BILL GARRETT, Davidson County
Trans:T20130093813 AFFIDAVITH
Recvd: 11/01/13 15:47 8 pgs
Fees:42.00 Taxes:0.00
20131101-0113868

This instrument prepared by:
Law Office of Michael B. Bligh
750 Old Hickory Boulevard
Two Brentwood Commons, Suite 150
Brentwood, TN 37027

New Owner:
Timothy E. Davis
5411 Anchorage Drive
Nashville, TN 37220

Parcel ID: 16003000600

Send tax notice to:
Timothy E. Davis
5411 Anchorage Drive
Nashville, TN 37220

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Nelma R. Davis, a resident of Davidson County, State of Tennessee, who died March 16, 2013, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 272 on the Plan of Haileywood Estates, Section 8-C, as of record in Book 3106, page 78, Register's Office for said County.
>
> Said Lot No. 272 fronts 102 feet on the northerly side of Anchorage Drive, and extends back 207.2 feet on the westerly line and 195.9 feet on the easterly line, to a dead line in the rear which measures 103 feet.
>
> Being the same property conveyed Van E. Davis and wife, Nelma R. Davis, by deed from Donald Chriss and wife Juanita M. Chriss as of record in Book 4198, page 623, Register's Office for said County.
>
> This property is subject to restrictions, easements and set-back lines applicable to said property.

This improved property is known as 5411 Anchorage Drive, Nashville, Tennessee 37220.

Nelma R. Davis received her 100% interest in the real estate described above by virtue of being the sole surviving tenant by the entirety upon the death of Van E. Davis on March 13, 1984, as evidenced by a copy of the death certificate attached as Exhibit B.

The undersigned received his 100% interest in the real estate described above by virtue of the laws of descent and distribution, being Nelma R. Davis' only heir at law and having fully administered the decedent's estate in the Probate Court for Davidson County, Tennessee, Case No. 13P-620.

The Bureau of TennCare has released its interest in recovery from the estate as evidenced by the attached as Exhibit C.

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 a beneficiary.

Executed his the 30 day of October, 2013.

TIMOTHY E. DAVIS

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared TIMOTHY E. DAVIS, 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 30th day of October, 2013.

Notary Public

MICHAEL B. BLIGH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My commission expires: 5-3-2017

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

1301838

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME	Nelma R. Davis
2. SEX	Female
3. DATE OF DEATH	March 16, 2013
4. DATE OF BIRTH	July 25, 1929
5. AGE-Last Birthday	83
6. PLACE OF DEATH	Bethany Health & Rehab
9. CITY OR TOWN	Nashville
10. COUNTY OF DEATH	Davidson
12. MARITAL STATUS	Widowed
13. DECEDENT'S USUAL OCCUPATION	Executive Secretary
14. KIND OF BUSINESS/INDUSTRY	State of Tennessee
15. SOCIAL SECURITY NUMBER	
16A. BIRTHPLACE-STATE OR FOREIGN COUNTRY	Tennessee
16C. COUNTY	Davidson
16D. CITY OR TOWN	Nashville
17A. STREET AND NUMBER	5411 Anchorage Dr.
17C. ZIP CODE	37220
18. EDUCATION	Some college credit but no degree
19. DECEDENT OF HISPANIC ORIGIN	No, not Spanish/Hispanic/Latino
20. DECEDENT'S RACE	White
21. MARITAL STATUS	Widowed
22. FATHER'S NAME	N/A
23. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	Hazel Hayre
24A. INFORMANT'S NAME	Timothy Davis
24B. RELATIONSHIP TO DECEDENT	Son
24C. MAILING ADDRESS	5411 Anchorage Dr. Nashville, TN 37220
25A. METHOD OF DISPOSITION	Burial
25B. PLACE OF DISPOSITION	Woodlawn Memorial Park
25C. LOCATION	Nashville, TN
26A. SIGNATURE OF FUNERAL DIRECTOR	Charles H. Teague II
26B. LICENSE NUMBER	5845
26C. SIGNATURE OF EMBALMER	Dawn Renee' Everett
26D. LICENSE NUMBER	6024
26A. NAME AND ADDRESS OF FUNERAL HOME	Woodlawn Roesch Patton 660 Thompson Lane Nashville, TN 37204
26E. LICENSE NUMBER OF FUNERAL HOME	933
27A. REGISTRAR'S SIGNATURE	Larry B Kirby Jr OR
27B. DATE FILED	March 22, 2013
28A. SIGNATURE OF CERTIFIER	Kelly Miller MD
28B. LICENSE NUMBER	27476
28C. DATE SIGNED	3/19/13
28D. NAME AND ADDRESS	Kelly Miller MD 1211 Murfreesboro Rd Nashville TN 37217
29. PART I. Enter the chain of events...	a. Cardiac arrhythmia
	b. CAD
	c. HTN
	d.
PART II.	Dementia CVA
30. WAS AN AUTOPSY PERFORMED?	No
31. MANNER OF DEATH	Natural
32. DID TOBACCO CONTRIBUTE TO DEATH?	No
33. IF FEMALE	Not pregnant within past year

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.

5658333

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT B

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J.M. [illegible], M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

[illegible]

J. M. [illegible] M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5313

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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8401391

BIRTH NO. _____ STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

Rayne 1 x 15
ok. Reavis

TYPE OR PRINT IN PERMANENT BLACK INK.

signing C. Factor

DECEASED

DECEASED—NAME: Elvin Van Davis
DATE OF DEATH: March 13, 1984
AGE: 56
DATE OF BIRTH: June 24, 1927
RACE: Caucasian
SEX: M
COUNTY OF DEATH: Davidson
CITY, TOWN OR LOCATION: Madison
INSIDE CITY LIMITS: Yes
HOSPITAL OR OTHER INSTITUTION: Imperial Manor
Inpatient
STATE OF BIRTH: Tennessee
CITIZEN OF WHAT COUNTRY: USA
MARITAL: Married
SURVIVING SPOUSE: Nelma Rhodes
SOCIAL SECURITY NUMBER
MILITARY SERVICE: WWII & Korean
USUAL OCCUPATION: Sales Representative
KIND OF BUSINESS OR INDUSTRY: Technical Industries
USUAL RESIDENCE: Tennessee
COUNTY: Davidson
CITY, TOWN, OR LOCATION: Nashville
STREET AND NUMBER: 5411 Anchorage Dr
INSIDE CITY LIMITS: Yes
CENSUS TRACT NO.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

Arrived D.O.
Esther Brooks

PARENTS AND INFORMANT

FATHER—NAME: Joseph Powell
MOTHER—MAIDEN NAME: Dorthea Heath
INFORMANT—NAME: Nelma Rhodes Davis
MAILING ADDRESS: Same

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

FINAL DISPOSITION: Burial
DATE: March 14, 1984
CEMETERY OR CREMATORY—NAME: Woodlawn Memorial Park Dr.
LOCATION: 689 Thompson Ln Nashville Tennessee 37204
FUNERAL DIRECTOR: Woodlawn Funeral Home Inc 3188
LICENSE NO.: 3724
FUNERAL HOME—NAME AND ADDRESS: Woodlawn Funeral Home Inc 689 Thompson Ln Nashville Tn 37204
REGISTRAR: Esther D. Brooks
DATE ACCEPTED: Mar 30, 1984

CERTIFICATION

PHYSICIAN—I CERTIFY THAT I DID (OR WAS) CONSULTED BY THE DECEASED AND THAT DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED
SIGNATURE: James Seeley MD
TITLE:
DATE SIGNED: 3-29-84

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED

MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED
CERTIFIER—NAME: James Seeley, M. D.
MAILING ADDRESS: Nashville, Tennessee

CAUSE

25 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Cardiopulmonary arrest — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
DUE TO, OR AS A CONSEQUENCE OF
(b) Severe Thrombosis
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
Duchenne muscular dystrophy
AUTOPSY

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED—SPECIFY
DATE OF INJURY
HOUR
DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK
PLACE OF INJURY
LOCATION

PH 1630
Rev. 9/81

EXHIBIT 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

8/2/2013

MICHAEL B. BLIGH
750 OLD HICKORY BLVD
2 BRENTWOOD COMMONS, STE 150
BRENTWOOD, TN 37027

RE: NELMA R. DAVIS
Last Four Of SSN 2143

Dear MICHAEL B. BLIGH:

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