BILL GARRETT, Davidson County
Trans:T20140073352 AFFIDAVITH
Recvd: 09/30/14 11:36 10 pgs
Fees:52.00 Taxes:0.00
20140930-0090000

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

New Owner: CYNTHIA LYNN SMITH
213 N. LEWIS
P.O. BOX 414
MINERAL SPRINGS, ARK. 71851

GARY DEAN DELONEY
741 BRIGHT STAR ROAD
MINERAL SPRINGS, ARK 71851

MAP & PARCEL NO.: MAP
02200023500

Send TAX NOTICE TO:

CYNTHIA LYNN SMITH
213 N. LEWIS
P.O. BOX 414
MINERAL SPRINGS, ARK 71851

GARY DEAN DELONEY
741 BRIGHT STAR ROAD
MINERAL SPRINGS, ARK 71851

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, depose and say:

LINDA YVONNE ENNIS DELONEY, a resident of Davidson County, State of Tennessee, who died October 2, 2008, as evidenced by a copy of the Certificate of Death attached as Exhibit A, held a fifty percent (50%) undivided interest in the following described real estate:

SEE EXHIBIT "B"
FOR DESCRIPTION

Being the same property conveyed to **LARRY J. ENNIS**, by deed from **HOMER R. AYERS**, Substitute Trustee, of record in Instrument Number 20030402-0043770, Register's Office for Davidson County, Tennessee, **LARRY J. ENNIS** having died on November 4, 2006; leaving said property to two of his siblings, M. Nathan Ennis and Linda Ennis Deloney A/K/A Linda Yvonne

Ennis Deloney; each a 50% undivided interest, as evidenced in his Will of record in the Office of the Probate Court Clerk for Davidson County, Tennessee, Probate No.: 06P-1965, and recorded in Instrument Number 20070309-0029604 Register's Office for Davidson County, Tennessee.

This is unimproved property known as and located at 0 Whites Creek Pike, Joelton, Tennessee 37080.

SUBJECT TO easements of record in Book 1511, Page 167, Book 1518, Page 222 and Book 7589, Page 121, Register's Office for Davidson County, Tennessee.

SUBJECT TO all matters on plat of record at Instrument Number 20010109-0002735, Register's Office for Davidson County, Tennessee.

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

REFERENCE is made to prior title recorded in Instrument 20030402-0043770, Register's Office of Davidson County, Tennessee.

The undersigned each received a 25% undivided interest in the real estate described above by virtue of being the recipient of the real estate under the intestate estate of the decedent, **LINDA YVONNE ENNIS DELONEY,** probated in the Seventh Circuit Court, Probate Division of Davidson County, State of Tennessee, Case No. 09P1285. (A copy of Order to Probate is attached as Exhibit C).

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 441832671, a copy of which is attached as Exhibit D.

The Tenncare Release dated January 26, 2012, has been received, a copy of which is attached as Exhibit E.

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 beneficiaries.

CYNTHIA LYNN SMITH
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 11 day of December, 2013.

KRISTI CHANDLER
NOTARY PUBLIC-STATE OF ARKANSAS
HOWARD COUNTY
My Commission Expires 9-14-2022
Commission # 12390422

NOTARY PUBLIC
My Commission expires: 9/14/2022

CYNTHIA LYNN SMITH

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State of Arkansas and County of Howard, personally appeared **CYNTHIA LYNN SMITH**, 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 she executed the foregoing instrument for the purposes therein contained as her 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 11th day of December, 2013.

NOTARY PUBLIC

KRISTI CHANDLER
NOTARY PUBLIC-STATE OF ARKANSAS
HOWARD COUNTY
My Commission Expires 9-14-2022
Commission # 12390422

GARY DEAN DELONEY

SWORN TO AND SUBSCRIBED before me on this the 11 day of December, 2013.

NOTARY PUBLIC
My Commission expires: 9/14/22

KRISTI CHANDLER
NOTARY PUBLIC-STATE OF ARKANSAS
HOWARD COUNTY
My Commission Expires 9-14-2022
Commission # 12390422

GARY DEAN DELONEY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State of Arkansas and County of Howard, personally appeared **GARY DEAN DELONEY**, 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 11 day of December, 2013.

NOTARY PUBLIC
My Commission expires: 9/14/22

KRISTI CHANDLER
NOTARY PUBLIC-STATE OF ARKANSAS
HOWARD COUNTY
My Commission Expires 9-14-2022
Commission # 12390422

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Linda Yvonne Deloney
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 02, 2008
4. SOCIAL SECURITY NUMBER: [redacted]968
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): April 23,1943
7. BIRTHPLACE (City and State or Foreign Country): Robertson County, TN
8. EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
8a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA; OTHER (Specify): 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): NorhtCrest Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield
9d. COUNTY OF DEATH: Robertson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cafertia Cook
12b. KIND OF BUSINESS/INDUSTRY: Ark.Board of Education
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 7368 Whites Creek Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+)

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charles Herschel Ennis
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edna Jane Haun

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nathan Ennis
19b. RELATIONSHIP TO DECEASED: Brother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4465 Mt. Sharon Road Greenbrier, TN 37073

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn Memorial Park
20c. LOCATION-City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home 3501 Old Clarkville Pike, P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Donna McEwing LR
24. DATE FILED (Month, Day, Year): Oct 9, 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 ☐ SIGNATURE AND TITLE OF PHYSICIAN: Kenneth W Sullivan MD
25b. LICENSE NUMBER: 27509
25c. DATE SIGNED (Month, Day, Year): 10/6/2008
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 RESULTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Kenneth W. Sullivan, M.D., 3511 Old Clarksville Pike, Joelton, TN 37080

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. Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF): a. Acute Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF): b. Chronic obstructive Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ 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? 1 ☐ Yes 2 ☐ 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-1858 (REV. 6/97) BIRTH NO. RDA 1300

2779896

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.

EXHIBIT A

Sharon M. Leinbach
STATE REGISTRAR

Donna McEwing, LR
Donna McEwing, Local Registrar
Robertson County

Date Issued OCT 10 2008

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

Being Lot No. 2 on the plan of a Resubdivision of Lot No. Two of Joelton Village, Section two Subdivision of record in Instrument Number 20010109-0002735, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

Copy

FILED
2009 AUG 20 PM 2:39
RICHARD R. ROOKER, CLERK
D.C.

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

IN THE MATTER OF:

THE ESTATE OF
LINDA YVONNE ENNIS DELONEY
Deceased.

No. 09P285

CYNTHIA LYNN SMITH, ADMINISTRATRIX

For Administration

Order Admitting Will To Probate

Based on an examination of the Petition, the decedent's Last Will, and the sworn testimony of the Petitioners on the 20 day of August, 2009, the Court finds the following:

A. Decedent was a resident of Davidson County, Tennessee;

B. Decedent died on October 2, 2008, at the age of 65 years;

C. Decedent did not leave a Will;

D. Decedent was unmarried at the time of her death;

E. Petitioners are the only children born to or adopted by the Decedent and are her only heirs at law, both of whom have suggested the appointment of CYNTHIA LYNN SMITH as Administratrix, excusing her from making bond or giving inventory or interim accounting, except that a status report will be given in the event this estate is not closed within twelve (12) months;

F. Decedent owned property at decedent's death which is subject to a Court supervised administration by this Court worth approximately Fifty Five Thousand Dollars ($55,000.00);

EXHIBIT
C

Copy

G. The beneficiaries of the estate are all Class A beneficiaries;

H. The Petitioner has made affidavit that the gross estate of the decedent does not exceed One Hundred Thousand Dollars ($100,000.00) and that the decedent made no gifts during her lifetime in excess of the maximum single exemption allowable free of tax under T.C.A. § 67-8-104, as a result of which the requirement for filing of an Inheritance Tax Return should be waived.

BASED ON THESE FINDINGS, THE COURT ORDERS THE FOLLOWING:

1. After administering the oath to Petitioner, CYNTHIA LYNN SMITH, Letters of Administration will be issued to CYNTHIA LYNN SMITH;

2. All bonds are excused;

3. Notice will be issued to the creditors and to the Department of Revenue as required by T.C.A. § 30-2-306 and § 67-8-406;

4. The requirement of an inventory is waived;

5. The requirement of interim accountings is waived, except that a status report will be given by the Administratrix in the event this estate is not closed within the next twelve 12 months;

6. The requirement for filing an Tennessee Inheritance Tax Return is waived pursuant to the provisions of T.C.A. § 67-8-409 and § 67-8-420.

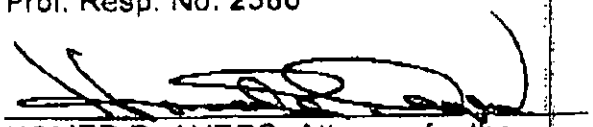
ENTERED this the 20 day of Aug, 2009.

R. L. BRADSHAW, JR.
PROBATE MASTER

Copy

APPROVED FOR ENTRY

HOMER R. AYERS, Attorney at Law
303 Frances Street
P.O. Box 904
Goodlettsville, Tennessee 37070-0904
(615) 859-2500
Prof. Resp. No. 2580



HOMER R. AYERS, Attorney for the Petitioner

TENNESSEE DEPARTMENT OF REVENUE

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

August 18, 2013

DELONEY LINDA E
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441832671
Date of Death:	October 2, 2008
County:	DAVIDSON
SSN:	XXX-XX-4968

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

DELONEY LINDA E
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

August 18, 2013

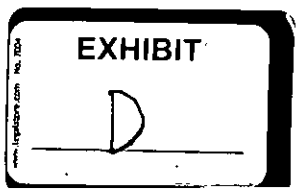
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Total:	$0.00



STATE OF TENNESSEE
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

1/26/2012

HOWARD M. SKIPWORTH
6408 CLARKSVILLE PIKE
P.O. BOX 489
JOELTON, TN 37080

RE: LINDA Y. DELONEY
10/2/2008

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

Tangela J. Howard
Supervisor

EXHIBIT
E