Owner: Everett Ray Shannon 2620 Somerset Drive Nashville, TN 37217	Prepared by: David J. Waynick Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Everett Ray Shannon 2620 Somerset Drive Nashville, TN 37217	Parcel ID.: 135160A08500CO

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Davidson County AFFIDAVIT
Recvd: 08/30/13 12:23 5 pgs
Fees:27.00 Taxes:0.00
20130830-0091869

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

DOROTHY J. SHANNON (also known as Dorothy Mai Shannon), a resident of Davidson County, State of Tennessee, who died on November 1, 2012, (as evidenced by a copy of her death certificate, release of the State of Tennessee's Bureau of TennCare, and Tennessee Department of Revenue Inheritance Tax Closing Letter attached as collective Exhibit A), held a fee simple interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 111 on the Plan of Subdivision for Tracts 8, 9, & 10, of Nashboro Village, as of record in Book 5200, pages 186, 187, and 189, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.
>
> Being the same property conveyed to Dorothy J. Shannon, unmarried, by Warranty Deed from Richard Fitzgerald, and wife, Jessie Marie Fitzgerald of record as instrument number 20030528-0071942 in the Register's Office for Davidson County, Tennessee.
>
> The property conveyed herein is subject to matters shown on the recorded plan, and to applicable easements and restrictions of record, and Property Taxes for the current year.

This is improved property, known as: 2616 Somerset Drive, Nashville TN 37217.

Dorothy J. Shannon and Dorothy Mai Shannon are one and the same person.

The undersigned, **EVERETT RAY SHANNON,** received the following interest in the real estate described above by virtue of being the sole heir of the decedent, ***an undivided, fee simple interest in 2616 Somerset Drive, Nashville, TN 37217.***

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 an heir.

Everett Ray Shannon

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Everett Ray Shannon, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 29th day of August, 2013.

Notary Public

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Comm. Expires June 1, 2016

I, Toni Rutgerson, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Toni Rutgerson

State of Tennessee, County of Davidson
On this 30th day of August 2013, personally appeared before me, Thomas B. Luck, a notary public for this county and state, Toni Rutgerson, who acknowledges that this certification o fan electronic document is true and correct and whose signature I have witnessed.

Thomas B. Luck

THOMAS B. LUCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES MARCH 8, 2016

Exhibit A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy J. Shannon		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): November 1, 2012
4. TIME OF DEATH (Hours): 07:25 AM	5a. AGE-Last Birthday (Years): 88	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): October 24, 1924	7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): Creekside Assisted Living	8c. CITY OR TOWN: Murfreesboro	8d. COUNTY OF DEATH: Rutherford

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION: Advertising	11b. KIND OF BUSINESS/INDUSTRY: LifeWay Christian
12. SOCIAL SECURITY NUMBER: [redacted]7359	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2616 Somerset Dr.	13e. INSIDE CITY LIMITS: ☒ Yes ☐ No	13f. ZIP CODE: 37217	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the one 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
☒ 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):
☒ 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):
☒ 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

18. FATHER'S NAME (First, Middle, Last): James E. Johnson, Jr.	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ellen Volz	
20a. INFORMANT'S NAME: Ray Shannon	20b. RELATIONSHIP TO DECEDENT: Son	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2620 Somerset Dr, Nashville, TN 37217
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify): _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park	21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Charles H. Teague II	22b. LICENSE NUMBER: 5845	22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett	22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, TN 37204			23b. LICENSE NUMBER OF FUNERAL HOME: 933
24. REGISTRAR'S SIGNATURE: ▶ Lisa G. Kilgore		25. DATE FILED (Month, Day, Year): November 8, 2012	

26. CERTIFIER (Check only one):
26a. ☐ 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: 20029	27c. DATE SIGNED (Month, Day, Year): 11-5-12
	27d. NAME AND ADDRESS: Dr. Robert Ford's 320 20th Ave N Nashville, TN 37203	

27e. 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. Alzheimer's	1 y
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that started the 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.

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ 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 1299

FH-1659 (Rev. 10/2011)

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.

5635258

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

Teresa S. Hendricks
STATE REGISTRAR

Lisa G. Kilgore, Local Registrar
Rutherford Co. Health Department

11-8-2012
Date Issued

CERTIFICATION OF VITAL RECORD

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

6/20/2013

DAVID J. WAYNICK
LEGAL COUNSEL
PO BOX 17116
NASHVILLE, TN 37217

RE: DOROTHY J. SHANNON
Last Four Of SSN 7359

Dear DAVID J. WAYNICK:

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

N0019001

8673510130716

TENNESSEE DEPARTMENT OF REVENUE

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

July 19, 2013

ESTATE OF DOROTHY M SHANNON
ATTN: DAVID J WAYNICK
PO BOX 17116
NASHVILLE TN 37217-0116

Account Type:	INHERIT TX
Account No.:	441819525
Date of Death:	November 1, 2012
County:	DAVIDSON
SSN:	XXX-XX-7359

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 DOROTHY M SHANNON
ATTN: DAVID J WAYNICK
PO BOX 17116
NASHVILLE, TN 37217-0116

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