BILL GARRETT, Davidson County
Trans:T20150087774 AFFIDAVITH
Recvd: 10/15/15 09:01 5 pgs.
Fees:27.00 Taxes:0.00
20151015-0104763

This instrument was prepared by: **Beck & Beck Attorneys,**
4205 Gallatin Road
Nashville, Tennessee 37216

ADDRESS OF NEW OWNER AS FOLLOWS:

BENJAMIN H. ERNST, JR.
P.O. Box 40485
Nashville, TN 37204

SEND TAX BILLS TO:
Same as New Owner

MAP and PARCEL: 118 02 0 284.00

AFFIDAVIT OF HEIRSHIP AS TO THE HEIRS OF
BENJAMIN H. ERNST, SR.

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Affiant, **BENJAMIN H. ERNST, JR.,** after first being duly sworn, states that he is an adult citizen and resident of Nashville, Davidson County, Tennessee, being over 18 years of age. He further states that he is the only son and only legal heir of **BENJAMIN H. ERNST, SR.**.

BENJAMIN H. ERNST, SR. was born June 2, 1918 and died on September 10, 2015. At the time of **BENJAMIN H. ERNST, SR.'S** death, his wife, **DOROTHY SANDERS ERNST** had pre-deceased him, her date of death being July 30, 2002. The affiant further states that he **BENJAMIN H. ERNST, JR.** is the only legal heir of **BENJAMIN H. ERNST, SR. BENJAMIN H. ERNST, SR.** owned certain unimproved real property, known as **MAP and PARCEL: 118 02 0 284.00,** property address **0 Berry Rd., Nashville, TN 37204,** in fee simple.

Since at the time of his death, **BENJAMIN H. ERNST, SR. ,** was 97 years of age, a release from the Bureau of Tenncare was requested and granted and a copy of said release is attached to this Affidavit.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by **BENJAMIN H. ERNST, SR.** in Davidson County, Tennessee, or elsewhere and particularly to confirm the vesting of title to real property in Davidson County, Tennessee described as follows:

MAP and PARCEL: 118 02 0 284.00
Property address - 0 Berry Rd., Nashville, TN 37204

Under penalties of perjury the undersigned makes this Affidavit contained in the foregoing statement.

FURTHER AFFIANT SAITH NOT.

BENJAMIN H. ERNST, JR.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 7th day of October, 2015.

NOTARY PUBLIC

My Commission Expires: 05-06-2019

MELINDA G. ROOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires MAY 6, 2019

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, **MELINDA G. ROOKER**, a Notary Public in and for said County and State, the within named **BENJAMIN H. ERNST, JR.** , affiant with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee this 7th day of October, 2015.

NOTARY PUBLIC

My Commission Expires: 05-06-2019

MELINDA G. ROOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires MAY 6, 2019

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

10/8/2015

MARTHA BECK
LEGAL COUNSEL
4205 GALLATIN RD
NASHVILLE, TN 37216

RE: BENJAMIN ERNST SR
Last Four Of SSN 3333

Dear MARTHA BECK:

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

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): BENJAMIN HARPELL ERNST SR
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): September 10, 2015
4. TIME OF DEATH (Approx.): 11:10 AM
5a. AGE-Last Birthday (Years): 97
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): JUNE 2, 1918
7. BIRTHPLACE (City and State or Foreign Country): BEDFORD, OH

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): Southern Hills Medical Center
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: BANKER
11b. KIND OF BUSINESS/INDUSTRY: FINANCE

12. SOCIAL SECURITY NUMBER: [redacted]-3333
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 5436 EDMONDSON PK APT 21
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)
[ ] 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)
[X] 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

PARENTS

18. FATHER'S NAME (First, Middle, Last): BENJAMIN WALTER ERNST
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): EMILY HARPELL

INFORMANT

20a. INFORMANT'S NAME: BENJAMIN H. ERNST JR
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1208 LIGHTHOUSE PL FRANKLIN, TN 37067

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Donation [ ] Entombment [ ] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): VANDERBILT SCHOOL OF MEDICINE
21c. LOCATION - City or Town and State: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR:
22b. LICENSE NUMBER:
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: NONE
23b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deneh Woods (DM)
25. DATE FILED (Month, Day, Year): September 15, 2015

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. [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.
27a. SIGNATURE OF CERTIFIER:
27b. LICENSE NUMBER: 34634
27c. DATE SIGNED (Month, Day, Year): September 10, 2015
27d. NAME AND ADDRESS: Adelo Lewis, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC15-2131

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. Complications of vertebral fractures	
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 [ ] 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: [ ] 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): August 28, 2015
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): Nursing Home/Long Term Care
34e. DESCRIBE HOW INJURY OCCURRED: Fell
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 5436 Edmondson Pike, Apt. 21; Nashville, TN

PH-1659 (Rev. 9/2011) - RDA 1399

8067385

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

8067385 9/17/2015
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0204541

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dorothy Sanders Ernst
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 7-30-2002
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-3824
5a. AGE LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): 9-16-1917
7. BIRTHPLACE (City and State or Foreign Country): Murfreesboro, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): Southern Hills Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Benjamin Ernst,Sr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 347 Blackman Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): ; College (1-4 or 5+):

NAME OF DECEDENT: Please print or type

PARENTS

17. FATHER'S NAME (First, Middle, Last): Erwin Sanders
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rose Moon

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Benjamin Ernst, Sr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 347 Blackman Road Nashville, TN 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marianne H. Jones
24. DATE FILED (Month, Day, Year): August 16, 2002

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: M.D.
25b. LICENSE NUMBER: MD 25914
25c. DATE SIGNED (Month, Day, Year): 8/5/02
26a. 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 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): Alan Wallstedt, M.D., 394 Wallace Rd., Bldg.C, Suite 100,Nashville, TN 37211

CAUSE OF DEATH

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): — 3 days

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. Atrial Flutter — DUE TO (OR AS A CONSEQUENCE OF): — one week

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.: Diabetes Mellitus

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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)

SEE INSTRUCTIONS ON OTHER SIDE

PH-1059 (REV. 6/99)

BIRTH NO.

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.

John P. Dunn
John P. Dunn
Local Registrar

AUG 21 2002
Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD