BILL GARRETT, Davidson County
Trans:T20150078047 AFFIDAVITH
Recvd: 09/14/15 15:15 16 pgs
Fees:82.00 Taxes:0.00
20150914-0093211

This Instrument Prepared By:
HOWARD M. SKIPWORTH #012469
6408 Clarksville Pike
Post Office Box 489
Joelton, Tennessee 37080-0489
Tel. 615-876-2550
Fax: 615-876-4292
E-mail: hmskiplaw@comcast.net

Map & Parcel No.: 02800016300

OWNERS:

Rachel Ann Coleman
6000 Marrowbone Lake Road
Joelton, TN 37080

William F. Coleman
2222 Valley View Road
Joelton, TN 37080

Michael Joe Coleman
6000 Marrowbone Lake Road
Joelton, TN 37080

Betty Russell
4746 W. LeGrande Ave.
Indianapolis, IN 46241

Linda Kay Turnbo
2408 Valley View Road
Joelton, TN 37080

Ricky Lee Coleman
1385 Rural Hill Road
Antioch, TN 37013

Send tax notice to:

Rachel Ann Coleman
6000 Marrowbone Lake Road
Joelton, TN 37080

William F.Coleman
2222 Valley View Road
Joelton, TN 37080

Michael Joe Coleman
6000 Marrowbone Lake Road
Joelton, TN 37080

Betty Russell
4746 W. LeGrande Ave.
Indianapolis, IN 46241

Linda Kay Turnbo
2408 Valley View Road
Joelton, TN 37080

Ricky Lee Coleman
1385 Rural Hill Road
Antioch, TN 37013

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, depose and say:

LILLIAN MAE COLEMAN, a resident of Davidson County, State of Tennessee, who died 07 May 2012, as evidenced by a copy of the Certificate of Death attached as Exhibit A, held a fee simple absolute ownership interest in the following described real estate:

SEE EXHIBIT "B"
FOR DESCRIPTION

Being the same property conveyed to Lillian Mae Coleman, a single person, by deed from Michael J. Coleman, of record in Instrument No.:20041116-0137746, said Register's Office for Davidson County, Tennessee.

SUBJECT to all matters as shown on Plat at Book 6050, Page 528, Register's Office for Davidson County, Tennessee.

SUBJECT to Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Instrument No.: 20041116-0137746, in the Register's Office for Davidson County, Tennessee.

The heirs of the Estate of Lillian Mae Coleman are: Rachel Ann Coleman, Michael Joe Coleman, Linda Kay Turnbo, Regina Gail Johnson, Ricky Lee Coleman, William F. Coleman, and Betty Russell each received a 1/7th undivided interest in the real estate described above by virtue of the intestate estate of Lillian Mae Coleman, of record in the Office of the Probate Court Clerk for Davidson County, Tennessee, under Docket No.: 13P-562, as evidenced by photographic copy of

Order To Probate attached hereto and made a part hereof as Exhibit "C".

The only real property owned by Lillian Mae Coleman, at the time of her death, was the home and all improvements thereon located at 6000 Marrowbone Lake Road, Joelton, Davidson County, Tennessee.

The Tennessee Inheritance Tax Closing Letter dated 23 June 2013, bearing Account No.: 441812406 has been received, a copy of which is attached as Exhibit "D".

The Tennessee Tenncare Release has been received being dated 03 June 2013, a copy of which is attached as Exhibit "E".

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

On the 8th day of August, 2014, Regina Gail Johnson died intestate, evidenced by Certificate of Death attached hereto as Exhibit "F", leaving no spouse and no children. Her only heirs at law are her siblings: Michael Joe Coleman, Rachel Ann Coleman, Linda Kay Turnbo, Ricky Lee Coleman, William F. Coleman; and Betty Russell.

At the time of her death, to the best of her siblings' knowledge, Regina Gail Johnson owed no creditors.

After the intestate death of Lillian Mae Coleman, who was survived by seven children and the intestate death of Regina Gail Johnson, who was survived by six siblings, the entire interest in the real property located at and known as 6000 Marrowbone Lake Road, Joelton, Davidson County, Tennessee, by operation of law, vested in the surviving children of Lillian Mae Coleman and surviving siblings of Regina Gail Johnson; each survivor now owns a 1/6th undivided interest in the real property described herein.

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 the heirs at Law.

Rachel Ann Coleman
RACHEL ANN COLEMAN,
HEIR, 1/6th Interest

Sworn to and subscribed before
me the 31st day of July, 2015

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9 2016

Rachel Ann Coleman
RACHEL ANN COLEMAN,
BENEFICIARY, 1/6th Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared RACHEL ANN COLEMAN, one of six heirs of the Estate of LILLIAN MAE COLEMAN, deceased, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person 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 her 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 31st day of July, 2015.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9, 2016

Michael Joe Coleman
MICHAEL JOE COLEMAN,
HEIR, 1/6th Interest

Sworn to and subscribed before
me the 31st day of July, 2015

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN
My Commission Expires JAN 9, 2016

Michael Joe Coleman
MICHAEL JOE COLEMAN,
HEIR, 1/6th Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared MICHAEL JOE COLEMAN, one of six heirs of the Estate of LILLIAN MAE COLEMAN, deceased, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he 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 31st day of July 2015.

Howard M. Skipworth
NOTARY PUBLIC
My commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN
My Commission Expires JAN 9, 2016

Linda Kay Turnbo

LINDA KAY TURNBO,
HEIR, 1/6th Interest

Sworn to and subscribed before
me the 31st day of July, 2015

Howard M. Skipworth

NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN
My Commission Expires JAN 9, 2016

Linda Kay Turnbo

LINDA KAY TURNBO,
HEIR, 1/6th Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared LINDA KAY TURNBO, one of six heirs of the Estate of LILLIAN MAE COLEMAN, deceased, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person 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 her 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 31st day of July 2015.

Howard M. Skipworth

NOTARY PUBLIC
My commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN
My Commission Expires JAN 9, 2016

Rick Lee Coleman

RICKY LEE COLEMAN,
HEIR, 1/6th Interest

Sworn to and subscribed before
me the 31st day of July, 2015

/Howard M. Skipworth

NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9, 2016

Rick Lee Coleman

RICKY LEE COLEMAN,
HEIR, 1/6th Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared RICKY LEE COLEMAN, one of six heirs of the Estate of LILLIAN MAE COLEMAN, deceased, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he 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 31st day of July 2015.

/Howard M. Skipworth

NOTARY PUBLIC
My commission Expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2016

William F Coleman

WILLIAM F. COLEMAN,
HEIR, 1/6th Interest

Sworn to and subscribed before
me the 31st day of July, 2015

Howard M. Skipworth

NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9, 2016

William F Coleman

WILLIAM F. COLEMAN,
HEIR, 1/6TH Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared WILLIAM F. COLEMAN, one of six heirs of the Estate of LILLIAN MAE COLEMAN, deceased, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he 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 31st day of July 2015.

Howard M. Skipworth

NOTARY PUBLIC
My commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9, 2016

STATE OF INDIANA)
)
COUNTY OF MARION)

Betty J. Russell
BETTY RUSSELL,
HEIR, 1/6th Interest

Sworn to and subscribed before me the 14 day of August, 2015

Ann Haun
NOTARY PUBLIC
My Commission expires: MY COMMISSION EXPIRES AUGUST 3, 2016

Betty J. Russell
BETTY RUSSELL,
HEIR, 1/6TH Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State of INDIANA and County of Marion, personally appeared BETTY RUSSELL, one of six heirs of the Estate of LILLIAN MAE COLEMAN, deceased, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person 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 her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in Marion county, on this 14 day of August 2015.

Ann Haun
NOTARY PUBLIC MY COMMISSION EXPIRES AUGUST 3, 2016
My commission expires:

STATE OF TENNESSEE
Office of Vital Records

Amended by Affidavit of Informant 10/23/2012 /jt

1202692

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 021205

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Lillian Mae Coleman
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 7, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 14, 1920
7. BIRTHPLACE (City and State or Foreign Country): Florence, Alabama AL

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): Alive Hospice
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): N/A
11a. DECEDENT'S USUAL OCCUPATION: Bindery Worker
11b. KIND OF BUSINESS/INDUSTRY: Book Publishing
12. SOCIAL SECURITY NUMBER: [redacted]-0260
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Joelton
13d. STREET AND NUMBER: 6000 Marrowbone Lake Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37080
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): Charles David Anderson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ora Lee Matheny

DISPOSITION

20a. INFORMANT'S NAME: Rick Coleman
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1385 Rural Hill Rd. Antioch, TN 37013
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: ▶ James R. Padgett
22b. LICENSE NUMBER: 5534
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, Tennessee 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers, RR
25. DATE FILED (Month, Day, Year): May 10, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN 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: ▶ [signature]
27b. LICENSE NUMBER: 44186
27c. DATE SIGNED (Month, Day, Year): 5-09-2012
27d. NAME AND ADDRESS: David Tribble, MD 1718 Patterson St. Nashville, Tennessee 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.	Acute Embolic Stroke	
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.	Atrial F. Bulletin	
Due to (or as a consequence of)		
c.	Hypertensive Heart Disease	
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? ☐ 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)

*9

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.

5524351

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

OCT 25 2012

Tonya Y. Foreman

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman Local Registrar
Davidson County Tennessee

Issued

EXHIBIT
A

CERTIFICATION OF VIT

COPYRIGHT/FRAUD PROTECTION
www.legalstore.com No. 7004

EXHIBIT "B"

Land in Davidson County, Tennessee, being the parcel described in the Coleman Property Subdivision, recorded 23 June 1993, at Plat Book 6050, Page 528, Register's Office for Davidson County, Tennessee, to which reference is here made for a more complete description; said subdivision containing no other land.

FILED

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**), FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE AT NASHVILLE

2013 MAR 27 PM 2:36

RICHARD R. ROOKER, CLERK

In Re: **INTESTATE ESTATE OF LILLIAN MAE COLEMAN,**
Deceased,

D.C.

Case No. 13P-562

MICHAEL JOE COLEMAN, ADMINISTRATOR.

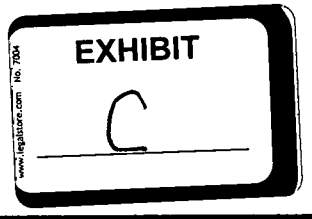
ORDER TO PROBATE

This cause came to be heard on the 27th of March, 2013, before the Honorable Probate Master, upon a Petition for Letters of Administration stating that **LILLIAN MAE COLEMAN** died intestate on May 7, 2012, at the age of ninety-one (91) years, a resident of Davidson County, Tennessee, and requesting that Michael Joe Coleman be appointed Administrator.

And, it appearing that all the residuary distributes of the intestate Estate of the decedent have consented to Michael Joe Coleman serving as Administrator, without bond, and have waived the requirement that the Administrator file any inventory or accounting with the Court.

And, it appearing that the next of kin have received notice of the opening of the estate and that the decedent's son, Michael Joe Coleman, has agreed to serve as Administrator.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that Letters of



Administration be issued to Michael Joe Coleman to serve as Administrator of this Estate without bond, and without the necessity of filing any inventory or accounting, except that an estate status report shall be filed annually or as ordered by the Court.

ENTERED, this the 27th day of March, 2013.

PROBATE CLERK AND MASTER

Approved for entry:
HOWARD M. SKIPWORTH & ASSOCIATES

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Pike
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Facsimile: 615/876-4292

N0019001 6558363130619

TENNESSEE DEPARTMENT OF REVENUE

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

June 22, 2013

ESTATE OF LILLIAN M COLEMAN
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441812406
Date of Death:	May 7, 2012
County:	DAVIDSON
SSN:	XXX-XX-0260

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 LILLIAN M COLEMAN
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

June 22, 2013

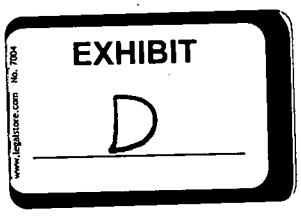
Account Type:	INHERIT TX
Account No.:	441812406
Date of Death:	May 7, 2012
County:	DAVIDSON
SSN:	XXX-XX-0260

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Inheritance Tax:	$0.00
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

6/3/2013

HOWARD M. SKIPWORTH, ATTY
6408 CLARKSVILLE PIKE
PO BOX 489
JOELTON, TN 37080

RE: LILLIAN M. COLEMAN
Last Four Of SSN 0260

Dear HOWARD M. SKIPWORTH, ATTY:

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
E

www.legaltore.com No. 7004

STATE OF TENNESSEE
Office of Vital Records

1405025

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Regina Gail Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 8, 2014
4. TIME OF DEATH (Approx.): 4:30 PM
5a. AGE-Last Birthday (Years): 57
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 11, 1957
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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): Alive Hospice - Skyline Campus
8c. CITY OR TOWN: Nashville
8d. 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)
11a. DECEDENT'S USUAL OCCUPATION: Waitress
11b. KIND OF BUSINESS/INDUSTRY: Restaurant
12. SOCIAL SECURITY NUMBER: 413-08-9078
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Joelton
13d. STREET AND NUMBER: 6000 Merrowbone Lake Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37080
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

18. 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): Thomas Alton Coleman
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lillian May Anderson

DISPOSITION

20a. INFORMANT'S NAME: Linda Turnbo
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2408 Valley View Road - Joelton, TN 37080
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: ▶ Trena J. Mueller
22d. LICENSE NUMBER: 6643
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: ▶ [signature]
25. DATE FILED (Month, Day, Year): August 13, 2014

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN 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: ▶ [signature]
27b. LICENSE NUMBER: 35382
27c. DATE SIGNED (Month, Day, Year): 8.12.14
27d. NAME AND ADDRESS: S. Faizi M.D. 1718 Patterson Street, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Metastatic lung cancer — Approximate Interval: Onset to death: dx'd in 2013
Due to (or as a consequence of):
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

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)

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.

7206260

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

7206260 13 2014

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

EXHIBIT F

CERTIFICATION OF VITAL RE

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