BILL GARRETT, Davidson County
Trans:T20130047639 AFFIDAVIT
Recvd: 06/07/13 10:11 19 pgs
Fees:97.00 Taxes:0.00
20130607-0057992

This Document prepared by:
HOWARD M. SKIPWORTH, Attorney
From documents and information
Furnished by client.
No Title Examination Requested.

New Owner: JAMES R. OWENS
1462 EASTLAND DRIVE
ASHLAND CITY, TN 37215

MAP & PARCEL NO.:
08008011300

Send TAX NOTICE TO:

JAMES R. OWENS
1462 EASTLAND DRIVE
ASHLAND CITY, TN 37215

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

JEAN W. OWENS AKA JEAN WAGGONER OWENS, a resident of Davidson County, State of Tennessee, who died February 22, 2013, 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 property conveyed to **JAMES T. OWENS and Wife, JEAN WAGGONER OWNES A/K/A JEAN W. OWENS,** by deed from COLEMAN LAND COMPANY, a TENNESSEE CORPORATION, by SAM F. COLEMAN, PRESIDENT, of record in Book 3574, Page 535, Register's Office for Davidson County, Tennessee. James T. Owens, having died on August 28, 1996, and Jean W. Owens having died on February 22, 2013.

This is improved property known as and located at 3254 Panorama Drive, Nashville, Tennessee.

SUBJECT TO governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 3574, Page 535, Register's Office of Davidson County, Tennessee.

The undersigned, James R. Owens, received one hundred (100%) percent interest in the real estate described above by virtue of being the recipient of the real estate under the provision of the decedent's Will, probated in the Seventh Circuit Court, Probate Division, of Davidson County, State of Tennessee, Case No. 13P-834. (A copy of Will, Petition, and Order to Probate are attached as Exhibits C, D, and E).

The Tennessee Inheritance Tax Closing Letter has been received, a photographic copy is attached hereto as Exhibit F.

The Tenncare Release dated February 22, 2013, has been received, a copy of which is attached as Exhibit G.

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.

James R. Owens
JAMES R. OWENS
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 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

James R. Owens
JAMES R. OWENS
Beneficiary

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared JAMES R. OWENS, 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 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 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

DUPLICATE

130167 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Jean Waggoner Owens
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 22, 2013
4. TIME OF DEATH (Approx.): 04:34 AM
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 21, 1927
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BACK 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): Centennial Medical Center
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): None
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home

12. SOCIAL SECURITY NUMBER: [redacted]5657
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3254 Panoramaa Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (If not by Physician or certifier)

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's 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

3.

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

20. 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): Leslie Waggoner
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Duncan

DISPOSITION

20a. INFORMANT'S NAME: James Owens
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1462 Eastland Drive, Ashland City, TN 37215
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. Location - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: John T Crockett
22b. LICENSE NUMBER: 2645
22c. SIGNATURE OF EMBALMER: Jim Brewer
22d. LICENSE NUMBER: 2969
23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTAR

24. REGISTRAR'S SIGNATURE: Tamy B Keely for DK
25. DATE FILED (Month, Day, Year): March 18, 2013

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: B. Wayne Swilley
27b. LICENSE NUMBER: TN DO 435
27c. DATE SIGNED (Month, Day, Year): March 8, 2013
27d. NAME AND ADDRESS: Wayne B. Swilley, 420 N. Main Street, Goodlettsville, TN 37072

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. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cerebral hypoxia	
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	Due to (or as a consequence of): b. Large, multiple pulmonary embol.	24 hrs
	Due to (or as a consequence of): c. Significant peripheral vascular disease	2 years
	Due to (or as a consequence of): d. Diabetes Mellitus Type 2	10 years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Renal disease, Hypertension, Hyperlipidemia, osteoarthritis

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)

PH-1859 (Rev. 9/2011) RDA 1399

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.

5674551

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

Teresa S. Hendricks
STATE REGISTRAR

EXHIBIT A

Date Issued: MAR 18 2013

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURA ANTIFRAUD PROTECTION

Exhibit "B"

Being Lot No. 169 on the Plan of Section 1, Bordeaux Gardens, of record in Book 3300, Page 91, Register's Office for said County.

Said Lot No. 169 Fronts 55 feet on the easterly side of Panorama Drive and runs back 86.15 feet on the northerly line and 124.26 feet on the southerly line to a dead line in the rear, which is a broken line, on which it measures 75.98 feet.

Copy

FILED
2013 MAY 14 AM 10:56
RICHARD R. ROOKER, CLERK
by

LAST WILL AND TESTAMENT

OF

JEAN W. OWENS

I, JEAN W. OWENS, domiciled in Davidson County, Tennessee, being of sound mind and disposing memory of the natural objects of my bounty, do make, publish, and declare this to be my Last Will and Testament hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I.

I direct that all my just debts, my funeral expenses, all estate, inheritance, succession, and other taxes assessed by reason of my death, and the cost of administration of my estate be paid as soon as practical after my death.

ARTICLE II.

I bequeath to my dear husband, JAMES T. OWENS, in fee, all clothing, household goods, personal effects, automobiles, jewelry, and all other tangible and intangible personal property not otherwise specifically bequeathed, including cash on hand or on deposit, owned by me at the time of my death. If my said husband, JAMES T. OWENS, shall not survive me, I bequeath all the aforesaid property in fee to my son, JAMES RICHARD OWENS, and his issue, per stirpes.

ARTICLE III.

All the rest, residue, and remainder of the property which I may own at the time of my death, real, personal, tangible, and intangible of whatsoever nature and wheresoever situated, including all lapsed legacies and devises and all life insurance payable to my estate, I bequeath and devise in fee unto my dear husband, JAMES T. OWENS. If my said husband, JAMES T. OWENS,

J. MICHAEL JACOBS & ASSOC.
ATTORNEYS AT LAW
311 WHITE BRIDGE ROAD
NASHVILLE, TN. 37209

Jean W. Owens

EXHIBIT
C

Copy

shall not survive me, then I bequeath and devise the same property in fee to my son, JAMES RICHARD OWENS, and his issue per stirpes.

ARTICLE IV.

I appoint my husband, JAMES T. OWENS, of Davidson County, Tennessee, to be the Executor of this my Last Will and Testament and direct that no bond be required for the faithful performance of his duties. If he shall predecease me or shall be otherwise unable to serve, I appoint JAMES RICHARD OWENS, of Davidson County, Tennessee, to be the Executor also to serve without bond.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, said Will this and one (1) preceding typewritten pages, and for the purpose of identification, I have signed each such page, all in the presence of persons witnessing it at my request on this 18 day of Feb., 1988, at Nashville, Tennessee.

Jean W. Owens
JEAN W. OWENS

Jean W. Owens

Copy

The foregoing instrument, consisting of this and two (2) preceding typewritten pages, was signed, sealed, published and declared by JEAN W. OWENS, in our presence, and we at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 19 day of February, 1988, at Nashville, Tennessee.

Rachael Jones
WITNESS

311 White Bridge Rd
ADDRESS
Nashville, TN 37205

Frank E. Clayton
WITNESS

311 White Bridge Rd
ADDRESS
Nashville, TN 37205

Jean W. Owens

PAGE THREE OF THE LAST WILL AND TESTAMENT OF
JEAN W. OWENS

Copy

AFFIDAVIT OF WITNESSES TO PROVE WILL

We, the undersigned, after being duly sworn according to law depose and say:

1. That we are adult citizens of Davidson County, Tennessee.

2. That we witnessed the execution of the Last Will and Testament of JEAN W. OWENS, dated February 18, 1988, to which this AFFIDAVIT is attached, and that this Affidavit is being made at the request of the Testatrix, and in accordance with TENNESSEE CODE ANNOTATED, Section 32-2-110.

3. That our signatures are affixed to said Last Will and Testament, that we signed or affixed the same at the instance and at the request of the Testatrix and in her presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paperwriting as and for her Last Will and Testament in our sight and presence.

5. That at the time we witnessed said Will, the Testatrix was, in our opinion, of sound mind.

WITNESS

WITNESS

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 18th day of February, 1988.

NOTARY PUBLIC

My Commission Expires:

March 11, 1991

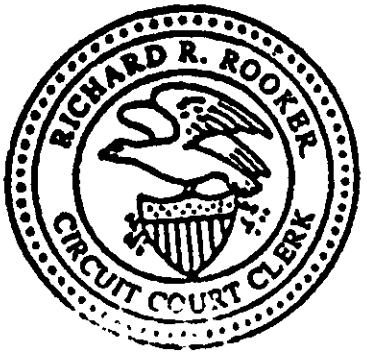
STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the LAST WILL AND TESTAMENT heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 14 day of MAY , 2013 , in Case Number 13P834 between OWENS, JAMES RICHARD Petitioner, and OWENS, JEAN W. Respondent, as same remains in the records of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 22 day of MAY 2013

RICHARD R. ROOKER, Clerk,

SEAL



By _____

Deputy Clerk

FILED
2013 MAY 14 AM 10: 58

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TWENTIETH JUDICIAL DISTRICT, STATE OF TENNESSEE
PROBATE DIVISION
AT NASHVILLE

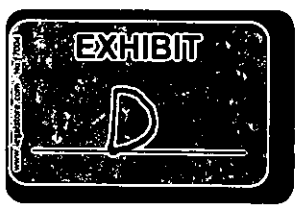
IN THE MATTER OF
THE ESTATE OF
JEAN W. OWENS, DECEASED, NO.: 13P-834

JAMES RICHARD OWENS,
PETITIONER.

PETITION FOR PROBATE OF WILL WITHOUT FORMAL ADMINISTRATION

Your Petitioner, JAMES RICHARD OWENS, files this Petition as an interested party in the Estate of JEAN W. OWENS, DECEASED, (the "Decedent") and as the one nominated as Executor in the Last Will and Testament of the Decedent, and would respectfully show to the Court as follows:

1. That Decedent died in Nashville, Davidson County, Tennessee, on 22 February 2013, with a resident address at 3254 Panorama Drive, Nashville, Tennessee 37218, at the age of 86 years, as evidenced by Certificate of Death attached as Exhibit A, leaving a paper writing purporting to be the Last Will and Testament of the Decedent, bearing the date of 18 February 1988, where the subscribing witnesses are J. Michael Jacobs and Frank E. Clayton, as evidenced by Will attached as Exhibit B. The spouse of decedent, James T. Owens, predeceased the decedent on 28 August 1996, as evidenced by a photographic copy



of Certificate of death attached hereto and made a part hereof as Exhibit C. Paragraph number "ARTICLE IV" of Decedent's Will excuses the Petitioner from making bond for the performance of Petitioner's duties. The only beneficiary listed in the Last Will and Testament of the decedent waives the requirement of bond, inventory and interim accounting as evidenced by his signature below.

2. The Decedent did not leave a probate estate to be administered. This is a probate-only proceeding so the Will can serve as a muniment of title to the Decedent's interest in real estate in Davidson County, Tennessee, described as follows:

SEE ATTACHED EXHIBIT D
FOR COMPLETE DESCRIPTION

Being the real property conveyed to JAMES T. OWENS and Wife, JEAN WAGGONER OWENS A/K/A JEAN W. OWENS by deed from COLEMAN LAND COMPANY, a TENNESSEE CORPORATION, by SAM F. COLEMAN, PRESIDENT, of record in Book 3574, PAGE 535, Register's Office for Davidson County, Tennessee.

The mailing address for said property is: 3254 Panorama Drive, Nashville, Tennessee 37218.

The description of the property, as described herein, is the same as that contained in the deed of record in Book 3574, Page 535, Register's Office for Davidson County, Tennessee.

The estimated value of the estate for Tennessee inheritance tax purposes is less than the maximum single exemption for Tennessee inheritance tax purposes.

3. The following constitutes the legatee and devisee under the Will:

(a) JAMES RICHARD OWENS, an adult, who is the son of the Decedent and whose address is 1462 Eastland Drive, Ashland City, Tennessee 37215.

4. The heirs-at-law and next-of-kin of the Decedent are as follows:

(a) JAMES RICHARD OWENS, an adult, who is the son of the Decedent and whose address is 1462 Eastland Drive, Ashland City, Tennessee 37215.

5. The interested party, as evidenced by his signature below, has been advised of this probate proceeding and acknowledges he has reviewed Petition and agrees thereto.

6. The Petitioner is not aware of any instrument revoking the document being offered for probate and believes that the document being offered for probate is the Decedent's Last Will and Testament.

7. The Decedent was not enrolled in the Tenncare program at the time of death.

PREMISES CONSIDERED, PETITIONER PRAYS:

1. That said Last Will and Testament of JEAN W. OWENS be admitted to probate-only as a muniment of title.

2. That JAMES RICHARD OWENS not be appointed Executor.

3. That bond, inventory and accounting be waived.

4. That said Last Will and Testament of JEAN W. OWENS be placed of record in the records of the office of the Clerk of the Court so that any real estate owned by the deceased at death will be vested in the devisee under the Decedent's Will.

James Richard Owens
JAMES RICHARD OWENS,
PETITIONER

Respectfully submitted,

Howard M. Skipworth
Howard M. Skipworth BPR #012469
6408 Clarksville Pike
P.O. Box 489
Joelton, TN 37080
(615) 876-2550

James Richard Owens
JAMES RICHARD OWENS,
PETITIONER

Subscribed and sworn to before me
this 13th day of May, 2013.

Howard M. Shipworth
NOTARY PUBLIC
My Commission Expires: _____

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, JAMES RICHARD OWENS, the above named Petitioner , who , being duly sworn by me, deposes and says that the statements in the foregoing Petition are true to Petitioner's knowledge except as to matters therein stated to be on information and belief, and these matters Petitioner believes to be true.

James Richard Owens
JAMES RICHARD OWENS,
PETITIONER

Subscribed and sworn to before me
this 13th day of May, 2013.

Howard M. Shipworth
NOTARY PUBLIC
My Commission Expires: _____

Copy

FILED
2013 MAY 14 AM 10:56
RICHARD R. ROOKER, CLERK
BY: [illegible]

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TWENTIETH JUDICIAL DISTRICT, STATE OF TENNESSEE
PROBATE DIVISION
AT NASHVILLE

IN THE MATTER OF
THE ESTATE
JEAN W. OWENS, DECEASED

NO.: 13P-834

JAMES RICHARD OWENS,
PETITIONER.

ORDER TO PROBATE

This cause came on to be heard on the 14th day of May, 2013, before the Honorable Robert Bradshaw, Probate Clerk and Master, upon the Petition of JAMES RICHARD OWENS requesting that a paper writing purporting to be the Last Will and Testament of JEAN W. OWENS, deceased, be admitted to Probate only as a muniment of title.

Whereupon, the Petitioner, by and through his attorney, Howard M. Skipworth, produced a paper writing purporting to be the Last Will and Testament of JEAN W. OWENS, said paper writing bearing date of February 18, 1988, having the name JEAN W. OWENS AKA JEAN WAGGONER OWENS signed thereto as testatrix, subscribed by J. MICHAEL JACOBS and FRANK E. CLAYTON as attesting witnesses, naming JAMES RICHARD OWENS as Executor and waiving any bond of said Executor in "Article IV" of said Will. All of the named beneficiaries waived inventory, interim accountings and bond.

And, it appearing from the testimony of the aforesaid J. MICHAEL JACOBS and FRANK E. CLAYTON, taken upon affidavit as authorized by and in accordance with Tennessee Code Annotated Section 32-2-110, that: each of them did subscribe their



Copy

respective name as an attesting witness to said paper writing; that said paper writing was written in the lifetime of JEAN W. OWENS AKA JEAN WAGGONER OWENS, and published, signed and subscribed by JEAN W. OWENS in the presence of the attesting witnesses; that JEAN W. OWENS was then of sound mind; and that, at JEAN W. OWENS' request, said attesting witnesses signed said paper writing in JEAN W. OWENS' presence and in the presence of each other on February 18, 1988.

And, it further appearing that: said paper writing bears the true signature of JEAN W. OWENS AKA JEAN WAGGONER OWENS that JEAN W. OWENS' usual place of domicile and residence at the time of JEAN W. OWENS' death was Davidson County, Tennessee, and that JEAN W. OWENS died in Nashville, Davidson County, Tennessee on February 22, 2013, at the age of 86 years.

And, it further appearing that the decedent owned an interest in a parcel of real property in Davidson County, Tennessee, at her death.

And, it further appearing that the decedent had no personal estate and no formal administration is required.

It is, therefore, ORDERED, ADJUDGED AND DECREED that said paper writing is the true, whole and Last Will and Testament of JEAN W. OWENS AKA JEAN WAGGONER OWENS, deceased; that the same is hereby admitted to probate as a muniment of title; and that the Clerk is directed to file and record the same, and that no formal administration is required.

ENTER this 14th day of May 2013.

ROBERT BRADSHAW
PROBATE CLERK AND MASTER

Copy

APPROVED FOR ENTRY:



HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Facsimile: 615/876-4292

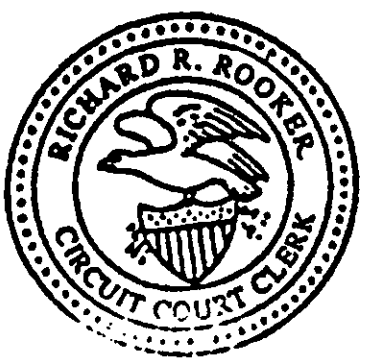
STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the FINAL ORDER heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 14 day of MAY , 2013 , in Case Number 13P834 between OWENS, JAMES RICHARD Petitioner, and OWENS, JEAN W. Respondent, as same remains in the records of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 22 day of MAY 2013

RICHARD R. ROOKER, Clerk,

SEAL



By _____
Deputy Clerk

N0019001 6062362130524

TENNESSEE DEPARTMENT OF REVENUE

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

May 27, 2013

ESTATE OF JEAN W OWENS
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441803925
Date of Death:	February 22, 2013
County:	DAVIDSON
SSN:	XXX-XX-5657

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 JEAN W OWENS
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

May 27, 2013

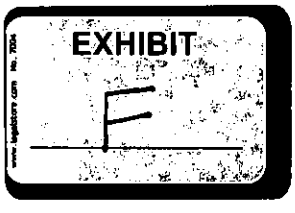
Account Type:	INHERIT TX
Account No.:	441803925
Date of Death:	February 22, 2013
County:	DAVIDSON
SSN:	XXX-XX-5657

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



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

5/22/2013

HOWARD M. SKIPWORTH
LEGAL COUNSEL
6408 CLARKSVILLE PIKE
JOELTON, TN 37080

RE: JEAN WAGGONER OWENS
Last Four Of SSN 5657

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

EXHIBIT G