.: 95D-1657, and recorded in Book 10547, Page 789, Register's Office for Davidson County, Tennessee. Jerry D. Womack was vested with all rights and obligation in said property.

SUBJECT to Order of Easement of record in Book 7410, Page 763, Register's Office for Davidson County, Tennessee.

SUBJECT to Easement of record in Book 6683, Page 129. Register's Office for Davidson County, Tennessee.

SUBJECT to all matters as shown on plat of record in Book 4885 Page 103, Register's Office for Davidson County, Tennessee.

SUBJECT to the proposed Hickory nut Ridge Road as set forth in deed of record in Book 4371, Page 559, Register's Office for Davidson County, Tennessee.

SUBJECT to Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 9580, Page 482, in the Register's Office of Davidson County, Tennessee.

The undersigned Renee Suzette Womack, beneficiary, received 100% interest in the real estate described above by virtue of the Last Will and Testament of Jerry David Womack, of record in the Office of the Probate Court Clerk for Davidson County, Tennessee, under Docket No.: 12P-47, as evidenced by photographic copy of will attached hereto and made a part hereof as Exhibit "C".

The Tennessee Inheritance Tax Closing Letter has been received being number 441800679, a copy of which is attached as Exhibit D.

The Tennessee Tenncare Release has been received being dated June 5, 2012, a copy of which 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 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 beneficiary.

Renee Suzette Womack

RENEE SUZETTE WOMACK, BENEFICIARY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **RENEE SUZETTE WOMACK**, 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 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 5th day of June, 2013.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN

My Commission Expires JAN 9, 2016

Yvette Marie Womack

YVETTE MARIE WOMACK, HEIR

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **YVETTE MARIE WOMACK**, one of two heirs of the Estate of Jerry David Womack, deceased, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the Last Will and Testament of Jerry David Womack, deceased, 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 5th day of June 2013.

Howard M. Skipworth

NOTARY PUBLIC

My commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN

My Commission Expires JAN 9, 2016

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1107246 — STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jerry David Womack
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 12, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]1863
5a. AGE LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR — MOS / DAYS
5c. UNDER 1 DAY — HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Oct. 28, 1941
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, Tennessee
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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 7767 Strawberry Hill Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Engineer
12b. KIND OF BUSINESS/INDUSTRY: BellSouth
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 7767 Strawberry Hill Road
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 [X] 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+): 2

Womack, Jerry 2 of 3

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charles C. Womack
18. MOTHER'S NAME (First, Middle, Maiden Surname): Eva Craddock

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Renee Womack
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7767 Strawberry Hill Road Goodlettsville Tennessee 37072

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Cremation Service
20c. LOCATION City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael R. Thomas
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5941
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Road Nashville, Tennessee 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L Boulware
24. DATE FILED (Month, Day, Year): December 16, 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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 34173
26c. DATE SIGNED (Month, Day, Year): December 13, 2011

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): Feng Li, M.D., J.D., Ph.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC11-2395

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pending
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 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? [ ] Yes [ ] 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-1552 (REV. 6/99)

BIRTH NO _____ RDA 138

5080584

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.

EXHIBIT A

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

DEC 16 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

EXHIBIT "B"

LAND in Davidson County, Tennessee, being all of property shown on the Plan of Jerry Womack's one (1) Lot Subdivision of record in Plat Book 4885, Page 103, Register's Office, Davidson County, Tennessee, to which plat reference is hereby made for a more complete and accurate description of the metes and bounds of said property.

LAST WILL AND TESTAMENT

OF

JERRY DAVID WOMACK

I, **JERRY DAVID WOMACK**, of 7767 Strawberry Hill Road, Goodlettsville, 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.

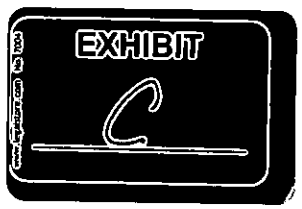
ARTICLE 1
PROVISIONS RELATIVE TO FIDUCIARIES

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**. I am an unmarried man.

2.2 **My Children**. I have two children, **RENEE SUZETTE WOMACK**, born May 12, 1970; and **YVETTE MARIE WOMACK**, born May 12, 1970. All reference in this Will to children shall mean these children and their issue.

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 my daughter, **RENEE SUZETTE WOMACK**, as executrix of my will. If **RENEE SUZETTE WOMACK** fails to qualify or ceases to serve, then my daughter, **YVETTE MARIE WOMACK**, shall serve alone as executrix of my Estate.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 **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.

4.2 **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.

4.3 **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 executrix is to pay the taxes from my Remainder Estate.

ARTICLE 5
DISTRIBUTION OF TANGIBLE AND INTANGIBLE PERSONAL PROPERTY

5.1 I give, devise and bequeath to my beloved daughter, **RENEE SUZETTE WOMACK**, 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, vehicles, bass boat, golf cart; 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, after all costs are paid, in fee.

5.2 I give to my beloved daughter, **YVETTE MARIE WOMACK**, one hundred eighty thousand and 00/100 ($180,000.00) Dollars from my IRA account.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 I give, devise and bequeath all of my interest in any real property owned by me at my demise, wheresoever situated, to my beloved daughter, **RENEE SUZETTE WOMACK**, in fee simple absolute.

ARTICLE 7
RESIDUARY CLAUSE

7.1 All the rest, residue and remainder of my estate, personal and mixed, of every nature and wheresoever situated, including lapsed legacies and devises, remainders, reversions, expectancies, income collected during the period of administration of my estate, after all costs are paid, I give, devise and bequeath to my beloved daughters, **RENEE SUZETTE WOMACK** and **YVETTE MARIE WOMACK**, in fee simple.

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 **Interpretive Provision.** If a beneficiary does not survive me, but leaves a descendent who does survive me, the descendent takes the share of my deceased beneficiary, except to the extent that I have made a different disposition of the gift.

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.

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 six (6) pages each of which I have signed or initialed covering Articles 1 through 10 inclusive. I now sign this as my Will on this the 25th day of November, 2011, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

This is page five of my Will JD.M.
Initials

IN WITNESS WHEREOF, I have set my hand this 25th day of November, 2011.

Jerry D. Womack
JERRY DAVID WOMACK

SIGNED, DECLARED and **PUBLISHED** by the said **JERRY DAVID WOMACK**, 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**
Jerry E. Gregory JERRY E. GREGORY Print Name	3897 CAN TARUTTI RD. JOELTON, TN. 37080
James R. Owens JAMES R. OWENS Print Name	3104 MARIE DR. 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 **JERRY DAVID WOMACK**, 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.

Jerry E. Gregory
WITNESS

3897 CANTARUTTI RD
ADDRESS
JOELTON, TN. 37080
CITY/STATE/ZIP

James R. Owens
WITNESS

3104 MAGGIE DR.
ADDRESS
JOELTON, TN. 37080
CITY/STATE/ZIP

Subscribed and sworn to before me this
25th day of November, 2011.

Dennis K. Skidmore
NOTARY PUBLIC
My Commission Expires:

DENNIS K. SKIDMORE
NOTARY PUBLIC
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

N0019001

9749991130518

TENNESSEE DEPARTMENT OF REVENUE

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

May 21, 2013

ESTATE OF JERRY D WOMACK
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441800679
Date of Death:	December 12, 2011
County:	DAVIDSON
SSN:	XXX-XX-1863

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 JERRY D WOMACK
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

May 21, 2013

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Interest:	$0.00
Penalty:	$0.00
Total:	$0.00



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

6/5/2012

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

RE: JERRY D. WOMACK
12/12/2011

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

