This Instrument Prepared By:
Brokers Escrow Services, Inc.
200 Nashboro Blvd., PO Box 17116
Nashville, Tennessee 37217

SEND TAX BILL TO:
NEW OWNER:
Dream House, LLC
P O Box 111673
Nashville, TN 37222

MORTGAGEE:
Pinnacle Bank
150 Third Avenue S., Ste 900
Nashville, TN 37201

MAP & Parcel 14813001300

Davidson County DEEDWARR
Recvd: 10/06/15 11:40 6 pgs
Fees:33.00 Taxes:203.50
20151006-0101700

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named GRANTEE, and other good and valuable considerations, the receipt of which is hereby acknowledged, **Charlene Rolin, Executrix of the Ronald E Castle Estate, and Charlene Castle Rolin, individually, and Mark Castle, individually,** hereinafter called the GRANTORS, have bargained and sold, and by these presents, does transfer and convey unto **Dream House LLC**, a Tennessee limited liability company, hereinafter called the GRANTEE, its successors and assigns, that certain tract or parcel of land located in Davidson County, State of Tennessee, described as follows, to-wit:

Land in Davidson County, Tennessee, Being Lot No. 386 on the Plan of Fairland Park, Section III, of record in Book 2331, page 145 and 146, said Register's Office.
Said Lot No. 386 fronts 66.2 feet on the north side of Melpar Drive and runs back between lines 195.4 feet on the west line and 201 feet on the east line, to a dead line in the rear on which it measures 93 feet.

Being the same property conveyed to Ronald E Castle and wife, Delores Castle, by deed from Julia W. Harrington, a widow, by deed dated July 14, 1967, of record in Book 4152, page 789, Register's Office for Davidson County, Tennessee.
Delores Castle died April 1, 2013 (Exhibit "A"). Ronald E. Castle was surviving tenant by the entirety. Ronald E Castle died testate on June 11, 2015 (Exhibit "B"). TennCare Release is Attached (Exhibit "C") and Tennessee Inheritance Tax Closing Letter (Exhibit "D"). His Will was admitted to Seventh Circuit Court for Davidson County, Tennessee, (Probate Division), Docket No. 15P1193.
Said Will of Ronald E Castle , appointed Charlene Rolin, Executrix with power to convey land and grant title , and devised his entire estate as follows: "One-half to my daughter Charlene Castle Rolin and one-half to my son Mark Castle".

This is improved property known as 340 Melpar Dr., Nashville, Tennessee 37211.
Taxes for the current year have been settled between the parties. This conveyance is also made subject to the following matters:
Subject to all applicable zoning and planning restrictions, and all health department rules and regulations that may affect the premises.
Subject to an easement set forth in an instrument of record in Book 6172, page34, said Register's Office, to which instrument reference is here made for the exact terms and details thereof.
Subject to all all of those facts, conditions and limitations, covenants, subdivision restrictions, easement and other matter of record in Plat Book 2331, page 145, said Register's Office.

GRANTOR makes no representation or warranty, express or implied, as to the exact amount of acreage or square footage in the property, or as to the ownership of the minerals located on, under or within the property. Grantor makes no representations or warranties, express or implied, with respect to the condition of the property conveyed hereby, including improvements located thereon, including, without limitation, the habitability, condition or fitness thereof for any particular use or purpose. Grantee agrees that the property conveyed hereby, including improvements located thereon, is conveyed by Grantor and accepted by Grantee in an "as is, where is" and "with all faults" condition.

THIS conveyance is made expressly subject to all covenants, conditions, restrictions, and reservations contained in former deeds and other instruments of record applicable to said property, insofar as same are presently binding thereon, and to any easements apparent from an inspection of said property.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE, his heirs and assigns, forever; and,

GRANTOR does covenants with the said GRANTEE that she is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and warrants that the same is unencumbered unless otherwise herein set out; and,

GRANTOR, does further covenant and bind herself, her heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE, his heirs and assigns, against the lawful claims of all persons whomsoever.

WITNESS our hands this the 5h day of October, 2015 .

Charlene Rolin
Charlene Rolin, Executrix

Charlene Castle Rolin
Charlene Castle Rolin

Mark Castle
Mark Castle

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, Charlene Rolin, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who as Executrix of the Ronald E Castle Estate acknowledged that she with the authority to do so executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 5th day of ~~September~~ October. 2015 .

NOTARY PUBLIC

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

MY COMMISSION EXPIRES: JUNE 25, 2019

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, Charlene Castle Rolin, and Mark Castle the bargainors , with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who as ~~acknowledged~~ that they with the authority to do so executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 5th day of ~~September~~ October. 2015 .

NOTARY PUBLIC

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

MY COMMISSION EXPIRES: JUNE 25, 2019

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual value or consideration, whichever is greater, for this transfer is $ 55,000.00 .

AFFIANT

Subscribed and sworn to before me on this 5th day of ~~September~~ October, 2015 .

NOTARY PUBLIC

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

MY COMMISSION EXPIRES: JUNE 25, 2019

CERTIFICATION

I do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

STATE OF TENNESSEE
COUNTY OF WILSON

On this 5th day of October, 20 15, personally appeared before me, a notary public for this county and state, Christie J Lannom, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

MY COMMISSION EXPIRES: JUNE 25, 2019

Exhibit A

STATE OF TENNESSEE
Office of Vital Records

1302115

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Delores Catherine Castle
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 1, 2013
4. TIME OF DEATH (24hr): 12:59 pm
5a. AGE-Last Birthday (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 8, 1934
7. BIRTHPLACE (City and State or Foreign Country): Islandton, SC

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: [x] Hospice facility [x] Nursing home/Long term care facility [ ] Decedent's home [ ] Other's residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [x] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Ronald Castle
11a. DECEDENT'S USUAL OCCUPATION: Registered Nurse
11b. KIND OF BUSINESS/INDUSTRY: Baptist Hospital

12. SOCIAL SECURITY NUMBER: [redacted]4400
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

3YA

13d. STREET AND NUMBER: 340 Melpar Drive
13e. INSIDE CITY LIMITS: [x] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [x] Yes [ ] No

NAME OF DECEDENT (For Use By Physician or Medical Examiner)

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)
[x] 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
[x] 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
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Erssie D. Kinard
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Essie Polk

INFORMANT

20a. INFORMANT'S NAME: Ronald Castle
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 340 Melpar Dr., Nashville, TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [x] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center
21c. LOCATION – City or Town and State: Mt. Juliet, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: David Dial
22d. LICENSE NUMBER: 5179
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: Tony B. Keith DR
25. DATE FILED (Month, Day, Year): April 4, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. [x] PHYSICIAN – To the best of my knowledge, death occurred at the time, 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 time, 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: M Green
27b. LICENSE NUMBER: 48577
27c. DATE SIGNED (Month, Day, Year): 4/4/13
27d. NAME AND ADDRESS: S. Green, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. metastatic lung cancer
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.
Approximate Interval: Onset to death

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: [x] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] 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)
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 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.

5659484

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

Teresa S. Hendricks
STATE REGISTRAR

Tetiva Y. Foreman, Local Registrar

APR 04 2013
Date Issued

CERTIFICATION OF VITAL RECORD

SEAL OF THE STATE OF TENNESSEE DEPARTMENT OF AGRICULTURE *7796*

DEPARTMENT OF HEALTH AGRICULTURE TENNESSEE

Exhibit B

STATE OF TENNESSEE
Office of Vital Records

15-03-781

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ronald Eugene Castle
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 11, 2015
4. TIME OF DEATH (Military): 4:48 am
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 20, 1934
7. BIRTHPLACE (City and State or Foreign Country): Sterling, IL
8a. PLACE OF DEATH (Check only one): [X] Nursing home/Long term care facility
8b. IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA
8c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)
8d. FACILITY NAME (If not institution, give street and number): Bethany Health & Rehab Center
8e. CITY OR TOWN: Nashville
8f. 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: Medical Technician
11b. KIND OF BUSINESS/INDUSTRY: VA Hospital
12. SOCIAL SECURITY NUMBER: [redacted]1853
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 340 Melpar Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES?: [X] 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): [X] Some college credit, but no degree
16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "Other" box if decedent is not Spanish/Hispanic/Latino): [X] No, not Spanish/Hispanic/Latino
17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be): [X] White
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Schwank

PARENTS

19. FATHER'S NAME (First, Middle, Last): Charles Castle

INFORMANT

20a. INFORMANT'S NAME: Charlene Rolin
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 271 Delvin Court, Antioch, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center
21c. LOCATION - City or Town and State: Mt. Juliet, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: NONE
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: Laura Burke Kirby, D.R. June 17, 2015
25. DATE FILED (Month, Day, Year):

CERTIFIER

26. CERTIFIER (Check only one):
[X] 26a. PHYSICIAN - To the best of my knowledge, death occurred at the time, 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 time, date and place, and due to the cause(s) and manner stated.

PERSON(S) MEDICALLY QUALIFIED TO PRONOUNCE DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: MD
27b. LICENSE NUMBER: 27496
27c. DATE SIGNED (Month, Day, Year): 6/16/15
27d. NAME AND ADDRESS: Ralf Habermann, MD, Vanderbilt MCE, 7 Fl, #4, Nashville, TN 37232

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. Cardiac arrest due to lung tumor
Sequentially list conditions, if any, leading to the cause stated 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): ARDS
c. Due to (or as a consequence of): PNA
d. Due to (or as a consequence of):
Approximate Interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: COPD, coronary artery disease
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: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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-1699 (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.

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

8057361

JUN 17 2015

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8057361
Date Issued

CERTIFICATION OF VITAL RECORD

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

8/7/2015

MARTHA CHILD
LEGAL COUNSEL
392 HARDING PL, STE 215
NASHVILLE, TN 37211

RE: RONALD CASTLE
Last Four Of SSN 1853

Dear MARTHA CHILD:

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

TENNESSEE DEPARTMENT OF REVENUE

Exhibit D

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

September 4, 2015

CASTLE RONALD E
ATTN: CHARLENE ROLIN
271 DEVLIN CT
ANTIOCH TN 37013

Account Type:	INHERIT TX
Account No.:	442083112
Date of Death:	JUNE 11, 2015
County:	DAVIDSON
SSN:	XXX-XX-1853

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

CASTLE RONALD E
ATTN: CHARLENE ROLIN
271 DEVLIN CT
ANTIOCH, TN 37013

September 4, 2015

Account Type:	INHERIT TX
Account No.:	442083112
Date of Death:	JUNE 11, 2015
County:	DAVIDSON
SSN:	XXX-XX-1853

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

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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