THIS INSTRUMENT PREPARED BY
S. ROGER YORK
456 North Main Street
Crossville, TN 38555

BILL GARRETT, Davidson County
Trans:T20160001588 AFFIDAVITH
Recvd: 01/07/16 13:58 5 pgs
Fees:27.00 Taxes:0.00
20160107-0001726

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF CUMBERLAND

On this 6 day of January, 2016, before me personally appeared Andrew Lyon, "Affiant", who having been duly sworn, deposes and says:

I am at least eighteen (18) years of age and a resident citizen of Crossville, TN, residing at 528 Laurel Circle, Crossville, Tennessee, 38555

I was personally acquainted with Elma Adine Lyon, "Decedent", during decedent's lifetime and was familiar with Decedent's family history; Elma Adine Lyon died on December 5, 2015. She was not predeceased by her husband, Charles A. Lyon. She had two children.

That Decedent was survived by the following persons:

1. myself, Andrew Lyon, 528 Laurel Circle, Crossville, Tennessee, 38555, son;

b). Charles Lyon, Jr. 4002 Wallace Lane, Nashville, Tennessee 37215, son.

2. That all persons above named were at least eighteen (18) years of age at the time of decedent's death.

3. Decedent Elma Adine Lyon, died seized and possessed of the following tract of land, lying and being in Davidson County, Tennessee, more particularly described as follows:

Being Lot No. 5 on the Plan of Donna Heights, as of record in Book 2083, page 17, Register's Office, Davidson County, Tennessee.
Said Lot No. 5 fronts 95 feet on the east side of Vail Avenue, and runs back 535.8 feet on the north line and 541.7 feet on the south line, to a dead line in the rear on which it measures 95.1 feet.

The Grantors herein also warrant that the improvements on said real estate do not violate or encroach upon any restrictions in the recorded plan of said subdivision, applicable

restrictive covenants or zoning regulations.

Being the same property conveyed to Charles A. Lyon and wife, Elma Adine Lyon, by virtue of a deed dated May 26, 1960, of record in Deed Book 3072, page 451, Register's Office, Davidson County, Tennessee.

4. All debts of Elma Adine Lyon, owing upon death, or as a result of same, have been paid.

5. The value of the estate of Elma Adine Lyon, upon death did not exceed $1,000,000.00.

6. **Preparer of this instrument makes no representation to the validity of the title contained herein. This instrument was prepared from information furnished by the parties herein for which the preparer assumes no responsibility.**

Further Affiant saith not.

Andrew Lyon
ANDREW LYON

STATE OF Tennessee
COUNTY OF Cumberland

Before me, the undersigned authority, a Notary Public, in and for said State and County, personally appeared ANDREW LYON, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within and foregoing instrument as his free act and deed for the purposes therein contained.

Witness my hand and seal of office on this the 6th day of January, 2016.

S Roger York
Notary Public

ROGER YORK STATE OF TENNESSEE NOTARY PUBLIC CUMBERLAND COUNTY

My commission expires 5-27-18

SEND TAX STATEMENTS TO:
Andy Lyon
528 Laurel Circle
Crossville, TN
38555

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

12/23/2015

TIFFANY LYON
LEGAL COUNSEL
456 N MAIN ST
CROSSVILLE, TN 38555

RE: ADINE LYON
Last Four Of SSN 3414

Dear TIFFANY LYON:

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

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Adine Alma Foster Lyon
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 5, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 17, 1928
7. BIRTHPLACE (City and State or Foreign Country): Lynchburg, Tennessee

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): Vanderbilt University 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: Registered Nurse
11b. KIND OF BUSINESS/INDUSTRY: Hospital

12. SOCIAL SECURITY NUMBER: [redacted]-3414
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4002 Wallace Lane
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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)
[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
[ ] 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): Leon Foster
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Maude Ervin Walker

DISPOSITION

20a. INFORMANT'S NAME: Andy Lyon
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 528 Laurel Circle, Crossville, Tennessee 38555
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nathaniel Holman
22b. LICENSE NUMBER: 5974
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Cremation Center, 8120 Sawyer Brown Road-Suite108, Nashville, TN 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 1319

10+1

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 12/14/15

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: ▶ [signature]
27b. LICENSE NUMBER: MD44871
27c. DATE SIGNED (Month, Day, Year): 12-9-15
27d. NAME AND ADDRESS: Meredith Pugh, 7218 Med Center N. Nashville, TN 37232, 1101 21st Ave S.

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. Multiple Myeloma	
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 [ ] 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-1659 (Rev. 10/2011)

RDA 1399

8253575

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

8253575
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

0002516

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Charles Alexander Lyon
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 16, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9008
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Apr. 6, 1922
7. BIRTHPLACE (City and State or Foreign Country): Cannon County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 4002 Wallace Lane
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): Adine Foster
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Treasurer
12b. KIND OF BUSINESS/INDUSTRY: Wholesale Grocery
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4002 Wallace Lane
CENSUS TRACT: 5
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
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+): 4

NAME OF DECEDENT. For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Alexander Lyon
18. MOTHER'S NAME (First, Middle, Maiden Surname): Daisy Duggin

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Adine Lyon
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4002 Wallace Lane Nashville, Tennessee 37215

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: Brandy Allen
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): April 30, 2008

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: m026086
25c. DATE SIGNED (Month, Day, Year): 4/30/08
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): Dr. Jim N. Jirgis 1215 21st Ave. S. 7th Fl. #4 Nashville, TN 37232

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Unknown	minutes
DUE TO (OR AS A CONSEQUENCE OF): b.	Cardiovascular disease	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — 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.: AAA

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

TH-1659 (REV. 6/98) — BIRTH NO. — RDA 1389

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.

[redacted]

Tonya Y Foreman
Local Registrar

5/12/2008
Date Issued

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

CERTIFICATION OF VITAL RECORD