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.: MAP 17, PARCEL 127.2
F/B 10D 2010

OWNERS:
HARRY HAYES MEEK JR.
5132 Brick Church Pike
Goodlettsville, TN 37072

Send tax notice to:
HARRY HAYES MEEK JR.
5132 Brick Church Pike
Goodlettsville, TN 37072

BILL GARRETT, Davidson County
Trans:T20150086061 AFFIDAVITH
Recvd: 10/08/15 15:06 7 pgs
Fees:37.00 Taxes:0.00
20151008-0102916

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, depose and say:

HARRY HAYES MEEK SR.,A/K/A **HARRY HAYES MEEK and HARRY H. MEEK**, a resident of Davidson County, State of Tennessee, who died 2 October 2014, 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 HARRY H. MEEK, a single person, by deed from GREGORY R. MURRAY and wife, Dana R. Murray of record in Book 11080, Page 368 said 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 Book 11080 Page 368 in the Register's Office for Davidson County, Tennessee.

All of the heirs of the Estate of HARRY HAYES MEEK SR., is: HARRY HAYES MEEK JR., who received a 100% interest in the real estate described above by virtue of the probated estate of Harry Hayes Meek Sr., as evidenced in the Probate Court Records for Davidson County, Tennessee, Rule No.: 14P-1921.

The only real property owned by Harry Hayes Meek Sr. at the time of his death, was the home and all improvements thereon located at 5132 Brick Church Pike, Nashville, Davidson County, Tennessee.

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 442081650, a copy of which is attached as Exhibit "C".

The Tennessee Tenncare Release Request has been received being dated 7 August 2015, a copy of which is attached as Exhibit "D".

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

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409 (a) (5) further provides the Valuation Oath is unnecessary, the affidavit being used to evidence transfer of title to the property to the heirs at Law.

Harry H Meek Jr.
HARRY HAYES MEEK JR.,
ONLY HEIR, 100% Interest

Sworn to and subscribed before
me the 7th day of October, 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

Harry H Meek Jr.
HARRY HAYES MEEK JR.,
ONLY HEIR, 100% Interest

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared HARRY HAYES MEEK JR., the only heir of the Estate of Harry Hayes Meek Sr., 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 7th day of October 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
Office of Vital Records

14 003501

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Harry Hayes Meek
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 2, 2014
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 16, 1948
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 [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 5132 Brick Church Pike
8c. CITY OR TOWN: Goodlettsville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Police Officer
11b. KIND OF BUSINESS/INDUSTRY: Law Enforcement

12. SOCIAL SECURITY NUMBER: [redacted]9
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville
RESIDENCE-STREET AND NUMBER: 5132 Brick Church Pike
13e. INSIDE CITY LIMITS: [ ] Yes [X] No
13f. ZIP CODE: 37072
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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
[X] 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
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

H3V4

PARENTS

18. FATHER'S NAME (First, Middle, Last): Robert Hayes Meek
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Eunice Jean Fry

DISPOSITION

20a. INFORMANT'S NAME: Hank Meek
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6006 Pleasant Hill Road, Pleasant View, TN 37146
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 Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kimberly Ann Seaman
22b. LICENSE NUMBER: 6725
22c. SIGNATURE OF EMBALMER: ▶ Jasmine Zermas
22d. LICENSE NUMBER: 6749
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): October 17, 2014

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] 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: J. KROSER ▶ J. Kroser
27b. LICENSE NUMBER: MD35245
27c. DATE SIGNED (Month, Day, Year): 10/9/2014
27d. NAME AND ADDRESS: 417 Northcrest Dr Springfield TN 37172

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. Metastatic lung cancer	
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	Due to (or as a consequence of): 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? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [X] 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.

7469700

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

7469700

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Da

EXHIBIT
A

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

LANE in Davidson County, Tennessee, being a 2.00 acre tract of land described according to a survey by Jan Jerome Willis Land Surveying, Tennessee No. 1547, 345 North Center Point Road, Portland, Tennessee, 37148 and more particularly described as follows:

BEGINNING at a set iron pin lying in the North margin of Brick Church Pike (25 feet from centerline), said point further described as being the Southwest corner of herein described tract and the Southeast corner of the Kenneth Hitt property as of record in Book 3843, Page 103 (R.O.D.C.); thence leaving said point of beginning and running with the line of Hitt and a fence line North 7 deg. 00 min. 00 sec. East a distance of 415.71 feet to a set iron pin, corner to Marion B. Cook (Book 4523, Page 59 R.O.D.C.); thence leaving the line of Hitt and running with the line of Cook North 56 deg. 30 min. 00 sec. East a distance of 300.80 feet to a set iron pin; thence leaving the line of Cook and running with the line of Mullins as of record in Book 5332, Page 689, (R.O.D.C.)South 9 deg. 35 min. 07 Sec. West a distance of 417.86 feet to a set iron pin lying in the North margin of Brick Church Pike; thence running with the North margin of Brick Church Pike and a curve to the left having a radius of 542.46 feet, a central angle of 18 deg. 22 min. 41 sec. a cord of 173.25 feet on a bearing of South 57 deg. 56 min. 08 sec. West, a total distance along the curve of 174.00 feet to a point lying at the end of said curve; thence continuing with said margin South 48 deg. 44 min. 47 sec. West a distance of 113.18 feet to the point of beginning and containing 2.00 acres, more or less.

N0019001 8606235150831

TENNESSEE DEPARTMENT OF REVENUE

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

September 3, 2015

ESTATE OF HARRY H MEEK SR
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	442081650
Date of Death:	October 2, 2014
County:	DAVIDSON
SSN:	XXX-XX-2129

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 HARRY H MEEK SR
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

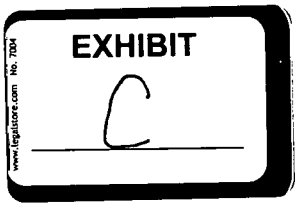
September 3, 2015	
Account Type:	INHERIT TX
Account No.:	442081650
Date of Death:	October 2, 2014
County:	DAVIDSON
SSN:	XXX-XX-2129

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



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

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

RE: HARRY MEEK, SR.
Last Four Of SSN 2129

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,

Tangela J. Howard

EXHIBIT
C
www.legalcopies.com No. 7004