Prepared by:
Brokers Escrow Services, Inc.
200 Nashboro Blvd
P.O. Box 17116
Nashville, TN 37217

Davidson County	AFFIDAVIT
Recvd: 10/13/15 15:43	4 pgs
Fees:22.00 Taxes:0.00	
20151013-0104294	

Ref: 3148Goodwin Drive, Nashville, TN 37217
Parcel ID: 13609001800

SCRIVENER'S ERROR AFFIDAVIT
This Affidavit is recorded to include Exhibit A, Exhibit B, and Exhibit C,

This Scrivener's Error Affidavit is made and entered into this 13th day of October, 2015 by Brokers Escrow Services, Inc.

Whereas, Brokers Escrow Services, Inc., prepared and recorded a Deed from **Steven Lynn Denton, devisee of Doris B. Denton, to James M. Parrish and wife, Mary Griffis Parrish,** of record in Instrument No. 20151013-0104096, Register's Office for Davidson County, Tennessee.

Whereas, by inadvertence, mistake and scriveners error, when said Deed was recorded , Exhibit A, Exhibit B, and Exhibit C were not attached.

Now Therefore, for the purpose of correcting said error, I, Rebecca Waynick, an Officer and an Agent for Brokers Escrow Services, Inc., record the attached **Tennessee Department of Revenue Inheritance Tax Closing Letter attached as Exhibit A, Tenn Care release attached as Exhibit B, Death Certificate attached as Exhibit "C"** as if incorporated in and become a part of the Deed of record in Instrument No. 20151013-0104096 Register's Office for Davidson County, Tennessee, and do hereby acknowledge and affirm that the above is true and correct.

Brokers Escrow Services, Inc.

By; Rebecca Waynick
As; Officer and Agent

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Rebecca Waynick, with whom I am personally acquainted , and who acknowledged herself to be an Officer and an Agent for Brokers Escrow Services, Inc. , and who with the authority to do so executed the above instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 13th day of October, 2015

Notary Public
My Commission Expires:

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Comm. Expires June 1, 2016

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 13th day of October, 2015, 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.

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Comm. Expires June 1, 2016

TENNESSEE DEPARTMENT OF REVENUE

FILED

2015 OCT -7 AM 9:37

RICHARD R. ROOKER, CLERK

EXHIBIT A

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

September 12, 2015

D.C.

DENTON DORIS B
ATTN: TONI W RUTGERSON
200 NASHBORO BLVD
NASHVILLE TN 37217-3848

Account Type:	INHERIT TX
Account No.:	442083381
Date of Death:	April 11, 2015
County:	DAVIDSON
SSN:	XXX-XX-4437

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

DENTON DORIS B
ATTN: TONI W RUTGERSON
200 NASHBORO BLVD
NASHVILLE, TN 37217-3848

September 12, 2015

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Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

EXHIBIT B

FILED
2015 OCT -7 AM 9:37
RICHARD R. ROOKER, CLERK
D.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

5/18/2015

TONI RUTGERSON
LEGAL COUNSEL
PO BOX 17116
NASHVILLE, TN 615885707

RE: DORIS DENTON
Last Four Of SSN 4437

Dear TONI RUTGERSON:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

STATE OF TENNESSEE
Office of Vital Records

Exhibit C

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Doris Boone Denton
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 11, 2015
4. TIME OF DEATH (Approx.): 7:32 am
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 13, 1933
7. BIRTHPLACE (City and State or Foreign Country): Fairview, TN

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): TriStar Southern Hills Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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: Assistant
11b. KIND OF BUSINESS/INDUSTRY: Telecommunications

12. SOCIAL SECURITY NUMBER: [redacted]-4437
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 3148 Goodwin Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37217
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

15

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): Clarence Daniel Boone
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mildred Lee Coble

DISPOSITION

20a. INFORMANT'S NAME: Steve Denton
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1924 Rollingwoods Way, Marietta, GA 30064

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION – City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert Romine
22b. LICENSE NUMBER: 6476
22c. SIGNATURE OF EMBALMER: ▶ Molly Hallowell
22d. LICENSE NUMBER: 6525

23a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes - (for)
25. DATE FILED (Month, Day, Year): April 21, 2015

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ CHARLES DAVID
27b. LICENSE NUMBER: MD.12611
27c. DATE SIGNED (Month, Day, Year): 4/17/15
27d. NAME AND ADDRESS: 4230 Harding Rd #209 – Nashville TN 37205

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. CHARLES DAVID MD
Due to (or as a consequence of)
b. ETIO
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.

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

7683720

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7683720
Date Issued APR 21 2015

CERTIFICATION OF VITAL RECORD

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