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

SEND TAX BILLS TO:
DENISE MARTIN
P.O. BOX 184
WHITES CREEK, TN 37189

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:
Dorothy Jean Marlatt, a resident of Whites Creek, Davidson County, State of Tennessee, who died July 7, 2014 as evidenced by a copy of the Certificate of Death attached as **Exhibit A**, held a:

Fee simple interest in the following described real estate:

Land in Davidson County, Tennessee, as described in **Deed Book 5042, Page 657**, 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 her death, **Dorothy Jean Marlatt,** was the sole owner of the heretofore referenced 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 **Dorothy Jean Marlatt,** she being the surviving Tenant by the Entirety of her husband **Donald Lee Marlatt who** died June 23, 2009, a copy of his Certificate of Death is attached as **Exhibit B**.

The undersigned daughters of **Dorothy Jean Marlatt, Denise Martin and Teresa Czaplewski** inherited a Fifty Percent (50%) undivided interest in the heretofore described real estate as Tenants in Common pursuant to the Last Will and Testament of **Dorothy Jean Marlatt.** Said Last Will and Testament having been duly probated in the Probate Court of Davidson County, Tennessee having Probate **Docket Number 14P1296**.

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

The Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit C**.

The release from Tennessee TennCare is attached as **Exhibit D**.

There are no debts or encumbrances remaining that are or might become a lien on

BILL GARRETT, Davidson County
Trans:T20150032840 AFFIDAVITH
Recvd: 04/30/15 12:09 6 pgs
Fees:32.00 Taxes:0.00
20150430-0038751

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.

Denise Martin

Teresa Czaplewski

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Denise Martin** and **Teresa Czaplewski**, 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 1ST day of APRIL, 2015.

Notary Public

My commission expires: 9-21-2015

JANICE BOONE
NOTARY PUBLIC
STATE OF TENNESSEE
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

1404380

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy Jean Marlatt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 07, 2014
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 24, 1942
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: DAvidson

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

12. SOCIAL SECURITY NUMBER: [redacted]8231
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Whites Creek
13d. STREET AND NUMBER: 4948 Lickton Pike
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37189-9095
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[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

5

PARENTS

18. FATHER'S NAME (First, Middle, Last): William Scott Brady
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Junie Christine Boley

20a. INFORMANT'S NAME: Denise Martin
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4474 Brick Church Pike, Whites Creek, TN 37189-9180

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens
21c. LOCATION - City or Town and State: Goodlettsville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
22b. LICENSE NUMBER: 5941
22c. SIGNATURE OF EMBALMER: ▶ Dawn Everett
22d. LICENSE NUMBER: 6024

23a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home & Memorial Gardens 1150 South Dickerson Road, Goodlettsville, TN 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): July 15, 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]
27b. LICENSE NUMBER: 24707
27c. DATE SIGNED (Month, Day, Year): July 14, 2014
27d. NAME AND ADDRESS: Murray Ayers, MD 3443 Dickerson Pike Ste 680 Nashville, TN 37207

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. Gastrointestinal Hemorrhage	17 days
Due to (or as a consequence of)	b. Duodenal Ulcers	
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	c. ETOH abuse	
Due to (or as a consequence of)	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
CHF, Protein Calorie Malnutrition

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: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [X] 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-1659 (Rev. 10/2011) RDA 1399

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.

7198767

7198767 JUL 17 2014

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACQEM
COMMISSIONER

Date Issued JUL 17 2014

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT B

0903589 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Donald Lee Marlatt
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 23, 2009
4. SOCIAL SECURITY NUMBER: [redacted]6327
5a. AGE-LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): October 16, 1937
7. BIRTHPLACE (City and State or Foreign Country): Bristow, Nebraska
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): Slyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorothy Brady
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Air Force
12b. KIND OF BUSINESS/INDUSTRY: U S Air Force
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Whites Creek
13d. STREET AND NUMBER OR RURAL LOCATION: 4948 Lickton Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37189
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): College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Delbert Marlatt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Hiatt

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy Marlatt
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4948 Lickton Pike, Whites Creek, Tennessee, 37189

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): Forest Lawn Memorial Gardens
20c. LOCATION-City or Town, State: Goodlettsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Linda Mallicote
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5507
21c. SIGNATURE OF EMBALMER: ▶ James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 Dickerson Road, Goodlettsville, Tennessee, 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers, DR
24. DATE FILED (Month, Day, Year): June 25, 2009

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: ▶ Jon Evans
25b. LICENSE NUMBER: 24656
25c. DATE SIGNED (Month, Day, Year): 6/24/09
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):
PHYSICIAN OR MEDICAL EXAMINER COMPLETING CERTIFICATE MUST COMPLETE AND SIGN AMENDMENT CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Jonathan Evans MD 3443 Dickerson Pk Ste 210 Nashville TN 37207

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Cardiac Arrest
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.
SEE INSTRUCTIONS ON 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 [ ] 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: M
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)

PH-1059 (REV. 6/95) BIRTH NO. RDA 1399

337228

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

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

N0019001 9482484150311

TENNESSEE DEPARTMENT OF REVENUE

EXHIBIT G

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

March 14, 2015

ESTATE OF DOROTHY J MARLATT
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	442025685
Date of Death:	June 7, 2014
County:	DAVIDSON
SSN:	XXX-XX-8231

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 DOROTHY J MARLATT
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

March 14, 2015

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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
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 SOUTH
NASHVILLE, TN 37204

RE: DOROTHY MARLATT
Last Four Of SSN 8231

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,

Tangela J. Howard

EXHIBIT D