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

SEND TAX BILLS TO:
MARSHA CHASTEEN
6011 O'BRIEN AVENUE.
NASHVILLE, TN 37209

BILL GARRETT, Davidson County
Trans:T20150045227 AFFIDAVITH
Recvd: 06/09/15 10:54 5 pgs
Fees:27.00 Taxes:0.00
20150609-0054009

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:
James Edward Chasteen, a resident of Davidson County, State of Tennessee, who died November 25, 2014 as evidenced by a copy of the Certificate of Death attached as **Exhibit A**, held a:

Fee Tenants by the Entirety interest in the following described real estate:

Land in Davidson County, Tennessee, as described in **Deed Book 6120, Page 575**, 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 his death **James Edward Chasteen,** was a Tenant by the Entirety owner with his Wife **Marsha G. Chasteen,** of the herein listed property by virtue of the afore referenced Deed from **O.B. Hofstetter, Jr.,** dated June 14, 1983.

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

The undersigned received one hundred (100%) interest in the real estate described above by virtue of:

Being the surviving tenant of the above described real property by operation of Tennessee State Statute **(T.C.A.) §36-3-505** as it applies to property owned as Tenants by the entirety by the deceased **James Edward Chasteen,** and the surviving Tenant by the Entirety **Marsha G. Chasteen** as well as by the provisions of the Last Will and Testament of **James Edward Chasteen,** which was probated in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 15P – 36.**

(1) The Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit B**.

(2) The release from Tennessee TennCare is attached as **Exhibit C**.

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.

Marsha G. Chasteen

Marsha G. Chasteen

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Marsha G. Chasteen**, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as his 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 5TH day of JUNE, 2015.

Janice Boone

Notary Public

My commission expires: 1-21-2015

JANICE BOONE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Edward Chasteen
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 25, 2014
4. TIME OF DEATH (Approx.): 9:15 am
5a. AGE-Last Birthday (Years): 78
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Month, Day, Year): July 31, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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) _____

6b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT. (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Marsha Williams
11a. DECEDENT'S USUAL OCCUPATION: Controller
11b. KIND OF BUSINESS/INDUSTRY: Utility

12. SOCIAL SECURITY NUMBER: [redacted]2578
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 6011 O'Brien Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US 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 Henry Chasteen
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Annie Laurie Gower

INFORMANT

20a. INFORMANT'S NAME: Marsha Chasteen
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6011 O'Brien Ave.,Nashville, TN 37209

DISPOSITION

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert Romine
22b. LICENSE NUMBER: 6476
22c. SIGNATURE OF EMBALMER: ▶ No Embalming
22d. LICENSE NUMBER: N/A

23a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry Pierce Kelly, Jr., DR
25. DATE FILED (Month, Day, Year): Dec 1, 2014

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

28. 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: ▶ [signature]
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 12/1/14
27d. NAME AND ADDRESS: Laura Tharpe, 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. Parkinson's Disease	
	Due to (or as a consequence of)	
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.	

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

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)

PH-1659 (Rev. 10/2011) RDA 1399

EXHIBIT A

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.

7474743

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

7474743
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURES AUTHORIZED PROTECTION

N0019001 9291029150520

TENNESSEE DEPARTMENT OF REVENUE

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

May 23, 2015

ESTATE OF JAMES E CHASTEEN
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	442046199
Date of Death:	November 25, 2014
County:	DAVIDSON
SSN:	XXX-XX-2578

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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Estate Tax:	$0.00
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Penalty:	$0.00
Total:	$0.00

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

1/26/2015

LARRY D. CANTRELL
LEGAL COUNSEL
2016 8TH AVE SOUTH
NASHVILLE, TN 37204

RE: JAMES CHASTEEN
Last Four Of SSN 2578

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,

Jamela J. Howard

EXHIBIT C