Owners: Mr. Ronald L. Taylor Mr. Christopher Wayne Taylor Mr. Matthew Jay Taylor 11003 Nevada Ave. Smyrna, TN 37167	Prepared by: Toni Waynick Rutgerson Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Mr. Ronald L. Taylor 11003 Nevada Ave. Smyrna, TN 37167	Parcel ID: 133 12 0 199.00

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Davidson County AFFIDAVITH
Recvd: 04/10/15 15:13 5 pgs
Fees:27.00 Taxes:0.00
20150410-0031921

The undersigned, being duly sworn, deposes and says:

Donna J. Taylor, a resident of Davidson County, State of Tennessee, who died on October 15, 2013, (as evidenced by: a copy of her death certificate, release of the State of Tennessee's Bureau of TennCare, and Tennessee Department of Revenue Inheritance Tax Closing Letter attached as collective Exhibit A), held a fee simple interest in the following described real estate:

> Being all of Lot 41, on the Plan of Greenwood Hills, Section Two, according to plat and survey appearing of record in Plat Book 4955, page 31, Register's Office for Davidson County, Tennessee, to which reference is made for a more complete and accurate description of said lot.
>
> Being the same property conveyed to Donna J. Taylor, unmarried and Ronald L. Taylor, unmarried by Quitclaim Deed of record as Instrument No. 20130924-0100261 in the Register's Office of Davidson County, Tennessee.
>
> 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.

The undersigned, **RONALD L. TAYLOR, CHRISTOPHER WAYNE TAYLOR, and MATTHEW JAY TAYLOR, all unmarried,** each received the following interest in the real estate described above by virtue of being the surviving tenant in common and heirs at law of Donna J. Taylor, who died intestate: ***a one-third (1/3) undivided fee simple interest, as tenants in common, in 3921 ATKINS DR., NASHVILLE, TN 37211.***

RONALD L. TAYLOR

CHRISTOPHER WAYNE TAYLOR

MATTHEW JAY TAYLOR

STATE OF TENNESSEE
COUNTY OF WILSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared RONALD L. TAYLOR, CHRISTOPHER WAYNE TAYLOR, AND MATTHEW JAY TAYLOR, the within named bargainors, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the persons described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained as their 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 10th day of April, 2015.

Notary Public

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Comm. Expires
June 1, 2016

CERTIFICATION
I, Toni Rutgerson, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Toni Rutgerson

STATE OF TENNESSEE
COUNTY OF DAVIDSON
On this day of April 10, 2015, personally appeared before me, Rebecca R. Waynick, a notary public for this county and state, Toni Rutgerson, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Rebecca R. Waynick

REBECCA R. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY, TENN
My Comm. Expires
July 7, 2015

STATE OF TENNESSEE
Office of Vital Records

1366293

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Donna Jean Taylor
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 15, 2013
4. TIME OF DEATH (Hours): 56
5a. AGE-Last Birthday (Years)
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 12, 1957
7. BIRTHPLACE (City and State or Foreign Country): Franklin, Tennessee

TYPE OR 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 (Specify)

8b. FACILITY NAME (If not institution, give street and number): 3921 Atkins Drive
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: Waitress
11b. KIND OF BUSINESS/INDUSTRY: Food and Beverage

12. SOCIAL SECURITY NUMBER: [redacted]0135
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3921 Atkins Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ 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)
☐ 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): James Ralph Brown
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Willa Dean Adams

DISPOSITION

20a. INFORMANT'S NAME: Richard Keller
20b. RELATIONSHIP TO DECEDENT: Step-father
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2846 Teakwood Drive, Nashville, Tennessee 37214

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶ Jeff Plunk
22d. LICENSE NUMBER: 4353
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch Patton Funeral Home 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kathy L Kirby for DR
25. DATE FILED (Month, Day, Year): Oct 17, 2013

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN ITEMS 26 AND 27 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: ▶ Phillip Porch
27b. LICENSE NUMBER: MD 017574
27c. DATE SIGNED (Month, Day, Year): 10/17/13
27d. NAME AND ADDRESS: Phillip Porch MD 395 Wallace Rd #265 Nashville TN 37211

MEDICAL CERTIFICATION

28. PART I. Enter one cause 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. Cardiovascular Disease
Sequentially list conditions, if any, leading to the cause on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST:
Due to (or as a consequence of): b. Hypertension
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.
28b. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
28c. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

29. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
31. 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

32. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY
32c. INJURY AT WORK? ☐ Yes ☐ No
32d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
32e. DESCRIBE HOW INJURY OCCURRED
32f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1664 (Rev. 10/2013)
RDA 1389

6141624

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.

6141624

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: OCT 17 2013

CERTIFICATION OF VITAL RECORD

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

3/3/2015

TONI W. RUTGERSON
LEGAL COUNSEL
P O BOX 17116
NASHVILLE, TN 37217

RE: DONNA TAYLOR
Last Four Of SSN 0136

Dear TONI W. RUTGERSON:

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

N0019001 6076955150330

TENNESSEE DEPARTMENT OF REVENUE

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

April 2, 2015

ESTATE OF DONNA J TAYLOR
ATTN: TONI W RUTGERSON
200 NASHBORO BLVD
NASHVILLE TN 37217-3848

Account Type:	INHERIT TX
Account No.:	442028691
Date of Death:	October 15, 2013
County:	DAVIDSON
SSN:	XXX-XX-0136

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 DONNA J TAYLOR
ATTN: TONI W RUTGERSON
200 NASHBORO BLVD
NASHVILLE, TN 37217-3848

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