THIS INSTRUMENT PREPARED BY:
LARRY D. CANTRELL
ATTORNEY AT LAW, P.C.
2016 –8TH AVENUE SOUTH
NASHVILLE, TN 37204 -2202

SEND TAX BILLS TO:
TENNIE OPAL B. DUNN
211 GARRETT DRIVE
NASHVILLE, TN 37211

BILL GARRETT, Davidson County
Trans:T20150006928 AFFIDAVITH
Recvd: 01/28/15 12:37 5 pgs
Fees:27.00 Taxes:0.00
20150128-0008163

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PER T.C.A. § 30-2-712

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:
William Lafayette Dunn, Jr., a resident of Davidson County, State of Tennessee, who died July 3, 2014 as evidenced by a copy of the Certificate of Death attached as **Exhibit A**, held a:

Fee Tenants by the Entirety interest in the following described real estate:

Land in Davidson County, Tennessee, as described in **Deed Book 3222, Page 613**, Register's Office for Davidson County, Tennessee. The description from the said Deed is hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

At the time of his death **William Lafayette Dunn, Jr.,** was a Tenant by the Entirety owner with his Wife **Tennie Opal B. Dunn** of the herein listed property by virtue of the afore referenced Deed from **Andrew Ewing, Trustee,** dated April 11, 1961.

SUBJECT TO any and all Governmental zoning and subdivision ordinances or regulations in effect thereon.

The undersigned received a one hundred (100%) interest in the real estate described above by virtue of:

Being the surviving tenant of the above described real property by operation of Tennessee State Statute **(T.C.A.) §35-3-505** as it applies to property owned as Tenants by the entirety by the deceased **William Lafayette Dunn, Jr.,** and the surviving Tenant by the Entirety **Tennie Opal B. Dunn** as well as by the provisions of the Last Will and Testament of **William Lafayette Dunn, Jr.,** which was probated in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 14P – 1295.**

(1) The Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit B**.

(2) The release from Tennessee TennCare is 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.

Tennie Opal B. Dunn

Tennie Opal B. Dunn

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Tennie Opal B. Dunn**, 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 she 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 27TH day of JANUARY, 2015.

Notary Public

My commission expires: 9-21-2015

JAMES E. DOUGLAS
STATE OF TENNESSEE
NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

1404341

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William Lafayette Dunn, Jr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 3, 2014
4. TIME OF DEATH (Optional)
5a. AGE-Last Birthday (Years): 85
5b. If Under 1 Year: Months / Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 2, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nashville,Tennessee

TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (For use by Funeral Director)

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): Saint Thomas West
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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

12. SOCIAL SECURITY NUMBER: [redacted]-8520
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
12b. COUNTY: Davidson
12c. CITY OR TOWN: Nashville

13a. STREET AND NUMBER: 211 Garrett Drive
13b. INSIDE CITY LIMITS: [X] Yes [ ] No
13c. ZIP CODE: 37211
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] 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)
[X] 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 Lafayette Dunn, Sr
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Grace Phillips

INFORMANT

20a. INFORMANT'S NAME: Opal Batson Dunn
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 211 Garrett Drive Nashville,TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Funeral Home&Cemetery
21c. LOCATION - City or Town and State: Nashville,TN

22a. SIGNATURE OF FUNERAL DIRECTOR: Thomas W Bowers
22b. LICENSE NUMBER: 3049
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: Michael Edwards
25. DATE FILED (Month, Day, Year): July 14, 2014

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] 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
27b. LICENSE NUMBER: TN 36524
27c. DATE SIGNED (Month, Day, Year): 7/9/14
27d. NAME AND ADDRESS: Jeffery Dattilo MD 4230 Harding Rd Suite 525 37205

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Heart Failure
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. Severe Aortic Stenosis
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

Approximate Interval: Onset to death

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

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: [ ] 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-1656 (Rev. 02/11)
RDA 1289

7198500

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.

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7198500
Date Issued

CERTIFICATION OF VITAL RECORD

N0019001 8110378150121

TENNESSEE DEPARTMENT OF REVENUE

EXHIBIT B

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

January 24, 2015

ESTATE OF WILLIAM L DUNN JR
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	442004537
Date of Death:	July 2, 2014
County:	DAVIDSON
SSN:	XXX-XX-8520

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

ESTATE OF WILLIAM L DUNN JR
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

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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

8/18/2014

LARRY D. CANTRELL
LEGAL COUNSEL
2016 8TH AVE S
NASHVILLE, TN 37204

RE: WILLIAM DUNN
Last Four Of SSN 8520

Dear LARRY D. CANTRELL:

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 C