This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2594
Fax: (615) 876-4292
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

BILL GARRETT, Davidson County
Trans:T20150078696 AFFIDAVITH
Recvd: 09/16/15 10:55 10 pgs
Fees:52.00 Taxes:0.00
20150916-0093909

NEW OWNERS:

Larry Randel Mickle
215 Uffelman Drive
Apt. 329
Clarksville, TN 37043

Reba M. Wittenmeier
5125 Old Hydes Ferry Pike
Nashville, TN 37218

Alice F. Hambrick
2603 Kelly Close
Murfreesboro, TN 37130-1416

Map & Parcel No: 047-020.00

SEND TAX NOTICE TO:

Larry Randel Mickle
215 Uffelman Drive
Apt. 329
Clarksville, TN 37043

Reba M. Wittenmeier
5125 Old Hydes Ferry Pike
Nashville, TN 37218

Alice F. Hambrick
2603 Kelly Close
Murfreesboro, TN 37130-1416

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiants, Larry Randel Mickle, Reba M. Wittenmeier and Alice Faye Hambrick, being first duly sworn according to law, and being of lawful age and residing for the past 30 or more years in and around Davidson Counties, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of their own free will and based upon their personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Marguerite Knox Mickle died intestate on 23 June 2012.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime to M. C. Mickle, who died 21 March 2003, as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The decedent died leaving three biological children: Larry Randel Mickle, Reba M. Wittenmeier and Alice Fay Hambrick. The decedent never gave birth or adopted any other child or children.

4. At the time of her death, the decedent owned a house and lot described as follows to wit:

SEE EXHIBIT "C"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being the same property conveyed to M. C. Mickle and wife, Marguerite K. Mickle, by deed from John P. Whitson and wife, Mary V. Whitson, of record in Book 2811, Page 60, dated October 25, 1958, Register's Office for Davidson County, Tennessee.

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 2811, Page 60, Register's Office for Davidson County, Tennessee.

5. Each of the undersigned received a one third (1/3) undivided interest in the real estate described above by virtue of being the recipients of the real estate by intestate succession.

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "D", the decedent never received any long term aid from the Bureau of Tenncare.

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

8. This Affidavit will confirm the vesting of title to the real property located at 5497 Old Hickory Blvd., Ashland City, Davidson County, Tennessee, after the death of Marguerite K. Mickle, in Larry Randel Mickle, Reba M Wittenmeier and Alice Faye Hambrick, being all of her heirs at law.

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 only children and heirs at law.

Further, Affiants saith not.

Dated this 11th day of September, 2015.

Reba M. Wittenmeier
REBA M. WITTENMEIER, CHILD

SWORN TO AND SUBSCRIBED before me on this the 11th day of September, 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 TENNESSEE)
)
COUNTY OF DAVIDSON)

Reba M Wittenmeier
REBA M. WITTENMEIER, CHILD

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **REBA M. WITTENMEIER**, the within named child, 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 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 11th day of September, 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

Larry Randel Mickle

LARRY RANDEL MICKLE,
HEIR, 1/3RD Interest

Sworn to and subscribed before
me the 27 day of August, 2015

Michael McKinney

NOTARY PUBLIC
My Commission expires: 11/17/16

MICHAEL P. McKINNEY
STATE OF TENNESSEE NOTARY PUBLIC
MONTGOMERY COUNTY

Larry R. Mickle

LARRY RANDEL MICKLE,
BENEFICIARY, 1/3RD Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared LARRY RANDEL MICKLE, one of three heirs of the Estate of MARGUERITE K. MICKLE, 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 27 day of August, 2015.

Michael McKinney

NOTARY PUBLIC
My Commission expires: 11/17/16

MICHAEL P. McKINNEY
STATE OF TENNESSEE NOTARY PUBLIC
MONTGOMERY COUNTY

Alice F. Hambrick

ALICE FAYE HAMBRICK, CHILD
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 12th day of September 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 TENNESSEE)
)
COUNTY OF DAVIDSON)

Alice F. Hambrick
ALICE FAYE HAMBRICK, CHILD

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **ALICE FAYE HAMBRICK**, the within named child, 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 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 12th day of September, 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

NOTE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
6408 Clarksville Pike
Joelton, TN 37080

STATE OF TENNESSEE
Office of Vital Records

1263827 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Marguerite Knox Mickle
2. SEX: female
3. DATE OF DEATH (Month, Day, Year): June 23, 2012
4. TIME OF DEATH (Actual): 10:55 PM
5a. AGE-Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 9, 1922
7. BIRTHPLACE (City and State or Foreign Country): Cheatham Co, 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): Baptist Hospital
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: factory worker
11b. KIND OF BUSINESS/INDUSTRY: boot

12. SOCIAL SECURITY NUMBER: [redacted]-2798
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 5125 Old Hydes Ferry Pike
13e. INSIDE CITY LIMITS: [ ] Yes [X] No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

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

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 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)
[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
[X] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): George T. Knoxx
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lela Powell

20a. INFORMANT'S NAME: Reba Wittenmeier
20b. RELATIONSHIP TO DECEDENT: daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5125 Old Hydes Ferry Pk, Nashville

DISPOSITION

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Johnny Jones
22b. LICENSE NUMBER: 4990
22c. SIGNATURE OF EMBALMER: ▶ Dan Reed Buckner
22d. LICENSE NUMBER: 4090

23a. NAME AND ADDRESS OF FUNERAL HOME: Cheatham County Funeral Home 117 Elizabeth St., Ashland City, TN 37015
23b. LICENSE NUMBER OF FUNERAL HOME: 1006

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Claudia Curtis dlk
25. DATE FILED (Month, Day, Year): July 3, 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. [X] 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: 31292
27c. DATE SIGNED (Month, Day, Year): July 01, 2012
27d. NAME AND ADDRESS: Amy R McMaster, M.D., 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC12-1302

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. Complications of left hip fracture
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

Approximate Interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Dementia, hypertension

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 [X] Accident [ ] Pending investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] 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): May 22, 2012
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? [ ] Yes [X] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify): Residence
34e. DESCRIBE HOW INJURY OCCURRED: Fall
34f. LOCATION OF INJURY (Street and Number, City, or Town, State): 5105 Old Hydes Ferry Pike, Nashville, TN

PH-1659 (Rev 9/2011) RDA 1399

5089599

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.

Teresa S. Hendricks
STATE REGISTRAR

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

JUL 03 2012
Date Issued

EXHIBIT
A

CERTIFICATION OF VITAL RECORD

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

ARM-RAISED PROTECTION WITH STATE SEAL EMBOSSED

www.legalstore.com No. 7004

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

03016772 STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): M. C. Mickle
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 21, 2003
4. SOCIAL SECURITY NUMBER (for Decedent): [redacted]-9320
5a. AGE-LAST BIRTHDAY (Years): 92
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 4, 1910
7. BIRTHPLACE (City and State or Foreign Country): Montgomery County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): 5497 Old Hickory Blvd
9c. CITY, TOWN, OR LOCATION OF DEATH: Ashland City
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Marguerite Knox
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mechanic
12b. KIND OF BUSINESS / INDUSTRY: Manufacturing
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Ashland City
13d. STREET AND NUMBER OR RURAL LOCATION: 5497 Old Hickory Blvd
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37015
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): 8; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Burney Mickle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Roxie Albright

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marguerite Knox Mickle
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5497 Old Hickory Blvd Ashland City, TN. 37015

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): Woodlawn Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Johnny H Jones
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4990
21c. SIGNATURE OF EMBALMER: ▶ Ronnie Harrell
21d. LICENSE NUMBER OF EMBALMER: 5022
22a. NAME AND ADDRESS OF FUNERAL HOME: Cheatham County Funeral Home, 117 Elizabeth St. Ashland City, TN. 37015
22b. LICENSE NUMBER OF FUNERAL HOME: 1006

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): March 27, 2003

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: 34321
25c. DATE SIGNED (Month, Day, Year): 3 27 03
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): John Mulder, M.D. 1710 Patterson St., Nashville, TN 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive Heart failure
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.

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 [X] 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. 2-93

RDA 1399

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.

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

[redacted]

Tonya Y Rotten
Local Registrar

MAR 27 2003
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT
B

EXHIBIT "C"

Property located in the First Councilmanic District of Davidson County, TN. and being described according to a survey by Jesse E. Walker, RLS, PE, Walker Engineering, P. O. Box 210456 Nashville, TN 37221, Dated: 08-27-15, as follows:

BEGINNING at an iron pin located on the West margin of Old Hickory Boulevard, said iron pin being the Southeast corner of Parcel 020.00, and said iron pin being the Northeast corner of Lot 2, of Sun Run Southwest, said Lot 2 being Parcel 163.00 as shown on Map 047-00, and said Lot 2 being evidenced in Plat Book 11700, Page 031, in the Register's Office for Davidson County, Tennessee (RODCT), thence;

1) With a line common to Tract 8 and Lot 2, North 70 degrees 24 minutes 39 seconds West, passing an iron pin at 775.00 feet, said iron pin being the Northwest corner of Lot 2, and continuing with Parcel 021.00 as shown on Tax Map 047-00, a total distance of 2000.00 feet to a point, said point being the Southwest corner of Parcel 020.00, and said point being an interior corner of Parcel 019.00 as shown on Tax Map 047-00 thence;

2) Leaving Parcel 021.00 and with the line common to Parcel 019.00 and Parcel,020.00, North 17 degrees 23 minutes 07 seconds East, a distance of 100.00 feet to a point, thence;

3) Continuing with the South line of Parcel 019.00, South 70 degrees 24 minutes 58 seconds East, a distance of 2000.00 feet to an iron pin in the West margin of Old Hickory Boulevard, said iron pin being the Southeast corner of Parcel 019.00 and said iron pin being the Northeast corner of Parcel 020.00, thence;

4) With said margin, South 17 degrees 23 minutes 22 seconds West, a distance of 100.18 feet to an iron pin, the BEGINNING, containing 4.5921 acres or 200,031 square feet, more or less.

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

8/25/2015

HOWARD M. SKIPWORTH
LEGAL COUNSEL
P O BOX 489
JOELTON, TN 37080

RE: MARGUERITE MICKLE
Last Four Of SSN 2798

Dear HOWARD M. SKIPWORTH:

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,

Jancela J. Howard

EXHIBIT
D