BILL GARRETT, Davidson County
Trans:T20150091996 AFFIDAVITH
Recvd: 10/28/15 15:59 4 pgs
Fees:22.00 Taxes:0.00
20151028-0109879

This Instrument Prepared By:
Kristen B. Amonette
Lindsey + Amonette, PLLC
Historic L & C Tower
401 Church Street, Suite 2710
Nashville, Tennessee 37219

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, Deborah Massey Lally, Executrix of the Estate of Reba Douglas Edwards, being duly sworn, deposes and says:

Reba Douglas Edwards, a resident of Davidson County, Tennessee, who died April 24, 2013, as evidenced by a copy of the death certificate attached as **Exhibit A**, held a fee simple, interest in the following described real estate:

Being Lot No. 94 on the Map of Rolling Green Subdivision, Section 1, as of record in Book 1424, page 75, Register's Office for said county.

Said lot fronts 90 feet on the Westerly side of Fowler Street and runs back 236 feet on the North line and 234.1 feet on South line, to the right of way of Tennessee Central Railroad, measuring 90 feet thereon.

Being the same property conveyed to Walter Riddick Edwards and wife, Reba Fay Edwards by Bertin Douglas and wife, Ovie Jones Douglas, by deed of record dated December 8, 1965 and recorded in Book 113, page 151 Register of Deeds Office for Davidson County, Tennessee.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

This is improved property known as 708 Fowler Street, Old Hickory, Davidson County, Tennessee.

Upon the decedent's death, each of her children, Deborah Massey Lally, James Riddick Edwards, Diane Huber, and Donna Lynn Fentress, received a twenty-five percent (25%), undivided interest in the real estate described above as tenants in common by virtue of the provisions of the decedent's Will, probated in the Seventh Circuit Court of Davidson County, State of Tennessee, Case No. 13P-1615.

To the best of affiants' knowledge, information and belief, there are no debts or encumbrances remaining that are or might become a lien on said interest in the described real

estate.

A Tennessee Inheritance Tax Closing Letter has been received, a copy of which is attached as **Exhibit B**.

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 title to the property to a beneficiary.

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE DESCRIPTION OF OR STATUS OF TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS DEED HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER, WHO MAKES NO REPRESENTATION WHATSOEVER OTHER THAN IT HAS BEEN ACCURATELY TRANSCRIBED FROM THE INFORMATION PROVIDED.

Deborah Massey Lally

DEBORAH MASSEY LALLY
EXECUTRIX OF THE ESTATE OF REBA DOUGLAS EDWARDS, DECEASED

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **DEBORAH MASSEY LALLY**, the within named Executrix, with whom I am personally acquainted, 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 13 day of October, 2015.

Wendy L Crist

Notary Public

WENDY L CRIST
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: 01/11/17

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): REBA EDWARDS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 24, 2013
4. TIME OF DEATH (Approx.): 3:00 AM
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): January 15, 1934
7. BIRTHPLACE (City and State or Foreign Country): Macon Co., 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 ☒ Decedent's home ☒ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 708 Fowler St
8c. CITY OR TOWN: Old Hickory
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

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: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: At home
12. SOCIAL SECURITY NUMBER: [redacted]-3599
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 708 Fowler St
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

5

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): Joseph Berton Douglas
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ovie Lena Jones

20a. INFORMANT'S NAME: James Edwards
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 708 Fowler St Old Hickory, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
22b. LICENSE NUMBER: 4935
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home - Hadley Chapel, 1700 Hadley Avenue, Old Hickory, Tennessee 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 1002

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Jeff Harrison D.R.
25. DATE FILED (Month, Day, Year): April 26, 2013

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: ▶ Amir M Gdara, MD
27b. LICENSE NUMBER: TN 46751
27c. DATE SIGNED (Month, Day, Year): 4-25-13
27d. NAME AND ADDRESS: Summit Medical Associates 5653 Frist Blvd Ste 1030 Hermitage TN 37076

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) 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	a. Hypertension and Atherosclerotic Cardiovascular Disease	years
	Due to (or as a consequence of):	
	b. Diabetes with Chronic Kidney Disease	
	Due to (or as a consequence of):	
	c. Hyperlipidemia	
	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 ☐ 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

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.

5803580

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

Teresa S. Hendricks
STATE REGISTRAR

Deputy Registrar
Davidson County, Tennessee

APR 26 2013
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE 1796 AGRICULTURE COMMERCE

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

N0018901 9930418150326

TENNESSEE DEPARTMENT OF REVENUE

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

March 29, 2015

ESTATE OF REBA D EDWARDS
ATTN: KRISTEN B AMONETTE
401 CHURCH ST STE 2710
NASHVILLE TN 37219-2217

Account Type:	INHERIT TX
Account No.:	442030839
Date of Death:	April 24, 2013
County:	DAVIDSON
SSN:	XXX-XX-3599

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

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