BILL GARRETT, Davidson County
Trans:T20140057262 AFFIDAVITH
Recvd: 08/06/14 09:32 6 pgs
Fees:32.00 Taxes:0.00
20140806-0070529

This instrument prepared by:
Jacob R. Strait
109 Westpark Drive, Suite 300
Brentwood, TN 37027

Record and return to:
Same as preparer

Address of New Owner:	Send Tax Bills to:	Map/Parcel:
James A. Pancake, et al 1261 Barnes Road Antioch, Tennessee 37013	Same as New Owner	146-04-0 066.00

AFFIDAVIT OF HEIRSHIP

The undersigned affiant, James A. Pancake, pursuant to Tenn. Code Ann. § 30-2-712, upon his own personal knowledge and first being duly sworn, deposes and says under oath:

1. I am James A. Pancake. I am the brother of Decedent, Van Roy Pancake.

2. Decedent, Van Roy Pancake, died on December 5, 2013, a resident of Nashville, Davidson County, Tennessee. A copy of Decedent's death certificate is attached to this affidavit as Exhibit A.

3. Decedent died intestate. Decedent's estate has been administered in the Seventh Circuit Court for Davidson County, Tennessee, Probate Division, Docket No. 14P-56.

4. Decedent died having never married.

5. Decedent died without issue.

6. At death, Decedent held a 1/4 interest as a tenant in common with James A. Pancake, Glenn Finley Pancake, and Carole Pancake Colebank in a certain tract or parcel of real property located at 4702 Richmar Court, Nashville, Davidson County, Tennessee, Tax Parcel 146-04-0 066.00, more particularly described as:

Land in Davidson County, Tennessee, being Lot No. 757 on the Plan of Caldwell Hall, Section XII, as of record in Book 3300, page 57, Register's Office for said County.

Said Lot No. 757 fronts 101.52 feet on the northeasterly side of Richmar Court and runs back 129.95 feet on the northwesterly line and 172.4 feet on the southeasterly line to a dead line in the rear on which it measures 65.95 feet.

Being the same property conveyed to James A. Pancake, Glenn Finley Pancake, Carole Pancake Colebank, and Van Roy Pancake, equally and as tenants in common by deed from James Arthur Pancake, Glenn Finley Pancake, Carole Pancake Colebank, and Van Roy Pancake, being the heirs at law of Larene G. Pancake, and Glenn Finley Pancake, individually, of record in Instrument Number 20011011-0111256, Register's Office of Davidson County, Tennessee.

7. Title to the above described real property passed, by the laws of intestate succession and who are also the surviving tenants in common, to the siblings of Decedent;

James A. Pancake, 1261 Barnes Road, Nashville, Tennessee 37013;

Glenn Finley Pancake, 800 Metal Ford Road, Hohenwald, Tennessee 38462;

Carole Pancake Colebank, 2014 Williams Road, Nolensville, Tennessee 37135

8. There are no debts or encumbrances remaining that are or might become a lien on the Decedent's interest in the above described real property.

9. Inheritance Tax Closing Letter issued by the Tennessee Department of Revenue is attached to this Affidavit as Exhibit B.

10. TennCare Release Letter issued by the Tennessee Bureau of TennCare is attached to this Affidavit as Exhibit C.

11. The actual consideration or value, whichever is greater, for this transfer is $0. This conveyance is made to implement a testamentary devise and is exempt from tax by Tenn. Code Ann. § 67-4-409(a).

Further affiant saith not.

Executed this 4th day of August, 2014.

James A. Pancake

State of Tennessee
County of Williamson

Before me, the undersigned Notary Public, personally appeared James A. Pancake, with whom I am personally acquainted, and who upon oath stated to me that the facts contained in the foregoing instrument are true and correct, and who signed the foregoing instrument in my presence, and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 4th day of August, 2014.

Notary Public

My Commission Expires: 9/11/2017

CYNTHIA L. PARRISH
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

13716

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Van Roy Pancake
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 05, 2013
4. TIME OF DEATH (Hours): 11:55 AM
5a. AGE-Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 12, 1945
7. BIRTHPLACE (City and State or Foreign Country): Omaha, Nebraska

TYPE/PRINT IN PERMANENT BLACK INK

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): 4207 Richmar Court
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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: Professor
11b. KIND OF BUSINESS/INDUSTRY: University
12. SOCIAL SECURITY NUMBER: [redacted]-6708
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4702 Richmar Ct.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

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
☐ 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

Pancake, Van
NAME OF DECEDENT (For use by Physician or Institution)
12-3YA

PARENTS

18. FATHER'S NAME (First, Middle, Last): Arthur Sommerville Pancake
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Larene Genevieve Savage

DISPOSITION

20a. INFORMANT'S NAME: James Arthur Pancake
20b. RELATIONSHIP TO DECEDENT: Brother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1261 Barnes Rd., Antioch, TN 37013
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, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ NONE
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): December 10, 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: 34634
27c. DATE SIGNED (Month, Day, Year): December 06, 2013
27d. NAME AND ADDRESS: Adele Lewis, M.D., 850 R.S. Gass Boulevard, Nashville, TN 37216, MEC13-2503

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. Pending further studies
Due to (or as a consequence of)
b.
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

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

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 ☒ No
29b. 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 1398

SH-1659 (Rev. 9/2011)

6165266

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6165266
Date Issued DEC 10 2013

CERTIFICATION OF VITAL RECORD

N0018901

9091576140619

TENNESSEE DEPARTMENT OF REVENUE

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

June 22, 2014

ESTATE OF VAN R PANCAKE
ATTN: J R HOOPER
109 WESTPARK DR STE 300
BRENTWOOD TN 37027-5062

Account Type:	INHERIT TX
Account No.:	441939495
Date of Death:	December 5, 2013
County:	DAVIDSON
SSN:	XXX-XX-6708

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

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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

3/10/2014

J. RANDALL HOOPER
HOOPER ZINN & MCNAMEE
109 WESTPARK DR STE 300
BRENTWOOD, TN 37027

RE: VAN R. PANCAKE
Last Four Of SSN 6708

Dear J. RANDALL HOOPER:

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,

Jangela J. Howard