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

New Owner: PAMELA DIANE ANDERSON
4477 Mt Sharon Road
Greenbrier, TN 37037

CARMEN JONES
4507 Mt. Sharon Road
Greenbrier, TN 37037

MAP & PARCEL NO.: MAP 02200023500

BILL GARRETT, Davidson County
Trans:T20140088727 AFFIDAVITH
Recvd: 11/25/14 09:58 10 pgs
Fees:52.00 Taxes:0.00
20141125-0108545

Send TAX NOTICE TO:

PAMELA DIANE ANDERSON
4477 Mt Sharon Road
Greenbrier, TN 37037

CARMEN JONES
4507 Mt. Sharon Road
Greenbrier, TN 37037

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, depose and say:

MARVIN NATHAN ENNIS, a resident of Robertson County, State of Tennessee, who died December 21, 2012, 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 testate estate of the decedent, **MARVIN NATHAN ENNIS** , probated in the Chancery Court, Probate Division for Robertson County, State of Tennessee, Case No.CH13-CV-134. (A copy of Order to Probate is attached as Exhibit C).

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 441953666 a copy of which is attached as Exhibit D.

The Tenncare Release dated May 20, 2014, 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.

Pamela Diane Anderson

PAMELA DIANE ANDERSON
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 19th day of November, 2014.

Howard M. Skipworth

NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9, 2016

Pamela Diane Anderson

PAMELA DIANE ANDERSON
Beneficiary

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State of Tennessee and County of Davidson, personally appeared **PAMELA DIANE ANDERSON**, 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 19th day of November, 2014.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN
My Commission Expires JAN 9, 2016

Carmen Jones
CARMEN JONES
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 25th day of November, 2014.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN
My Commission Expires JAN 9, 2016

Carmen Jones
CARMEN JONES
Beneficiary

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State of Tennessee and County of Davidson, personally appeared **CARMEN JONES**, 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 25th day of November, 2014.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN
My Commission Expires JAN 9, 2016

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Marvin Nathan Ennis
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 21, 2012
4. TIME OF DEATH (Approx.): 11:00 AM
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 15, 1930
7. BIRTHPLACE (City and State or Foreign Country): Springfield, TN

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): NorthCrest Medical Center
8c. CITY OR TOWN: Springfield
8d. COUNTY OF DEATH: Robertson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): None
11a. DECEDENT'S USUAL OCCUPATION: Farmer Owner/operator
11b. KIND OF BUSINESS/INDUSTRY: Farming Service Station
12. SOCIAL SECURITY NUMBER: [redacted]3559
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Robertson
13c. CITY OR TOWN: Greenbrier
13d. STREET AND NUMBER: 4465 Mt. Sharon Road
13e. INSIDE CITY LIMITS: ☐ Yes ☐ No
13f. ZIP CODE: 37073
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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
☐ Some college credit but no degree
☐ Associates 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

20. 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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Charles Herschell Ennis
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Edna Jane Haun

DISPOSITION

20a. INFORMANT'S NAME: Pamela Anderson
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4477 Mt. Sharon Road, Greenbrier, TN 37073

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Park
21c. Location - City or Town and State: Goodlettsville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John T Crockett
22b. LICENSE NUMBER: 2645
22c. SIGNATURE OF EMBALMER: ▶ Jim Brewer
22d. LICENSE NUMBER: 2969
23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTAR

24. REGISTRAR'S SIGNATURE: ▶ Kimberly R. Brown, DR
25. DATE FILED (Month, Day, Year): January 10, 2013

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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.

27a. SIGNATURE OF CERTIFIER: ▶ Neal M. Dressler MD
27b. LICENSE NUMBER: 013706
27c. DATE SIGNED (Month, Day, Year): 1/9/13
27d. NAME AND ADDRESS: Neal Dressler, M.D. 502-C N Main Street, Springfield, TN 37172

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. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	ACUTE on CHRONIC RESPIRATORY FAILURE	HOURS
Due to (or as a consequence of) b.	COPD	4 YEARS
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)

PH-1659 (Rev. 9/2011) RDA 1339

COPYRIGHT, CAUTION & ANTI-FRAUD PROTECTION

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.

5535585

Teresa S. Hendricks
STATE REGISTRAR

Donna McEwing, Local Registrar
Robertson County

Date Issued: January 10, 2013

EXHIBIT A

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.

IN THE CHANCERY COURT (PROBATE DIVISION) FOR ROBERTSON COUNTY,
NINETEENTH JUDICIAL DISTRICT, STATE OF TENNESSEE

CLERK & MASTER ROBERTSON CO. TN

APR 02 2013
AT 2:45 O'CLOCK P M
BY KENNETH HUGGINS

IN THE MATTER OF:)
)
THE ESTATE OF)
MARVIN NATHAN ENNIS,)
Deceased.)

Probate No: CH13-CV-134

ORDER TO PROBATE

Based on an examination of the Petition, and the sworn oath of Petitioners on April 2nd 2013, the Master finds the following:

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

B. Decedent died on 21 December 2012 at the age of eighty-two (82);

C. Decedent left a paper writing bearing date of 23 March 2000, which was his Last Will and Testament (the "will"). The will consist of three (3) numbered, typewritten pages, which contains four (4) numbered typewritten items therein.

D. Petitioners are the sole heirs and beneficiaries of the decedent and under T.C.A. Section 30-1-106 are the persons entitled to serve as Co-Executrices;

E. Decedent owned property at decedent's death which is subject to a Court supervised administration by this Court worth more than twenty-five Thousand Dollars and .00/100 ($25,000.00);

F. The estimated gross estate for Tennessee Inheritance Tax purposes is greater than two hundred twenty thousand ($220,000.00) Dollars;

EXHIBIT
C

G. Each person who is a residuary beneficiary of the estate is an adult and each has consented to the co-executrices being excused from bond, filing an inventory and filing interim accountings as evidenced by each beneficiary's signed acknowledged Agreement to Waive Bond, Inventory and Interim Accountings attached to petition as Exhibits.

Based on these findings, the Master recommends the following:

1. After administering the oath, Letters of Testamentary be issued to **PAMELA DIANE ANDERSON** and **CARMEN JONES** as Co-Executrices;

2. All bond is excused;

3. The requirement of an inventory is waived;

4. The requirement of interim accountings is waived; however, an estate status report shall be filed annually on the date of this Order until the estate is closed;

5. Notice be issued to the Department of Revenue as required by T.C.A. Section 30-2-306 and 67-8-406 respectively; and

6. The Co-Executrices shall file the affidavit certifying the sending of a copy of the Letters Testamentary to each heir at law within sixty (60) days of the date of this Order.

From all of which, the Court finds that Letters Testamentary shall be issued to **PAMELA DIANE ANDERSON** and **CARMEN JONES**.

IT IS THEREFORE ORDERED, ADJUDGED and ***DECREED*** by the Court that said paper-writing is a true, whole and Last Will and Testament of **MARVIN NATHAN ENNIS**, deceased; and the same be and hereby is admitted to Probate as such; and the Clerk is hereby directed to file and record the same and issue Letters Testamentary to **PAMELA DIANE ANDERSON** and **CARMEN JONES**, Co-Executrices, without bond, inventory, and accountings.

ENTERED, this the 2nd day of April, 2013.

PROBATE CLERK AND MASTER

Approved for entry:
HOWARD M. SKIPWORTH & ASSOCIATES

HOWARD M. SKIPWORTH #012469
Attorney for Executor
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Facsimile: 615/876-4292

N0018901 6310227140731

TENNESSEE DEPARTMENT OF REVENUE

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

August 3, 2014

ENNIS MARVIN N
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441953666
Date of Death:	December 21, 2012
County:	ROBERTSON
SSN:	XXX-XX-3559

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

ENNIS MARVIN N
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

August 3, 2014

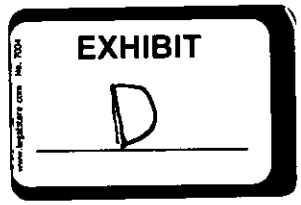
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Total:	$0.00



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

5/20/2014

HOWARD M. SKIPWORTH
LEGAL COUNSEL
P O BOX 489
JOELTON, TN 37080

RE: MARVIN ENNIS
Last Four Of SSN 3559

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,

Jangela J. Howard

EXHIBIT
E