THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, 305 Fourteenth Avenue, North, Nashville, Tennessee 37203

BILL GARRETT, Davidson County
Trans:T20130103458 AFFIDAVIT
Recvd: 12/11/13 09:27 14 pgs
Fees:72.00 Taxes:0.00
20131211-0125398

Owner:	Bonnie Berger
Mailing Address:	836 Walnut Street Madison, Tennessee 37115
Map:	052-05-0
Parcel:	041.00
Subject Property:	831 Walnut Street Madison, Tennessee 37115

AFFIDAVIT OF INHERITANCE

Comes the Affiant, Bonnie Berger, being first duly sworn according to law, being of lawful age, residing at 836 Walnut Street, Madison, Davidson County, Tennessee 37115, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, hereby giving under oath the following affidavit statement of facts with supporting exhibits to establish ownership of improved property in Davidson County, Tennessee, to wit:

1. That Ruby Berger, aka Ruby Jane Berger, died on May 14, 2013, hereinafter called "decedent". The decedent survived the death of her husband, Clarence Berger, aka Clarence Harold Berger, who died on December 22, 2008. Redacted copies of the decedent and predeceased spouse's death certificates are exhibited hereto.

2. The decedent as a surviving spouse of Clarence Berger died vested in certain real property commonly known as 831 Walnut Street, Madison, Davidson County, Tennessee 37115, Map 052-05-0, Parcel 041.00, as is evidenced by the deed of record in Instrument No. 20070328-0036751, Register's Office for Davidson County, Tennessee.

3. The decedent left a last will and testament which has been admitted to probate for muniment of title. A certified copy of the Order of the Seventh Circuit Court for Davidson County, Tennessee, Probate Division, No 13P1877, is attached hereto. A certified copy of the will of Ruby Berger is further exhibited hereto wherein her real property interest passed to her daughter, the said Bonnie Berger.

4. Further exhibited to this affidavit is a release from the Bureau of TennCare to evidence that no estate recovery was due by virtue of the death of the decedent.

5. This affidavit is being placed of record so as third persons can ascertain the ownership of the real property by the undersigned, Bonnie Berger.

Further, Affiant saith not.

WITNESS my hand this 11th day of December 2013

Bonnie Berger
BONNIE BERGER

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named Bonnie Berger with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purpose therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 11th day of December 2013.

NOTARY PUBLIC

My Commission Expires: 10-28-2015

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 1333183

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ruby Jane Berger
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 14, 2013
4. TIME OF DEATH (Actual): 3:15 pm
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): March 17, 1925
7. BIRTHPLACE (City and State or Foreign Country): Unknown, MI

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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Teacher
11b. KIND OF BUSINESS/INDUSTRY: Education

12. SOCIAL SECURITY NUMBER: [redacted]7146
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 205 Chesterson Court
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

Ruby Jane Berger
NAME OF DECEDENT (For use by Physician or Institution)

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
[ ] High school graduate or GED completed
[X] 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): William Deede
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Pearl Henderson

DISPOSITION

20a. INFORMANT'S NAME: Bonnie Berger
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 836 Walnut Street, Madison, TN 37115
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [X] Other (Specify) X
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 4308
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER

5+1

23a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 East Old Hickory Blvd., Madison, TN 37115
23b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

24. REGISTRAR'S SIGNATURE: Jeff Harrison DR
25. DATE FILED (Month, Day, Year): May 17, 2013

CERTIFIER

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: 24707
27c. DATE SIGNED (Month, Day, Year): 05-16-2013
27d. NAME AND ADDRESS: Murray Arms, MD 3443 Dickerson Pike, Ste 600 Nashville, TN 37207

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. Pneumonia, and Empyema	5 days
	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 initiated 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:

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 [ ] No [X] 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 [X] 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-1659 (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.

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

5797503

Teresa S. Hendricks
STATE REGISTRAR

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

MAY 17 2013
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1870

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

0667523

Amended by Affidavit of Funeral Director h/h 3/12/2009

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2008 058393

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK.

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Clarence Harold Berger
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 22, 2008
4. SOCIAL SECURITY NUMBER: [redacted] 8138
5a. AGE-LAST BIRTHDAY: ~~77~~ 87
6. DATE OF BIRTH (Month, Day, Year): Apr 26, ~~1931~~ 1921
7. BIRTHPLACE (City and State or Foreign Country): Carney, MI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Hospital - Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 831 Walnut Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ruby Jane Deede
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Farmer
12b. KIND OF BUSINESS/INDUSTRY: Agriculture
13a. RESIDENCE STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 831 Walnut Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37115
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 ~~Black~~
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8 yr. 4; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arthur Berger
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Rhodes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ruby Jane Berger
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 831 Walnut Street Madison, Tn 37115

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): Music City Crematory
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Terrell A. Broady
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009
21c. SIGNATURE OF EMBALMER: ▶ Terrell A. Broady
21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home INc 3855 Clarksville Pike Nashville, Tn 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha Starks DR
24. DATE FILED (Month, Day, Year): December 30 2008

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ S Murrane
25b. LICENSE NUMBER: 34916 PS
25c. DATE SIGNED (Month, Day, Year): 12/29/08
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 [ ] 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): SUMATHI MISRA, M D 1310-24th AVE. SOUTH, NASHVILLE, TN 37212

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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metastatic Melanoma	48hrs
DUE TO (OR AS A CONSEQUENCE OF)	b.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. 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: CAD, HTN

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [ ] 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:
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 1653 (REV 8/99)

BIRTH NO

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.

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

36118386

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Oct-15-2009

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION

FILED
DEC 04 2013
RICHARD R. ROOKER, Clerk
By: Deputy

IN RE:

PROBATE OF THE LAST WILL AND TESTAMENT
OF RUBY BERGER, No. 13P-1877

Deceased,

BONNIE BERGER,

Petitioner.

ORDER OF PROBATE FOR MUNIMENT OF TITLE
WITHOUT FORMAL ADMINISTRATION

This matter came on to be heard on the 4th day of December, 2013, before the Honorable Randy Kennedy, Judge of the Seventh Circuit Court for Davidson County, Tennessee, submitting to the Court a paper writing purporting to be the last will and testament of the deceased, dated March 26, 2007, properly executed and duly witnessed with self-proving affidavits, to be admitted into probate as the last will and testament of the deceased, pursuant to T.C.A. 32-2-111, for muniment of title purposes, based upon the sworn petition filed in this Court.

IT APPEARING that the paper writing was written during the lifetime of the deceased, signed by the witnesses in the presence of and at the request of the deceased, in the presence of each other and as attesting witnesses thereto.

It is ORDERED, ADJUDGED AND DECREED that the last will and testament of Ruby Berger be and the same is admitted into probate for muniment of title and the Clerk is hereby directed to file and record the same.

It is further ORDERED, ADJUDGED AND DECREED in that the decedent had no assets or personal debts or personal estate to administer, that this order is for the limited purpose of

establishing a muniment of title as to any real estate property interest, without the necessity of granting letters testamentary in conformity with Tennessee Code Annotated 32-2-111.

ENTERED this _____ day of December, 2013.

RANDY KENNEDY, JUDGE

APPROVED FOR ENTRY:

LARRY D. CRAIG, No. 6464
Attorney at Law
305 Fourteenth Avenue, North
Nashville, Tennessee 37203
(615) 320-5577

I hereby certify that this is a true copy of original instrument filed in my office this 4th day of Dec 2013
RICHARD R. ROOKER, CLERK
By _____ Deputy Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing Order has been sent by United States Mail, postage prepaid, to Mr. Joe Berger, son of deceased, 9042 Red Arrow Highway, Bridgman, Michigan 90106 on this the 4th day of December, 2013.

LARRY D. CRAIG

FILED
2013 NOV 20 AM 9:47
RICHARD R. ROOKER, CLERK
D.C.

The Will

of

Ruby Berger

My Will. My name is Ruby Berger. I am a resident of the State of Tennessee. This is my Will. I revoke any earlier dated Will of mine.

My Family. My Husband's name is Clarence Berger. The names of my children are: Bonnie Berger and Joe Berger.

Appointment of Personal Representative. I appoint Bonnie Berger to serve as Personal Representative of my Will.

Bond and Inventory. I excuse my Personal Representative and my Trustee from making bond and of filing an Inventory with, and accounting to, the Court.

Funeral and Administration Expenses. My Personal Representative should pay my funeral expense (including the cost of a grave marker), and the Administration Expenses of my estate as soon as possible after my death.

Debts. My Personal Representative shall pay my lawful debts. If permitted by law, my Personal Representative may pay a debt without requiring the creditor to file a claim. I suggest that my Personal Representative consult with the attorney for my estate before paying any debt.

Tangible Personal Property. Unless otherwise specifically set forth in this Will or a Written Memorandum, if my husband Clarence survives me for 30 days, I give all of my Tangible Personal Property to him. If he does not survive me, I give all of my Tangible Personal Property to my children Bonnie and Joe.

If my children cannot divide my Tangible Personal Property agreeably, my Personal Representative may sell all or part of my Tangible Personal Property at a public sale, or at a private sale at which the bidders are limited to my children (including a descendant of a deceased child), or my Personal Representative may dispose of all or part of my Tangible Personal Property in any other manner my Personal Representative considers proper. A Personal Representative who is the beneficiary may purchase at either the public or private sale. The Personal Representative shall divide the sales proceeds equitably among my children.

My Personal Representative also may give any part of my Tangible Personal Property not wanted by a beneficiary to some worthy charity or individual.

Written Memorandum. I may prepare a written memorandum concerning the disposition of Tangible Personal Property. I request that my wishes as set forth in this memorandum be observed. If no such memorandum is found within 60 days following my death, then all of my Tangible Personal Property

shall be distributed as otherwise provided in this Will.

Disposition of Residuary Estate. If my husband Clarence dies before I do, or does not survive me for more than 30 days, I give my residence on Walnut Street, Madison, Tennessee, to my daughter Bonnie, and the remainder of my property to my children Bonnie and Joe, in equal shares. If my husband survives me for longer than 30 days, I hereby bequeath the remainder of my estate to Bonnie Berger, the Trustee of the Clarence Berger Special Needs Trust.

Disclaimer. If, pursuant to IRC Section 2518, as amended from time to time, my husband or children disclaims all or a portion of the interest in an asset passing to them, the portion disclaimed shall be distributed to the Trustee of the Special Needs Trust created hereunder.

This trust continues for the life of Clarence Berger as Beneficiary and is not revocable. The Trustee shall hold, manage, and distribute the trust estate for the benefit of the Beneficiary as follows:

A. *Purpose and Intent.*

The purpose of this Trust is to provide for the greatest degree of security for Beneficiary and to preserve and enhance the assets of this Trust in order to provide for Beneficiary's lifelong care while still maintaining the Beneficiary's actual or potential eligibility for public benefits programs. This Trust is created expressly to benefit Beneficiary by providing for the special needs and supplemental care, in addition to benefits for which Beneficiary may be eligible from any local, state or federal agency, or through any private or public profit or non-profit source, and not to supplant any such benefits.

Likewise, the intent of this Trust is to provide a system for handling funds, fiscal management, administration and disbursement, respite care, personal attendant services, advocacy, social development services, rehabilitation, care, education, training and guidance for the sole benefit of Beneficiary.

B. *Distributions for Special Needs.*

At the sole and absolute discretion of the Trustee, the Trustee shall distribute so much income and principal to or for the benefit of Beneficiary as the Trustee shall determine in order to provide special needs and supplemental benefits to the Beneficiary not provided by or through private or governmental assistance programs. All distributions shall be based primarily upon Beneficiary's best interest. No Trust income or principal shall be paid or expended for Beneficiary so long as the Trustee determines there are sufficient resources available for Beneficiary's care, support, comfort and welfare from any governmental or private programs.

Moreover, the Trustee may make distributions of trust assets to meet any need not fully met by public or private benefit programs; pay to or for Beneficiary's benefit that amount that does not exceed the state or federal regulations for maximum supplemental income; and repay any, some or all of any amounts owed to the Social Security Administration if an overpayment of benefits to Beneficiary has been made, either prior to or subsequent to the establishment of this Trust, in order to prevent a loss of SSI or other related government assistance by Beneficiary.

Although the intent of this trust is to preserve Beneficiary's eligibility for public benefits, the overriding goal of the trust is to ensure Beneficiary's good health, safety and welfare. The Trustee

may therefore make distributions that may result in a loss or reduction of public benefits if the Trustee determines that such distributions are in the best interests of the Beneficiary. Specifically, the Trustee is not prohibited from making distributions for food, clothing, and shelter for the Beneficiary. The availability of public benefits to pay for a specific need shall not deprive the Trustee of the authority, in the Trustee's discretion, to make distributions of trust assets for the specific need, even if the distributions cause the loss or reduction of public benefits.

C. Distribution Guidelines.

In making any distribution, the Trustee shall:

1. Consider any other income or resources of Beneficiary known to the Trustee and reasonably available;

2. Take into consideration Beneficiary's entitlement to benefits from any government agency, such as federal SSDI, SSI, food stamps, Medicare, Medicaid, welfare, and any other special purpose benefits for which Beneficiary is or may be or become eligible;

3. Consider resource and income limitations of any such assistance program;

4. Not be obligated to or compelled to make such payments, as it is the trustor's intent that, in exercising discretion, the Trustee may act arbitrarily, if the Trustee acts at all, because the Trustee is to be guided solely by his or her own judgment as to what distributions, if any, should be made to further the interests of the Beneficiary;

5. Not be liable for any loss of benefits which may occur as a result of Trustee's good faith actions in the administration of this trust.

D. No Availability of Trust Funds for Reimbursement of Public Benefits.

The beneficial interest in this trust shall in no way affect the Beneficiary's entitlement to Supplemental Security Income, Medicaid, Social Security, Veterans Administration, Medicare, TRICARE, CHAMPUS, disability, or other governmental benefits; or benefits from any private agency providing services or benefits to elderly, handicapped or disadvantaged persons.

In the event the Trustee is requested by any department or agency to release principal or income of the Trust Estate to or on behalf of Beneficiary to pay for equipment, medication or services which other organizations or agencies are authorized to provide were it not for the existence of this Trust, or in the event the Trustee is requested by any department or agency administering such benefits to petition a court or administrative agency for the release of trust principal or income for this purpose, or in the event any department or agency shall terminate payment or eligibility for any benefits to Beneficiary based upon the existence of or payments from this Trust, the Trustee is authorized to deny and contest such request or termination through administrative or judicial action and to defend any contest or other attack of any nature on this Trust and the public assistance program eligibility of Beneficiary. Trustee is also authorized to settle or otherwise compromise, in whole or in part, any such claim or litigation. Any expenses of the Trustee in this regard, including reasonable attorney's fees, shall be a proper charge to the Trust.

E. Administration Expenses.

The Trustee is authorized to pay out of the income or principal of this Trust any expenses of administration related to the Trust, including reasonable trustee's and attorney's fees, fees and expenses relating to the administration or termination of a guardianship or any legal action

commenced by or on behalf of Beneficiary prior to Beneficiary's death. The Trustee should further consider purchasing a reasonable burial plan and paying the expenses relating to Beneficiary's funeral and burial during Beneficiary's lifetime.

F. Acquisition and Maintenance of Residential Real Estate.

The Trustee may purchase or maintain an interest in real estate as an asset of the trust, without liability for loss or depreciation in value and even though it may be non-productive property. The Trustee may purchase, maintain, improve or replace a residence or any interest in a residence where the Beneficiary may reside, whether by purchase, lease or purchase of an interest in any such residence, including any portion of a residence which may be owned by a family member. The Trustee may acquire furnishings, make home improvements and provide for regular household assistance to Beneficiary and pay for the continued upkeep and maintenance of the realty. The Trustee may permit Beneficiary's occupancy or use without charge in such manner as, in the opinion of the Trustee, best serves Beneficiary's needs, without the necessity of turning such property into cash or gaining an income therefrom.

The Trustee is expressly authorized, in its absolute discretion, to permit any family member of Beneficiary, who is residing now or at any time in the future upon any real property forming a part of the Trust Estate to continue residing there on such terms as the Trustee shall deem proper, whether rent free or in consideration of payment of taxes, insurance, maintenance, and ordinary repairs, or otherwise.

Powers of the Trustee. The Trustee (including any successor trustee) using reasonable discretion with respect to all property, real and personal, at any time forming part of the trust estate, may exercise any and all powers granted to a fiduciary set forth in the Tennessee Uniform Trust Code, Section 74. The provisions of this statute are incorporated into this instrument by reference as if fully copied out here verbatim. These powers are granted even though this statute may be amended later or repealed at the time of my death.

The Trustee's discretion, however, as to distributions from the trust estate shall be limited as specifically provided herein.

If the Trustee believes that the principal amount in the trust does not warrant the costs of continuing the trust, its administration would be impracticable, or the express purpose of this trust cannot be accomplished, the Trustee may terminate this trust.

Rule Against Perpetuities. Anything to the contrary notwithstanding, the trustee of any trust created herein shall terminate and distribute the principal and income of any such trust one day prior to the date 21 years after the death of the last surviving child of mine or issue of a child of mine living at my death. At such time, each separate share of any trust created hereunder shall be distributed outright to the then income beneficiary of such share. The termination of any such trust is intended to occur within the permissible period under the relevant application of the rule against perpetuities.

Spendthrift Provision. To the extent permitted by law, neither the principal nor income of this trust shall be liable for the debts of any beneficiary. The interest of any beneficiary in the principal or income of any trust estate herein created shall not be subject to the claims of any

creditor or be involuntarily or voluntarily transferred, assigned, alienated, anticipated, encumbered, or otherwise disposed of. Because this trust is to be conserved and maintained for the supplemental needs of the Beneficiary, no part of the corpus, principal or undistributed income shall be subject to the claims of voluntary or involuntary creditors for the provision of care and services, including residential care, by any public or governmental entity, office, department, or agency. For purposes of determining the Beneficiary's eligibility for such benefits, no part of the principal or income of the trust estate shall be considered available to the Beneficiary. The assets of this trust shall at all times be free of the claims of all governmental bodies.

If a claimant attempts to reach the Beneficiary's interest at time of distribution, the Trustee may transfer that distribution to third parties who will provide services or benefits to the Beneficiary or the Beneficiary's dependents in any manner that the Trustee decides in the Trustee's sole discretion.

Termination of Trust. At the death of the Beneficiary, this trust shall terminate and the Trustee shall distribute the remaining assets to my children, in equal shares.

Real Estate. My realty and all income derived from my realty during administration of my estate are part of my probate estate. Disposition of the realty is governed by my Will and the realty does not pass directly to a beneficiary. The realty is subject to all the powers of the Personal Representative, including but not limited to the power of sale.

Interpretive Provisions. Unless I clearly state otherwise in my Will, I intend for the provisions of Tennessee Code Annotated §§ 32-3-104 and 105 to apply so that the descendant of a deceased beneficiary will take the place of the deceased beneficiary under the same terms and conditions as the deceased beneficiary, regardless of whether the beneficiary died before or after me.

This Will consists of 5 pages (each of which I have signed or initialed). I now sign this document as my Will on March 26, 2007, and pursuant to TENN. CODE ANN. § 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

Ruby J. Berger
Ruby Berger, Testator

Attest to Execution of this Will:

Witness

Witness

Prepared by Timothy L. Takacs, Attorney at Law, Hendersonville, TN

State of Tennessee
County of Sumner

AFFIDAVIT

Sandy Reynolds and Bo C. Siler, after having been first duly sworn, make oath

1. That they are the witnesses to the Will of Ruby Berger, the Testator, dated on March 26, 2007.

2. That the Testator indicated to the witnesses that the document the Testator was signing was a Will.

3. That this Will was signed by the Testator in their presence.

4. That they, at the request of Testator, and in the sight and presence of the Testator and in the sight and presence of each other, signed their names as witnesses to this Will as requested.

5. In their opinion, the Testator was over the age of eighteen years and appeared to be of sound mind and disposing memory.

Sandy M Reynolds
Sandy Reynolds

Bo C. Siler
Bo C. Siler

Sworn to and subscribed before me on March 26, 2007.

TIMOTHY L. TAKACS STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

Notary Public

My Commission Expires: [illegible]

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 ATTACHED EXHIBITS heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 20 day of NOVEMBER , 2013 , in Case Number 13P1877 between BERGER, BONNIE Petitioner, and BERGER, RUBY 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 04 day of DECEMBER 2013

RICHARD R. ROOKER, Clerk,

SEAL

By _____

Deputy Clerk

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

12/5/2013

LARRY D. CRAIG
ATTORNEY
305 14TH AVE N.
NASHVILLE, TN 37203

RE: RUBY J. BERGER
Last Four Of SSN 7146

DEAR LARRY D. CRAIG:

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