Send Tax Statements To:
New Owner

This Instrument Prepared By:
JOHNATHON C. HERSHMAN
Attorney at Law
106 E. College Street
PO Box 1336
Murfreesboro, TN 37133

Name and Address of New Owner:
Mr. Bradley Farras Allen and
Mr. Thomas Earl Allen
2919 Elk Road
Greenville, NC 27858

Map/Parcel
119 14 0A 124.00

BILL GARRETT, Davidson County
Trans:T20150008158 DEEDWARR
Recvd: 02/02/15 15:09 16 pgs
Fees:82.00 Taxes:0.00
20150202-0009684

EXECUTRIX DEED

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

FOR AND IN CONSIDERATION of the sum of TEN AND NO/100 DOLLARS ($10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, the undersigned, **Patricia Diane Eubank in her individual capacity and in her capacity as Executrix of the Estate of Rose Mary Wade Cagle,** does hereby transfer and convey unto, **FAYE WADE ALLEN, a Life Estate, with the remainder to BRADLEY FARRAS ALLEN and THOMAS EARL ALLEN as tenants in common,** their heirs and assigns, forever, that certain parcel of real estate located in Davidson County of the State of Tennessee, being described as follows, to-wit:

Lane in Davidson County, Being Unit No. 124 Building J on the Plan of condominium site of Kingswood Condominium, of record in Book 5200, Page 520, Register's Office for Davidson County, to which plan reference is hereby made for a more complete legal description thereof.

THIS being the same property conveyed to Rose Cagle, by QuitClaim Deed from the John T. Cook, Trustee, dated July 23, 2009, appearing of record in Transaction Number 20090727-0069964, of the Register's Office of Davidson County, Tennessee.

TO HAVE AND TO HOLD said real estate, together with all of the appurtenances, estate and title thereunto belonging unto the said, **FAYE WADE ALLEN, with a life estate with the remainder to BRADLEY FARRAS ALLEN and THOMAS EARL ALLEN as tenants in common,** their heirs and assigns, forever.

The undersigned covenants with the said Grantee that it is lawfully seized and possessed of said parcel of real estate, and that it has a good right to convey the same and that it is unencumbered, except for the lien of the 2015 real property taxes.

The undersigned further covenants and binds itself, its successors and assigns to forever warrant and defend the title to said real estate to the Grantee, their heirs and assigns, against the lawful claims of all persons, whomsoever.

This property is subject to any and all lawful easements, setback lines, restrictions, etc. of record and applying to the within described property and to the zoning regulations of the appropriate governmental body and all other matters of record in the Davidson County Register of Deeds Office.

The Executrix of the Estate of Rose Mary Wade Cagle is duly qualified at her death, Rose Mary Wade Cagle, who died on January 17, 2014, owned fee simple interest in the property described above. A copy of the death certificate for Rose Mary Wade Cagle is attached to this Deed as Exhibit A. The Grantees, Faye Wade Allen, Bradley Farris Allen, and Thomas Earl Allen, hereby state that they received 100% interest in the real estate described above by virtue of the Last Will and Testament and written codicil of Rose Mary Wade Cagle which was qualified and filed for probate with the Davidson County Probate Court. A copy of said Will is attached as Exhibit B and the codicils are attached to this Deed as Exhibit C-1 and C-2.

The Tennessee Estate Inheritance Tax clearance letter has been received being receipt number 441924894, a copy of which is attached to this Deed as Exhibit D. The Bureau of TennCare Release is attached as Exhibit E.

IN WITNESS WHEREOF, the undersigned has executed this instrument this 26th day of January, 2015.

Patricia Diane Eubank as Executrix

Patricia Diane Eubank in her individual capacity
And in her capacity as Executrix of the Estate of
Rose Mary Wade Cagle

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

Personally appeared before me, the undersigned authority, a Notary Public in and for the said County and State, personally appeared, **Patricia Diane Eubank in her individual capacity and in her capacity as Executrix of the Estate of Rose Mary Wade Cagle,** the bargainers(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), acknowledged that she, executed the foregoing instrument (WARRANTY DEED) for the purposes therein contained and that Patricia Diane Eubank acknowledges that, as Executrix, she is authorized to execute this Deed on behalf of the Estate of Rose Mary Wade Cagle.

WITNESS MY HAND AND OFFICIAL SEAL in Rutherford County, Tennessee, this the 26th day of January, 2015.

Julie M. Robertson

NOTARY PUBLIC
My Commission Expires: 11/18/17

JULIE M. ROBERTSON
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

AFFIDAVIT

I hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is $67,400.00, which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Patricia Diane Eubank

AFFIANT

SWORN to and subscribed before me,
this the 26th day of January, 2015.

Julie M. Robertson

NOTARY PUBLIC
11/18/17

JULIE M. ROBERTSON
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1400220 — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Rose Mary Cagle	Female	January 17, 2014

4. TIME OF DEATH (Military)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
10:30 AM	80					October 14, 1933	Nashville, 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)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
2929 Selena Dr., J-124	Nashville	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Retail Sales	Castner-Knott Dept Store

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]6158	Tennessee	Davidson	Nashville

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
2929 Selena Dr., J-124	☒ Yes ☐ No	37211	☐ Yes ☒ No

NAME OF DECEDENT (If not 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
☐ 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

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Ellis Wade	Rena Ferrell

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Diane Eubank	Niece	9623 Old Lebanon Rd, Murfreesboro, TN 37129

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

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▸ Richard Morrison	2403	▸ Richard Morrison	3137

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211	396

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▸ Jamy B. Kelly, J.D.R.	Jan 21, 2014

CERTIFIER

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

26. DEATH OCCURRED (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	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▸ JBassel MD	6465	1/20/14

27d. NAME AND ADDRESS: John B. Bassel, M.D. 1718 Patterson St., Nashville, TN 37203

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. metastatic lung cancer	5 months
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. Due to (or as a consequence of):	

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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED

34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011)

EXHIBIT A

I hereby certify the above to be a true and correct representation of the record department. This certified copy is valid only when printed on security paper showi of the Tennessee Department of Health. Alteration or erasure voids this certifica document is prohibited.

6465970

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

6465970
Date Issued: JAN 27 2014

CERTIFICATION OF VITAL RECORD

Docc #- 14P 575
probated 4/17/2014

LAST WILL AND TESTAMENT

OF

ROSE MARY WADE CAGLE

I, ROSE MARY WADE CAGLE, a citizen and resident of Davidson County, Tennessee, do make, publish, and declare this to be my Last Will and Testament, hereby revoking all Wills and codicils heretofore made by me.

ARTICLE I: PAYMENT OF TAXES AND ADMINISTRATION EXPENSES

All estate and inheritance taxes (including interest and penalties, if any), together with all administration expenses, payable in any jurisdiction by reason of my death (including those taxes and expenses payable with respect to assets which do not pass under this Will) shall be paid out of and charged generally against the principal of my residuary estate, without apportionment. I waive any right of reimbursement for, recovery of, or contribution toward the payment of those taxes and administration expenses, except my Personal Representative shall, to the maximum extent permitted by law, seek reimbursement for, recovery of, or contribution toward the payment of federal or state estate tax attributable to property in which I have a qualifying income interest for life, over which I have a power of appointment, or which is included in my gross estate by reason of Section 2036 of the Internal Revenue Code of 1986, as from time to time amended ("Code"), and which tax is not otherwise paid or payable. Any generation-skipping tax resulting from a transfer occurring under this Will shall be charged to the property constituting the transfer in the manner provided by applicable law.

Rose Mary Wade Cagle
TESTATRIX

EXHIBIT
B

ARTICLE II: BEQUEATHS OF CASH

I give the following bequeaths of cash, but if a beneficiary of my bequeaths of cash predeceases me and dies with issue surviving, his or her share shall be distributed to his or her issue, per stirpes:

A. To my sister, Helen Barrett, who has advised me that her children and grandchildren are financially able to care for her, I leave One Thousand Dollars ($1,000.00).

B. To my sister, Dorothy Wade Hill, who has advised me that her children and grandchildren are financially able to care for her, I leave One Thousand Dollars ($1,000.00).

C. To my brother, Billy Wade, who has advised me that his children and grandchildren are financially able to care for him, I leave One Thousand Dollars ($1,000.00).

D. To my niece, Linda Wade Young, daughter of my brother Ellis Wade, Jr., I leave One Hundred Dollars ($100.00).

E. To my nephew, Garry Wade, son of my brother Ellis Wade, Jr., I leave One Hundred Dollars ($100.00).

F. To my nephew, Jerry Wade, son of my brother Ellis Wade, Jr., I leave One Hundred Dollars ($100.00).

ARTICLE III: BEQUEATHS OF REAL PROPERTIES AND FURNISHINGS

I give the following bequeaths of real properties and furnishings:

A. To my sister, Faye Wade Allen, a life estate in my Kingswood condominium unit J-124 at 2929 Selena Drive in Nashville, Tennessee 37211 and all furniture and accessories therein ("Furnishings"), unless certain Furnishings are not wanted by Faye Wade Allen or are disposed of otherwise in this Will, with the remainder (the unit and the Furnishings that were kept by Faye Wade

Rose Mary Wade Cogle
TESTATRIX

Allen) going equally to the sons of Faye Wade Allen, who are Bradley Farras Allen and Thomas Earl Allen. At any time after my death, the above condominium unit J-124 may be sold, but only if Faye Wade Allen, Bradley Farras Allen, and Thomas Earl Allen all agree in writing that the sale may occur and the net proceeds from such sale are to go equally to only Bradley Farras Allen and Thomas Earl Allen.

B. To my sister, Betty Greenfield, and to her son, who is my nephew, Ricky Earl Reed, as tenants-in-common with rights of survivorship in my Kingswood condominium unit K-139 at 2929 Selena Drive in Nashville, Tennessee 37211.

ARTICLE IV: DISPOSITION OF PERSONAL PROPERTY

A. I give all the tangible personal property that I own at my death, which I have not otherwise disposed of above in this Will, as provided below, but if a beneficiary of my personal property predeceases me and dies with issue surviving, his or her share shall be distributed to his or her issue, per stirpes

1. To my nephew, Ricky Earl Reed, I give whatever automobile, if any, that I own at the time of my death.

2. To my great niece, Lakisha Marie Eubanks, I give my wedding and engagement rings.

3. This Will is being kept where I keep my other valuable papers. Also, being kept with this Will and my other valuable papers is a listing of the names of certain of my relatives and descriptions of certain tangible personal property that I consider to be valuable ("Valuable Tangible Personal Property"). The listing of the names of certain of my relatives have a number next to each

Rosa Mary Wade Cagle
TESTATRIX

this Will. If PATRICIA DIANE EUBANK shall not survive me, or be for any reason unable or unwilling to qualify as my Personal Representative, or, having so qualified, should become incapacitated, die or resign, then I name LAKESHA MARIE EUBANK of 2815 Henderson Lane, Murfreesboro, Tennessee 37130, home telephone (615) 904-7262, cellular (615) 828-3790, work telephone (615) 893-1700, as successor Personal Representative. No Personal Representative of this Will shall be required to furnish bond or other security as Personal Representative. No Personal Representative under this Will shall be required to make an inventory or accounting to any court. As used in this Will, the terms "Personal Representatives" and "Personal Representative" designate the court-appointed fiduciaries or fiduciary of my estate from time to time qualified and acting in any jurisdiction.

B. In addition to all powers granted by Section Three, Chapters 11-49 of the Tennessee General Assembly of 1984, T.C.A. § 35-50-109 and § 35-50-110, to the extent applicable, I give my Personal Representative power, exercisable in the discretion of my Personal Representative and without court order, to retain, sell (at public or private sale), exchange, lease for any term (even though commencing in the future or extending beyond the date of final distribution of my estate), mortgage, pledge, or otherwise deal for any purpose with the property, real or personal, from time to time comprising my estate, for such consideration and on such terms (with or without security) as my Personal Representative shall determine; to borrow money for any purpose, at interest rates then and there prevailing, from any individual, bank, or other source, irrespective of whether that lender is acting as Personal Representative; to invest in any property whatsoever; to compromise or abandon any claims in favor of or against my estate; to hold any property in the name of a nominee or in bearer form; to employ accountants, depositaries, attorneys, and agents (with or without discretionary powers); to execute contracts, notes, conveyances, and other instruments containing covenants and warranties

Rose Mary Wade Cagle
TESTATRIX

name. In the numbered order in which each name appears is the order in which each may choose one of the Valuable Tangible Personal Property items.

B. All costs of safeguarding, insuring, packing, and storing my tangible personal property before its distribution and of delivering each item to the place of residence of the beneficiary of that item shall be deemed to be expenses of administration of my estate.

ARTICLE V: DISPOSITION OF RESIDUARY ESTATE

I direct that my residuary estate, which shall not include any real property, shall be distributed as follows providing that there are funds to do so:

A. If my Personal Representative alone completed the work of the Personal Representative on my Will, the Five Thousand Dollars ($5,000.00) is to be paid to my Personal Representative. If my successor Personal Representative alone completed the work of the Personal Representative on my Will, the Five Thousand Dollars ($5,000.00) is to be paid to my successor Personal Representative. If my Personal Representative and my successor Personal Representative each contributed to completing the work of the Personal Representative on my Will, then Five Thousand Dollars ($5,000.00) is to be apportioned between my Personal Representative and my successor Personal Representative based on the percent of such work completed by each.

B. The rest and remainder of my estate shall be split as equally as practical between my sisters, Faye Wade Allen, Betty Greenfield, and Gloria Armstrong.

ARTICLE VI: APPOINTMENT OF PERSONAL REPRESENTATIVE

A. I name PATRICIA DIANE EUBANK of 9623 Old Lebanon Road, Murfreesboro, Tennessee 37129, telephone (615) 890-0662, cellular (615) 631-4504, as Personal Representative of

Faye Marie Wade Allen
TESTATRIX

binding upon and creating a charge against my estate, and containing provisions excluding personal liability; to make distributions wholly in cash or in kind, or partly in each; to allot different kinds or disproportionate shares of property or undivided interests in property among the beneficiaries; and to determine the value of any property distributed in kind.

C. I empower my Personal Representative (i) to make such elections under the tax laws as my Personal Representative deems advisable, including an election to create a qualified terminable interest property for both estate and generation-skipping tax purposes or for estate tax purposes alone, and (ii) to allocate the unused portion, if any, of my GST exemption (as defined in this paragraph) to any property with respect to which I am the transferor for generation-skipping tax purposes (irrespective of whether such property passes under this Will) in such manner as my Personal Representative deems advisable, in each case without regard to the relative interests of the beneficiaries; however, my Personal Representative shall not make adjustments between principal and income, or in the interests of the beneficiaries, to compensate for the effects of such elections or allocation. Any decision made by my Personal Representative with respect to the exercise of any tax election or the allocation of my GST exemption shall be binding and conclusive on all persons. As used in this paragraph, the "GST exemption" means the exemption from generation-skipping tax allowed under Section 2631 of the Code.

ARTICLE VII: DETERMINING WHO IS A DESCENDANT

For purposes of determining who is a descendant of mine or of any other person:

A. Legal adoption before the person adopted reached the age of eighteen (18) years shall be the equivalent in all respects to blood relationship; and

B. A person born out of wedlock and those claiming through that person shall be deemed to be descendants (i) of the natural mother and her ancestors, and (ii) if the natural father acknowledges

Rose Mary Wade Coyle
TESTATRIX

paternity, of the natural father and his ancestors, in each case unless a decree of adoption terminates such natural parent's parental rights.

IN WITNESS WHEREOF, I have hereunto set my hand this 3rd day of September, 2009, and do publish and declare this to be my Last Will and Testament, in the presence of each and all of the subscribing witnesses whom I have requested to act as such by signing their names as attesting witnesses in my presence and in the presence of each other, and by signing the Affidavit below.

Rose Mary Wade Cagle
ROSE MARY WADE CAGLE

ATTEST TO EXECUTION OF WILL:

Ellie Merritt (Print Name) of Nash. Tn 37211 (City of Residence)

Heather Carpenter (Print Name) of Nashville TN 37209 (City of Residence)

AFFIDAVIT OF ATTESTATION

We, the undersigned, being first duly sworn, make oath that ROSE MARY WADE CAGLE, on the day and date above-written, declared and signified to us that this instrument is her Last Will and Testament, that she then signed said instrument in our sight and in our presence; and that we, at her request and in her sight and presence and in the sight and presence of each other, then subscribed our names hereto, as attesting witnesses; that at the time of the execution, Testatrix was more than eighteen

Rose Mary Wade Cagle
TESTATRIX

(18) years of age, of sound mind and disposing memory, and did not appear to be under any undue influence; and that the undersigned, each being more than eighteen (18) years of age, make oath and sign this Affidavit at the Testatrix's request on the day and date above-written.

Ella Merritt
WITNESS' SIGNATURE

Heather Carpenter
WITNESS' SIGNATURE

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

Personally appeared before me, a Notary Public for said county and state, the above named witnesses, Ella Merritt and Heather Carpenter with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument and who each acknowledged that they did sign this instrument as a witness, and that it is their free act and deed.

Sworn to and subscribed before me, this the 3rd day of September 2009.

Jessica L. Foster
NOTARY PUBLIC

My Commission Expires: 11/14/09

JESSICA L. FOSTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Rose Mary Wade Coyle
TESTATRIX

August 20 - 2010

ANy one who should
Protest ANy Part of
my will or anything
That I have given
Patricia Diane Eubanks
9623 Old Lebanon Rd.
Murfreesboro, TN. 37129
Or
LaKasha Marie Eubanks
2815 Henderson Lane
Murfreeboro, TN. 37130

Power of attorney
will be given ($10.00)
Ten Dollars. AND Nothing
Else. Rosemary Cagle

Heather Langley

HEATHER LANGLEY
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

My Commission Expires
September 3rd 2012

EXHIBIT
C-1

Article III

B. I am not sure if this is stated as I wish, K. 139 Kingwood Cond. is to be left solely to Ricky Reed Lent cannot be sold unless Betty Greenfield Passes on.

A. I have stated that all the furnishings that are for Faye Allen, I have a few antique pieces that others may want, Put it on all and Then draw it's Etc. Except, I have got any or first ~~Reed~~ piece she wants free. Marba gets all the plates She has given me. quite a few.

Kathleen Cook

My Commission Expires
September 3rd 2012

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

EXHIBIT
C-2

N0019001

7622111140516

TENNESSEE DEPARTMENT OF REVENUE

FILED

2014 MAY 22 AM 10:01

RICHARD R. ROOKER, CLERK

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

May 19, 2014

CAGLE ROSEMARY
ATTN: JOHNATHON C HERSHMAN
106 E COLLEGE ST
MURFREESBORO TN 37130-3723

Account Type:	INHERIT TX
Account No.:	441924894
Date of Death:	January 17, 2014
County:	DAVIDSON
SSN:	XXX-XX-6158

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

CAGLE ROSEMARY
ATTN: JOHNATHON C HERSHMAN
106 E COLLEGE ST
MURFREESBORO, TN 37130-3723

May 19, 2014
Account Type: INHERIT TX
Account No.: 441924894
Date of Death: January 17, 2014
County: DAVIDSON
SSN: XXX-XX-6158

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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

EXHIBIT D

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

Received
2014 MAY -9 AM 8:39
RICHARD R. ROCKER, CLERK
D.C.

Bill Haslam
Governor

Mark A. Emkes
Commissioner

4/29/2014

JOHNATHON C. HERSHAMAN
106 E. COLLEGE ST
PO BOX 1336
MURFREESBORO, TN 371331336

RE: ROSE M. CAGLE
Last Four Of SSN 6158

Dear JOHNATHON C. HERSHAMAN:

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

SCANNED

EXHIBIT E