This instrument prepared by:
JOHNATHON C. HERSHMAN, BPR#30181
Mitchell & Mitchell, Attorneys at Law
106 East College Street
P.O. Box 1336
Murfreesboro, TN 37133

BILL GARRETT, Davidson County
Trans:T20150038940 AFFIDAVITH
Recvd: 05/19/15 14:59 6 pgs
Fees:32.00 Taxes:0.00
20150519-0046217

Send Tax Notices to:
Ricky Earl Reed
2929 Selena Drive Apt K-139
Nashville, TN 37211

Map/Parcel 119 14 0A 139.00

AFFIDAVIT OF HEIRSHIP/INHERITANCE

STATE OF TENNESSEE]
COUNTY OF RUTHERFORD]

Comes now your **Affiant, PATRICIA DIANE EUBANK,** and having first been duly sworn accordingly to law deposes and states as follows:

1. My name is Patricia Diane Eubank, and this affidavit is based upon my personal knowledge. Rose Mary Wade Cagle is my aunt. I am an adult over the age of eighteen (18) and of sound mind and body.

2. Mrs. Rose Mary Wade Cagle died on January 17, 2014, at the age of 80. Attached as Exhibit A, is a copy of her death certificate.

3. Mrs. Rose Mary Wade Cagle was a widower at the time of her death. She does not have any children.

4. Rose Mary Wade Cagle died testate on January 17, 2014, and, at her death, she owned the entire fee simple interest to a certain tract or parcel of realty by virtue of a Deed which is of record in Transaction Number 20000626-0063198, Register's Office for Davidson County, Tennessee. The address of the property is 2929 Selena Drive, Apt K-139, Nashville, Davidson County, Tennessee 37211.

5. The Last Will and Testament of Mrs. Rose Mary Cagle conveyed the real estate, at her death, a Life Estate to Betty Greenfield, with the remainder to Rickey Earl Reed, his heirs and assigns. The Will is filed of record in the Davidson County Probate Court, Nashville, Tennessee, Case Number 14P575.

6. Mrs. Rose Mary Wade Cagle did not owe any inheritance tax to the State of Tennessee at her death. A copy of the Tennessee Inheritance Tax Refund Waiver is attached as Exhibit B.

7. Notice was given to the creditors of the estate and the time for filing claims against the Rose Mary Wade Cagle Estate have expired without any claims being filed.

8. Tenncare sent a waiver stating no money was owed to them and a copy of it is attached at Exhibit C.

9. This instrument is made pursuant to T.C.A. Section 30-2-712. This instrument is exempt from tax pursuant to T.C.A. Section 67-4-409(a)(3)(D) and T.C.A. Section 67-4-409(a)(5) exempts this document from the valuation oath.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 13 day of April, 2015.

Patricia Diane Eubank
PATRICIA DIANE EUBANK

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named bargainer, **PATIRICA DIANE EUBANK,** with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), who signed, sealed and delivered the foregoing instrument in my presence and who, upon oath, swore to and subscribed before me this Affidavit and who acknowledged executing the within instrument for the purpose therein contained and as his free act and deed.

Witness my hand and official seal, this 13th day of April, 2015.

Tricia L. Hall
Notary Public
My commission expires: 2-11-18

Tricia L. Hall State of Tennessee Notary Public Rutherford County

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 1400220

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Rose Mary Cagle
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 17, 2014
4. TIME OF DEATH (Approx.): 10:30 am
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 14, 1933
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: ☐ 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): 2929 Selena Dr., J-124
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: Retail Sales
11b. KIND OF BUSINESS/INDUSTRY: Castner-Knott Dept Store

12. SOCIAL SECURITY NUMBER: [redacted]158
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2929 Selena Dr., J-124
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 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): Ellis Wade
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Rena Ferrell

DISPOSITION

20a. INFORMANT'S NAME: Diane Eubank
20b. RELATIONSHIP TO DECEDENT: Niece
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 9623 Old Lebanon Rd. Murfreesboro, TN 37129
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, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard Morrison
22b. LICENSE NUMBER: 2403
22c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Tony B. Kelly, Jr. OR
25. DATE FILED (Month, Day, Year): Jan 21, 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: ▶ John B. Bassel MD
27b. LICENSE NUMBER: 6465
27c. DATE SIGNED (Month, Day, Year): 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: ☐ 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)

RDA 1399

PH-1659 (Rev. 10/2011)

6465970

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

6465970

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACDEM
COMMISSIONER

Date Issued: 1/21/2014

EXHIBIT A

CERTIFICATION OF VITAL RECORD

COPYRIGHT, CAPTURE, ANTIFRAUD PROTECTION

N0019001

7622111140516

received
5/20/14

TENNESSEE DEPARTMENT OF REVENUE

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
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106 E COLLEGE ST
MURFREESBORO, TN 37130-3723

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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

Filed
2014 MAY -9 AM 8:39
RICHARD R. ROOKER, 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
C