This instrument prepared by:
Julie Cornell
109 Westpark Drive, Suite 300
Brentwood, TN 37027

Record and return to:
Same as preparer

BILL GARRETT, Davidson County
Trans:T20150026030 AFFIDAVITH
Recvd: 04/08/15 08:52 6 pgs
Fees:32.00 Taxes:0.00
20150408-0030731

Address of New Owner:
Randell W. Carter and
Ashley C. Rehorn
4612 Delta Springs Lane
Franklin, TN 37064

Send Tax Bills to:
New Owner

Map/Parcel:
162-6/178

AFFIDAVIT OF HEIRSHIP

The undersigned affiant, Dudley Carter, 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 Dudley Carter. I am the former spouse of Decedent, Leslie Karen Cathey Carter.

2. Decedent, Leslie Karen Cathey Carter, died on July 4, 2014, a resident of Nashville, Davidson County, Tennessee. A copy of Decedent's death certificate is attached to this affidavit as Exhibit A.

3. Decedent, Leslie Karen Cathey Carter, was the same person as, and was also known as: Leslie Carter, Leslie C. Carter and Leslie Cathey Carter.

4. Decedent died intestate. Decedent's estate has been administered in the Seventh Circuit Court for Davidson County, Nashville, Tennessee, Docket No. 14P1246.

5. Decedent died unmarried.

6. Decedent had two (2) children, whose names and addresses are:

Randell W. Carter	Ashley C. Rehorn
4612 Delta Springs Lane	17011 Winged Oak Way
Franklin, TN 37064	Davidson, NC 28036

No other children were born to or adopted by Leslie Cathey Carter.

7. At death, Decedent held a fee simple interest in a certain tract or parcel of real property located at 197 Ocala Drive, Nashville, Tennessee, Tax Parcel 162 06 0 178.00, more particularly described as:

> Being Lot No. 203 on the plan of Fair Oaks, Section 2, of record in Book 4460, pages 52 & 53, Register's Office, Davidson County, Tennessee.
>
> Being the same property conveyed to Leslie C. Carter by deed dated January 20, 1993 from Dudley W. Carter, as of record in Book 8870, page 559, Register's Office for Davidson County, Tennessee.

8. Title to the above described real property passed to Randell W. Carter and Ashley C. Rehorn by the laws of intestate succession.

9. There are debts or encumbrances remaining that might become a lien on the Decedent's interest in the above described real property.

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

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

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

Further affiant saith not.

Executed this 6 day of April, 2015.

Dudley Carter

Dudley Carter, Affiant

State of Tennessee
County of Williamson

Before me, the undersigned Notary Public, personally appeared Dudley Carter, 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 6th day of April, 2015.

Cynthia L. Parrish

Notary Public

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

My Commission Expires: 9/11/2017

STATE OF TENNESSEE
Office of Vital Records

1404235

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Leslie Cathey Carter
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 4, 2014
4. TIME OF DEATH (Actual): 8:55 pm
5a. AGE-Last Birthday (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 19, 1950
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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): Alive Hospice at St. Thomas West
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: Administrative
11b. KIND OF BUSINESS/INDUSTRY: Metro Board of Parks
12. SOCIAL SECURITY NUMBER: [redacted]8409
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 197 Ocala Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
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
☐ Associate's 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

7

PARENTS

18. FATHER'S NAME (First, Middle, Last): Elliott Martin Cathey, Jr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mildred Elwanda Dickey

DISPOSITION

20a. INFORMANT'S NAME: Randall Winfield Carter
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 201 Gillespie Dr. Apt 11103 Franklin, TN 37067
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Randolph R. Nash, Jr.
22b. LICENSE NUMBER: 6177
22c. SIGNATURE OF EMBALMER: ▶ Randolph R. Nash, Jr.
22d. LICENSE NUMBER: 6178
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 SIGNATURE: ▶ Heather Edwards DR
25. DATE FILED (Month, Day, Year): Sept 9, 2014

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] MD
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 7/8/14
27d. NAME AND ADDRESS: Laura Tharpe MD 1718 Patterson Street, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Congestive Heart Failure, Ischemic
Due to (or as a consequence of)
b. Atherosclerotic coronary vascular disease
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

Approximate Interval Onset to death

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

28a. 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 – (e.g., 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. 8/2011) RDA 1308

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.

7197923

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

EXHIBIT
number A

CERTIFICATION OF VITAL RECOI

N0019001 9903699150325

TENNESSEE DEPARTMENT OF REVENUE

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

March 28, 2015

ESTATE OF LESLIE K CARTER
ATTN: J RANDALL HOOPER
109 WESTPARK DR STE 300
BRENTWOOD TN 37027-5062

Account Type:	INHERIT TX
Account No.:	442028093
Date of Death:	July 4, 2014
County:	DAVIDSON
SSN:	XXX-XX-8409

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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Penalty:	$0.00
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EXHIBIT
B

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

JACOB R. STRAIT
LEGAL COUNSEL
109 WESTPARK DR, STE 300
BRENTWOOD, TN 37027

RE: LESLIE CARTER
Last Four Of SSN 8409

Dear JACOB R. STRAIT:

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 refereńced 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
tabbies
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