This Instrument Prepared By:
RHONDA BINKLEY
3440 Binkley Road
Joelton, Tennessee 37080

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BILL GARRETT, Davidson County
Trans:T20150045553 AFFIDAVITH
Recvd: 06/10/15 08:36 9 pgs
Fees:47.00 Taxes:0.00
20150610-0054463

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP/PARCEL
RENEE SORROW AND RHONDA BINKLEY 3440 BINKLEY ROAD JOELTON, TN 37080	SAME	MAP: 15 PARCEL: 9

AFFIDAVIT OF HEIRSHIP

Comes now, Beverly J. Simpson and Peggy Lewis, having been first being duly sworn, and on their oath does depose and state that they are of lawful age and all information is based upon their belief and personal knowledge. Pursuant to Tenn. Code Ann. §30-02-712, Affiants further depose and state:

1. Affiants Beverly J. Simpson is a resident of Davidson County, Tennessee and Peggy Lewis is a resident of Cheatham County, Tennessee.

2. The Affiants have personal knowledge of the family of husband and wife, Delwin Binkley (also known as Wendell Delwin Binkley) and Brenda E. Binkley, decedents, and their heirs-at-law.

3. Affiants are not beneficiaries of Delwin Binkley and Brenda E. Binkley, and are otherwise disinterested party.

4. Delwin Binkley and wife, Brenda E. Binkley were residents of Davidson County, Tennessee, and held a joint tenancy by the entireties interest in the property known as Map 15, Parcel 9, Binkley Road, Joelton, Davidson County, Tennessee 37080.

5. Delwin Binkley died on December 31, 2005, at the age of sixty-one (61) years (Death Certificate attached hereto as Exhibit A) leaving Brenda E. Binkley as the sole owner of said property.

6. Brenda E. Binkley died on June 19, 2012 at the age of sixty-five (65) years (Death Certificate attached hereto as Exhibit B, leaving her two (2) daughters and heirs-at-law, Renee Binkley

Sorrow and Rhonda Binkley as equal, now each a one-half (½) tenants in common owners of the undivided subject property by virtue of the laws of descent and distribution for the State of Tennessee (Tenn. Code Ann. §31-2-103, §104).

7. The value of all of the assets of the Decedents did not exceed the amount of the exemption for inheritance taxes allowed in the years the Decedents died, the State of Tennessee, Department of Revenue, Non-Tax Clearance Letter for Delwin Binkley and Brenda Binkley are attached as collective Exhibit C.

8. The Decedents' estates were not subject to a claim from TennCare, the Bureau of TennCare Release for Delwin Binkley and Brenda Binkley are attached as collective Exhibit D.

9. No probate proceedings of the Decedents' estates have ever been filed.

10. At the time of her death, Brenda E. Binkley, owned real property in fee simple absolute located at Binkley Road, Joelton, Davidson County, Tennessee 37080, and being more particularly described as follows:

    Land in the 14th Civil District of Davidson County, Tennessee, being described according to a copy of a survey made by Geo. W. Watkins, Surveyor, dated August 17, 1961, the Beginning point being described as follows: BEGINNING at a point in the center line of Eatons Creek Road at a point in the middle of a bridge of Long Creek; thence with the center line of Eatons Creek Road, South 44° 06' West 100 feet to the approximate center line of the intersection of Binkley Road; thence with the center line of Binkley Road, South 83° 06' West 151.7 feet to a point in the center line of Binkley Road; thence with Binkley Road, as follows: South 72° 35' West 150 feet, South 66° 30' West 142 feet and being the point of beginning; thence leaving said Road, North 19° 30' West 461 feet to a point; thence South 66° 30' West 200 feet to a point; thence South 19° 30' East 461 feet to the center line of Binkley Road; thence with the center line of the same, North 66° 30' East 200 feet to the beginning, containing 2.12 acres, more or less.

    BEING part of the property conveyed from Ola B. Binkley to Larry Binkley, Book No. 3279, Page 377 Davidson County Register of Deeds Office.

    Being the same property conveyed to Delwin Binkley and wife, Brenda E. Binkley by Larry Binkley, in Book 11072, Page 84, Register's Office for Davidson County, Tennessee.

11. This Affidavit of Heirship is freely given pursuant to Tenn. Code Ann. §30-02-712 to help establish and reflect the heirship with respect to any real or personal property owned by Delwin Binkley and Brenda E. Binkley, in Davidson County, Tennessee or elsewhere and particularly to confirm the vesting of title to certain real property owned by Delwin Binkley and Brenda E. Binkley, in Davidson County, Tennessee.

FURTHER AFFIANTS SAITH NOT. Dated this 30 day of April, 2015.

Beverly J. Simpson
BEVERLY J. SIMPSON

Peggy Lewis
PEGGY LEWIS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named BEVERLY J. SIMPSON, with whom I am personally acquainted, who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Joelton, Tennessee, this 30 day of April, 2015.

Judith W. Hicks
NOTARY PUBLIC
My Commission Expires: May 30, 2016

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named PEGGY LEWIS, with whom I am personally acquainted, who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Joelton, Tennessee, this 30 day of April, 2015.

Judith W. Hicks
NOTARY PUBLIC
My Commission Expires: May 30, 2015

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0507327

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Wendell Delwyn Binkley
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 31, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar 08,1944
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3440 Binkley Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Joelton
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Brenda Estelle James
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Master plumber
12b. KIND OF BUSINESS/INDUSTRY: Plumbing/construction
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 3440 Binkley Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 0 [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): 12; College (1-4 or 5+):

NAME OF DECEDENT'S PARENTS (Prior to any judicial proceedings)

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Eldon Binkley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Myrtle Lorene Claxton

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Brenda Binkley
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3440 Binkley Road, Joelton, TN 37080

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): Joelton Hills Memory Gardens
20c. LOCATION-City or Town, State: Joelton, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Anderson, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P.O. Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): January 10, 2006

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: Karl Rogers MD
25b. LICENSE NUMBER: MD 18887
25c. DATE SIGNED (Month, Day, Year): 1/4/2006
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Karl M. Rogers, M.D., 2011 Church Street, Suite 701, Nashville, TN 37203

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): → a.	Lung Cancer (Non Small Cell)	
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. 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.

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):

BIRTH NO:

PH-1659 (REV. 6/99)

RDA 1396

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

EXHIBIT A

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

1/12/2006
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1 2 3 3 9 4 3

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Brenda	Estelle	Binkley	Female	June 19, 2012

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
05:45 PM	65					October 2, 1946	Davidson County, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [X] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing Home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
3440 Binkley Road	Joelton	Davidson

(For use by Physician or Institution)

NAME OF DECEDENT

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
[ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown	None	Hairdresser	Hairdressing

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]	TN	Davidson	Joelton

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
3440 Binkley Road	[X] Yes [ ] No	37080	[ ] Yes [X] 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
- [X] Some college credit but no degree
- [ ] Associates 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

20. 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

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Larry C. James, Sr.	Adelle Jones

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Rhonda Binkley	Daughter	3440 Binkley Road, Joelton, TN 37080

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. Location - City or Town and State
[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)	Joelton Hills Memory Gardens	Joelton, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ John T Crockett	2645	▶ Jim Brewer	2969

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Anderson & Garrett Funeral Home P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080	193

REGISTAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ Maurice H Stanley, Dr.	July 5, 2012

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	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶ Richard W. Garman	MD 015402	6/28/12

27d. NAME AND ADDRESS: Richard W. Garman, M.D.
300 20th Ave N., 9th Floor, 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. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Systolic CHF	
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. End Stage Ischemic Cardiomyopathy — 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: ESRD - Prior hemorrhagic CVA, COPD

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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
[X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined	[ ] Yes [ ] Probably [ ] No [ ] Unknown	[ ] 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	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
[ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)			[ ] Yes [ ] No	

34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH1659 (Rev. 8/2011) RDA 1399

5280420

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.

EXHIBIT B

Tonya Y. Foreman

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

7/31/2012
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

N0006801 9397228150309

TENNESSEE DEPARTMENT OF REVENUE

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

March 13, 2015

ESTATE OF WENDELL D BINKLEY
ATTN: RHONDA BINKLEY
3440 BINKLEY RD
JOELTON TN 37080-8744

Account Type:	INHERIT TX
Account No.:	442020537
Date of Death:	DECEMBER 31, 2005
County:	DAVIDSON
SSN:	XXX-XX-6668

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 WENDELL D BINKLEY
ATTN: RHONDA BINKLEY
3440 BINKLEY RD
JOELTON, TN 37080-8744

March 13, 2015

Account Type:	INHERIT TX
Account No.:	442020537
Date of Death:	DECEMBER 31, 2005
County:	DAVIDSON
SSN:	XXX-XX-6668

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

EXHIBIT C

TENNESSEE DEPARTMENT OF REVENUE

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

March 13, 2015

ESTATE OF BRENDA E BINKLEY
ATTN: RHONDA BINKLEY
3440 BINKLEY RD
JOELTON TN 37080-8744

Account Type:	INHERIT TX
Account No.:	442020475
Date of Death:	JUNE 19, 2012
County:	DAVIDSON
SSN:	XXX-XX-1857

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 BRENDA E BINKLEY
ATTN: RHONDA BINKLEY
3440 BINKLEY RD
JOELTON, TN 37080-8744

March 13, 2015

Account Type:	INHERIT TX
Account No.:	442020475
Date of Death:	JUNE 19, 2012
County:	DAVIDSON
SSN:	XXX-XX-1857

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

EXHIBIT C

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

11/14/2014

RHONDA BINKLEY
REPRESENTATIVE
3440 BINKLEY RD.
JOELTON, TN 37080

RE: WENDELL D. BINKLEY
Last Four Of SSN 6668

Dear RHONDA BINKLEY:

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,

Jangela J. Howard

EXHIBIT D

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

7/9/2014

RHONDA BINKLEY
EXECUTOR
3440 BINKLEY ROAD
JOELTON, TN 37080

RE: BRENDA BINKLEY
Last Four Of SSN 1857

Dear RHONDA BINKLEY:

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