This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2594
Fax: (615) 876-4292
Email:
From paperwork provided by clients –
No Title examination requested.

BILL GARRETT, Davidson County
Trans:T20150026650 AFFIDAVITH
Recvd: 04/09/15 14:04 18 pgs
Fees:92.00 Taxes:0.00
20150409-0031399

NEW OWNERS:

Raymond Hayden Smiley
5931 Dividing Ridge Road
Goodlettsville, TN 37072

Stephen T. Smiley
6036 Dividing Ridge Road
Goodlettsville, TN 37072

Anthony H. Smiley
2081 Kidd Road
Nolensville, TN 37135

Kimberly D. Phillips
6067 Dividing Ridge Road
Goodlettsville, TN 37072

Betty Elaine Smith
c/o Raymond Hayden Smiley
5931 Dividing Ridge Road
Goodlettsville, TN 37072

Dorothy Ann Smith
3809 Valley Ridge Road
Nashville, TN 37211

Phillip C. Smith
400141 NECX P. O. Box 5000
Mountain City, TN 37683-400141

Jeremy Daniel Smith
c/o Dorothy Ann Smith
3809 Valley Ridge Road
Nashville, TN 37211

Megen Rae Smith
1250 Ardee Ave.
Nashville, TN 37216

Map & Parcel No:
18200006400

SEND TAX NOTICE TO:

Raymond Hayden Smiley
5931 Dividing Ridge Road
Goodlettsville, TN 37072

Stephen T. Smiley
6036 Dividing Ridge Road
Goodlettsville, TN 37072

Anthony H. Smiley
2081 Kidd Road
Nolensville, TN 37135

Kimberly D. Phillips
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Mountain City, TN 37683-400141

Jeremy Daniel Smith
c/o Dorothy Ann Smith
3809 Valley Ridge Road
Nashville, TN 37211

Megen Rae Smith
1250 Ardee Ave.
Nashville, TN 37216

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Raymond Hayden Smiley, being first duly sworn according to law, and being of lawful age and residing for the past 50 or more years in Davidson, County, State of Tennessee, and pursuant to Section 30-2-72 of the Tennessee Code Annotated hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Myrtle Mae Smith died intestate on 22 February 2007.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime to Jerry High Smith, who died intestate on 4 December 1981 as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The union between decedent and Jerry High Smith produced four (4) children: 1. Sylvia Marcelle (Smith) Smiley, 2. Betty Elain Smith, 3. Jerry Dowell Smith, and 4. Mark Randal Smith. The decedent never gave birth or adopted any other child or children.

4. At the time of her death, the decedent and her children, issue and heirs owned a house and lot described as follows to wit:

SEE EXHIBIT "C"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being part of the same land conveyed to Jerry High Smith, by Warranty Deed from Matilda P. Smith, a widow, of record in Book 2856, Page 183, Register's Office for Davidson County, Tennessee.

5. The Tennessee Bureau of TennCare filed a claim for $48,288.74 for services provided Myrtle M. Smith before her death (see clam attached hereto as Exhibit "D"). The Bureau of Tenncare Claim will be paid from sell of land proceeds.

6. At the time of her death, the decedent owed no other debt. As evidenced by the signatures of her heirs below, the decedent owed no inheritance tax.

7. This Affidavit confirms the vesting of title to real property located at 13585 Old Hickory Boulevard Antioch, Davidson County, Tennessee, after the death of Jerry High Smith as follows:

a. Myrtle Mae Smith a 1/3 undivided interest;

b. Sylvia Marcelle (Smith) Smiley a 1/6 undivided interest;

c. Betty Elaine Smith a 1/6 undivided interest;

d. Jerry Dowell Smith a 1/6 undivided interest; and

e. Mark Randal Smith a 1/6 undivided interest.

8. This Affidavit confirms the revesting of title to real property located at 13585 Old Hickory Boulevard, Antioch, Davidson County, Tennessee, after the death of Jerry Dowell Smith, who died testate on 23 November 1992, as evidenced by Will of record in Davidson County, Tennessee, Office of the Probate Court Clerk, Probate No.: 93P-257, filed 23 February 1993, as follows:

a. Myrtle Mae Smith a 1/3 undivided interest;

b. Sylvia Marcelle (Smith) Smiley a 1/6 undivided interest;

c. Betty Elaine Smith a 1/6 undivided interest;

d. Dorothy Ann Smith (wife of Jerry Dowell Smith) a 1/6 undivided interest; and

e. Mark Randal Smith a 1/6 undivided interest.

9. This Affidavit confirms the revesting of title to real property located at 13585 Old Hickory Boulevard, Antioch, Davidson County, Tennessee, after the death of Mark Randal Smith, who died intestate on 15 May 1999, a single person with no children, as follows:

a. Myrtle Mae Smith a 1/2 undivided interest;

b. Sylvia Marcelle (Smith) Smiley a 1/6 undivided interest;

c. Betty Elaine Smith a 1/6 undivided interest;

d. Dorothy Ann Smith a 1/6 undivided interest.

10. This Affidavit confirms the revesting of title to real property located at 13585 Old Hickory Boulevard, Antioch, Davidson County, Tennessee, after the death of Myrtle Mae Smith, who died intestate on 22 February 2007, a widow, as follows:

a. Sylvia Marcelle (Smith) Smiley a 1/3 undivided interest;

b. Betty Elain Smith a 1/3 undivided interest;

c. Dorothy Ann Smith a 1/6 undivided interest;

d. Phillip C. Smith (one of three children of Jerry Dowell Smith) a 1/18 undivided interest;

e. Jeremy Daniel Smith (one of three children of Jerry Dowell Smith) a 1/18 undivided interest;

f. Megen Rae Smith (one of three children of Jerry Dowell Smith) a 1/18 undivided interest.

11. This Affidavit confirms, as of date below, the final vesting of title to real property located at 13585 Old Hickory Boulevard, Antioch, Davidson County, Tennessee, after the death of Sylvia Marcelle (Smith) Smiley, who died intestate on 16 May 2009 as follows:

a. Raymond Hayden Smiley, husband of Sylvia Marcelle (Smith) Smiley, a 1/9 or 11% undivided interest;

b. Stephen T. Smiley (one of three children of Sylvia Marcelle (Smith) Smiley) a 2/27 or 7% undivided interest;

c. Anthony H. Smiley (one of three children of Sylvia Marcelle (Smith) Smiley) a 2/27 or 7% undivided interest;

d. Kimberly D. (Smiley) Phillips (one of three children of Sylvie Marcelle (Smith) Smiley) a 2/27 or 7% undivided interest;

e. Betty Elaine Smith a 1/3 or 33% undivided interest;

f. Dorothy Ann Smith a 1/6 or 17% undivided interest;

g. Phillip C. Smith a 1/18 or 6% undivided interest;

h. Jeremy Daniel Smith a 1/18 or 6% undivided interest;

I. Megen Rae Smith a 1/18 or 6% undivided interest.

Further, Affiant saith not.

Dated this 18th day of August, 2014.

RAYMOND HAYDEN SMILEY,
AFFIANT/SURVIVING SPOUSE
OF SYLVIA MARCELLE SMILEY

Subscribed and sworn to before me
this 18th day of August, 2014

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)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, **RAYMOND HAYDEN SMILEY**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

NOTARY PUBLIC
My commission expires:

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

STEPHEN T. SMILEY, CHILD OF SYLVIA MARCELLE SMILEY

Subscribed and sworn to before me
this 18th day of August, 2014

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)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, **STEPHEN T. SMILEY**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

NOTARY PUBLIC
My commission expires:

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

Anthony H. Smiley

ANTHONY H. SMILEY, CHILD OF SYLVIA MARCELLE SMILEY

Subscribed and sworn to before me
this 18th day of August, 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)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, **ANTHONY H. SMILEY**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

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

Kimberly D. Smiley Phillips

KIMBERLY D. (SMILEY) PHILLIPS,
CHILD OF SYLVIA MARCELLE SMILEY

Subscribed and sworn to before me
this 18th day of August, 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)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, **KIMBERLY D. (SMILEY) PHILLIPS**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

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

DOROTHY ANN SMITH,
SURVING SPOUSE OF JERRY DOWELL SMILEY

Subscribed and sworn to before me
this 24 day of July, 2014

NOTARY PUBLIC
My Commission expires:
9/9/2014

THOMAS J DRAKE JR
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, **DOROTHY ANN SMITH**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

NOTARY PUBLIC
My commission expires: 9/9/2014

THOMAS J DRAKE JR
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

PHILLIP C. SMITH, CHILD OF
JERRY DOWELL SMITH

Subscribed and sworn to before me
this 19th day of August, 2014

Rebecca E. Calhoun-Gouge
NOTARY PUBLIC

MY COMMISSION EXPIRES: 10-22-17

REBECCA E CALHOUN-GOUGE
STATE OF TENNESSEE NOTARY PUBLIC
JOHNSON COUNTY

STATE OF Tennesse
COUNTY OF Johnson

Personally appeared before me, the undersigned, PHILLIP C. SMITH, to me Known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Rebecca E. Calhoun-Gouge
NOTARY PUBLIC

MY COMMISSION EXPIRES: 10-22-17

REBECCA E CALHOUN-GOUGE
STATE OF TENNESSEE NOTARY PUBLIC
JOHNSON COUNTY

JEREMY DANIEL SMITH, CHILD OF JERRY DOWELL SMITH

Subscribed and sworn to before me
this 12 day of September, 2014

NOTARY PUBLIC
My Commission expires:
8-29-17

GEORGE P. DANFORTH, JR. NOTARY PUBLIC My Comm. Expires August 29, 2017 No. FF 49831 STATE OF FLORIDA

STATE OF ~~TENNESSEE~~ Florida)
COUNTY OF ~~DAVIDSON~~ DUVAL)

Personally appeared before me, the undersigned, **JEREMY DANIEL SMITH**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

NOTARY PUBLIC
My commission expires: 8-29-17

GEORGE P. DANFORTH, JR. NOTARY PUBLIC My Comm. Expires August 29, 2017 No. FF 49831 STATE OF FLORIDA

Betty Elaine Smith

BETTY ELAINE SMITH, ONLY SURVING CHILD OF JERRY HIGH SMITH AND MYRTLE MAE SMITH

By Raymond H. Smiley

RAYMOND H. SMILEY, HER ATTORNEY-IN-FACT

Subscribed and sworn to before me
this 24th day of January, 2015

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)
)
COUNTY OF DAVIDSON)

On this 24th day of January, 2015, before me Personally appeared **RAYMOND H. SMILEY**, to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument in behalf of **BETTY ELAINE SMITH** and acknowledged that he executed the same as the free act and deed of **BETTY ELAINE SMITH**.

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

MEGEN RAE SMITH, CHILD OF JERRY DOWELL SMITH

Subscribed and sworn to before me
this 12 day of September 2014

Dina Anderson
NOTARY PUBLIC
My Commission expires:
November 3, 2015

DINA ANDERSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF Tennessee)
)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, **MEGEN RAE SMITH**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Dina Anderson
NOTARY PUBLIC
My commission expires: November 3, 2015

NOTE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
6408 Clarksville Pike
Joelton, TN 37080

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Myrtle Mae Smith
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 22, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-1416
5a. AGE-LAST BIRTHDAY (Years): 88
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): August 26, 1918
7. BIRTHPLACE (City and State or Foreign Country): Wilson County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): NorthCrest Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield
9d. COUNTY OF DEATH: Robertson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 13585 Old Hickory Boulevard
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charley Heflin
18. MOTHER'S NAME (First, Middle, Maiden Surname): Brazelia Summers

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marcelle Smiley
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5931 Dividing Ridge Road Goodlettsville, Tennessee 37072

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Ridgetop, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▷ Thomas E. Austin, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2418
21c. SIGNATURE OF EMBALMER: ▷ Bill Manley
21d. LICENSE NUMBER OF EMBALMER: 4016
22a. NAME AND ADDRESS OF FUNERAL HOME: Austin & Bell Funeral Home 2619 Highway 41 South Greenbrier, Tennessee 37073
22b. LICENSE NUMBER OF FUNERAL HOME: 972

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▷ donna McEuen
24. DATE FILED (Month, Day, Year): Feb 28, 2007

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 ▷
25b. LICENSE NUMBER: 018063
25c. DATE SIGNED (Month, Day, Year): 2/28/07
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):

SIGN OR MEDICAL EXAMINER EXECUTING TIFICATE MUST PLETE AND SIGN ICAL CERTIFICATION IN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Carol Cantrell 2304 Memorial Boulevard Springfield, Tennessee 37172

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. atherosclerotic cardiovascular dy
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d.

INSTRUCTIONS N 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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] 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)

1639 (REV. 6/99) RDA 1399

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.

Sharon M. Leinbach
STATE REGISTRAR

donna McEuen
ROBERTSON CO. HEA[illegible] ued 2/28/07

EXHIBIT
A

CERTIFICATION OF V[illegible]

STATE OF TENNESSEE
Office of Vital Records

8105311

19094
21
19094-
BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

81 038750 8
STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME (First, Middle, Last): JERRY HIGH SMITH			7. DATE OF DEATH (Month, Day, Year): Dec. 4, 1981
2a. AGE—Last Birthday (Years): 68	2b. Under 1 Year: Mos. / Days	2c. Under 1 Day: Hours / Min.	3. DATE OF BIRTH (Month, Day, Year): Oct. 25, 1913
4. RACE (White, Black, American Indian, etc.): White	5. SEX: Male		
6a. COUNTY OF DEATH: Davidson	6b. CITY, TOWN OR LOCATION: Nashville	6c. INSIDE CITY LIMITS (Specify Yes or No): Yes	6d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.): Southern Hills Hospital
6e. If Hosp. or Inst., Inpatient or Resident: Inpatient			
8. STATE OF BIRTH (If not in U.S.A., name country): Tenn. 43	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Myrtle Heflin
12. SOCIAL SECURITY NUMBER (If none, specify): [redacted]7198	12a. SERVICE (Armed Forces): (Specify Yes or No): No	12b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance	12c. KIND OF BUSINESS OR INDUSTRY: Metro Public Schools.
13a. RESIDENCE—STATE: Tenn.	13b. COUNTY: Davidson	13c. CITY, TOWN, OR LOCATION: Antioch	13d. STREET AND NUMBER: 13585 Old Hickory Blvd.
13e. INSIDE CITY LIMITS (Specify Yes or No): Yes	13f. CENSUS TRACT NO		
14. FATHER—NAME: Daniel Sidney Smith	15. MOTHER—MAIDEN NAME: Matilda P. Matthews	16. INFORMANT—NAME: Wife	16a. MAILING ADDRESS: Same
17a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	17b. DATE (Month, Day, Year): 12-6-81	17c. CEMETERY OR CREMATORY—NAME: Cane Ridge	17d. LOCATION (City or Town, State): Antioch, Tenn.
18a. FUNERAL DIRECTOR (Signature): Thomas Pitts	18b. LICENSE NO.: 1600	19a. EMBALMER (Signature): Thomas Pitts	19b. LICENSE NO.: 2312
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Woodbine Funeral Home Nashville, Tenn.	21. REGISTRAR—SIGNATURE: Esther D. Groh	21a. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): 12-16-81	
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Robert C. Ripley	22b. DEGREE	22c. DATE SIGNED (Month, Day, Year)	
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE	23b. TITLE	23c. DATE SIGNED (Month, Day, Year)	
24a. CERTIFIER—NAME (Type or Print): Robert C. Ripley, M. D.	24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Nashville, Tennessee		

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER CERTIFYING CERTIFICATE MUST

PERMIT TRANSPORTATION OF BODY BY COMMON CARRIER PRIOR TO REMOVAL FROM STATE

DISPOSITION

0185OX1981

6923097

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

6923097

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued May-30-2014

CERTIFICATION OF

EXHIBIT
B

EXHIBIT "C"

Being property situated along the southerly margin of Old Hickory Boulevard in the 2nd Civil District of Davidson County, Tennessee. Said property being known as Job #14040 and more particularly described according to a survey made by Vester Land Surveying on September 2, 2014, as follows:

Beginning at a concrete monument old in the southerly margin of Old Hickory Boulevard. Said monument being the northeast corner of the property conveyed to David Lee Neely and wife, Patricia Ann Neely, by deed of record in Book 7805, page 922, R.O.D.C., TN and the northwest corner of the herein described tract. Thence with the margin

of said road South 85° 55' 49" East, a distance of 223.81 feet to an iron pin old. Said pin being the northwest corner of the property conveyed to Nicole Goeser by Document #20110524-0039772 R.O.D.C., TN. Thence leaving the margin of said road with the line of Goeser South 03° 19' 53" West, a distance of 1023.54 feet to an iron pin old in a fence; Thence with the line of Steve Eatherly (Document #20121228-0120237 R.O.D.C., TN) North 89° 49' 13" West, a distance of 222.77 feet to an iron pin old at a corner post; Thence with the line of Neely North 03° 15' 25" East, a distance of 1038.67 feet to the point of beginning. Containing 5.28 acres more or less.

AFFIDAVIT

State of Tennessee
County of Davidson

Member:	Myrtle M Smith	Probate #:
Date of Death	02/22/2007	
TennCare ID #	97034434577	
Cost Claim Amount:	$48,288.74	

Pursuant to the Tennessee Code Annotated §71-5-116, the Bureau of TennCare is submitting this recovery cost claim to the estate of the above referenced individual. Our records identify this member was an enrollee in the TennCare program and fifty five years of age or older at the time of their death. Additionally we do not show the decedent to be survived by a spouse, a child under the age of eighteen (18) years old or a child who is blind or permanently and totally disabled.

Attached to this affidavit is a copy of a computer generated summary print-out of TennCare records listing the amounts paid for which TennCare is seeking recovery. This cost claim is correct, just and a valid obligation of the estate of the above referenced individual, neither the State nor any other person on the State's behalf has received payment thereof in whole or in part, except such as is credited thereon, and no security therefore has been received, except as thereon stated.

Sworn to and subscribed before me on this the 10th day of December of 20 14.

Notary Public

SANTHISOUK FONGNALY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires JULY 2, 2018

Notary Public / My commission expires:

JUL 02 2018

Further, affiant saith not.

Records Keeper (Signature)

KENNETH

Records Keeper (Printed Name)

Please remit checks payable to TennCare to the following address:

TennCare
MSC# 1337
P.O Box 305133
Nashville, TN 37230-1337

EXHIBIT

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