THIS INSTRUMENT PREPARED BY:
LARRY D. CANTRELL
ATTORNEY AT LAW, P.C.
2016 –8TH AVENUE SOUTH
NASHVILLE, TN 37204 -2202

SEND TAX BILLS TO:
BETTY BAYLESS
5003 YORKTOWN ROAD
NASHVILLE, TN 37211

BILL GARRETT, Davidson County
Trans:T20160020631 AFFIDAVITH
Recvd: 03/14/16 13:02 8 pgs
Fees:42.00 Taxes:0.00
20160314-0024009

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PER T.C.A. § 30-2-712

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:
Virginia Elizabeth Warrick, a resident of Davidson County, State of Tennessee, who died February 22,2015 as evidenced by a copy of the Certificate of Death attached as **Exhibit A**, held a:

Fee simple absolute in the property herein described below having held the property with her husband **Raymond Allen Warrick** with a Tenant by the Entirety interest in the following described real estate due to having been the surviving Tenant by the Entirety to the property. The said husband **Raymond Allen Warrick** (Copy of his Certificate of Death is attached as **Exhibit B**) having predeceased the Said **Virginia Elizabeth Warrick** on the first day of August 2005.

Land in Davidson County, Tennessee, as described in **Deed Book 2593, Page 631**, Register's Office for Davidson County, Tennessee, known as 5003 Yorktown Road, Nashville, Tennessee 37211. The description from the said Deed is hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

At the time of her death **Virginia Elizabeth Warrick.,** held a fee simple absolute ownership of the herein described property as the surviving tenant by the entirety having survived her husband as detailed above in this document. The interest of **Raymond Allen Warrick** and **Virginia Elizabeth Warrick** was derived from a transfer of the property to them as Tenants by the Entirety said deed is recorded in **Deed Book 2593, Page 631,** Register's Office for Davidson County, Tennessee.

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

The undersigned **Betty Warrick Bayless** received a one hundred (100%) fee simple interest in the real estate free of further devised estates in the herein referenced real estate contained in the Last Will and Testament **Virginia Elizabeth Warrick** (the provisions restricting the sale of the said property and the provision that **Robert Dailey** be allowed to live on the property for life were declared to be restrictions/alienation of the fee and are void by **(Order of the Probate Court of Davidson County, Copy Attached as Exhibit C.)**

By and pursuant to the provisions (as modified by the Probate Court of Davidson County) of the Last Will and Testament of the said **Virginia Elizabeth Warrick** said Last Will and Testament was duly probated in the Seventh Circuit Court (Probate Division) of Davidson County, Tennessee, June 3, 2015 having **Docket Number 15P – 827**.

(1) The Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit D**.

(2) The release from Tennessee TennCare is attached as **Exhibit E**.

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 a beneficiary.

Betty Warrick Bayless

Betty Warrick Bayless

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Betty Warrick Bayless**, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, 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 20 day of February, 2016.

Kathrin M. Lowery

NOTARY PUBLIC

KATHRIN M. LOWERY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES: 9-10-18

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): Virginia Elizabeth Warrick
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 22, 2015
4. TIME OF DEATH (Approx.): 0:00 am
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 29, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home

12. SOCIAL SECURITY NUMBER: [redacted]-3945
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 5003 Yorktown Road
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
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
[X] 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

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)
[X] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Pleasant Jolnes
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Emma Faust Parker

DISPOSITION

20a. INFORMANT'S NAME: Betty Bayless
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5003 Yorktown Road, Nashville, TN 37211

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Swanson Cemetery
21c. LOCATION - City or Town and State: Chapel Hill, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ David Dial
22d. LICENSE NUMBER: 5170

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards RE
25. DATE FILED (Month, Day, Year): 3/17/15

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: ▶ Mary M. Flannery MD
27b. LICENSE NUMBER: MD018986
27c. DATE SIGNED (Month, Day, Year): 3/10/2015
27d. NAME AND ADDRESS: 391 Wallace Rd., Nashville, TN 37211

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). 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
a.	Cardiogenic Pulmonary Edema	hours
	Due to (or as a consequence of):	
b.	Valvular Heart Disease	years
	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: Chronic atrial fibrillation, Hypertension

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

EXHIBIT A

7698142

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

7698142
Date Issued

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURE® ANTI-FRAUD PROTECTION

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0501322

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): Raymond Allen Warrick
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 1, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4460
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 28, 1924
7. BIRTHPLACE (City and State or Foreign Country): Milton, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Virginia Joines
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Asst: Dir. Plant Operations
12b. KIND OF BUSINESS/INDUSTRY: University
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5003 Yorktown 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. Specify, if yes:
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+): 2

NAME OF DECEDENT (If other than informant)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Wilson D Warrick
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Frank Lambert

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Virginia Warrick
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5003 Yorktown Road Nashville, Tennessee 37211

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): Swanson Cemetery
20c. LOCATION-City or Town, State: Chapel Hill, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 5170
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): August 4, 2005

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] NP
25b. LICENSE NUMBER: MD0 18986
25c. DATE SIGNED (Month, Day, Year): 8/4/05
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): Mary McElaney, M.D. 397 Wallace Road Suite 415, 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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD — DUE TO (OR AS A CONSEQUENCE OF): — years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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: Aspiration pneumonia, arthosis, chronic sinusitis
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 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)

PH-1059 (REV. 6/99)

EXHIBIT B

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.

Tonya Y Ruttlen
Tonya Y. Ruttlen
Local Registrar

AUG 04 2005
Date Issued

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

CERTIFICATION OF VITAL RECORD

Copy

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

FILED

2016 JAN -7 AM 9:54

RICHARD R. ROOKER, CLERK

IN RE:	)	
PROBATE OF THE ESTATE OF	)	No.: 15P-827
VIRGINIA ELIZABETH WARRICK,	)	
DECEASED	)	

K Lemmon D.C

ORDER

This cause was heard on the 6th day of January 2016 before the Honorable Randy Kennedy, Judge of the Seventh Circuit Court of Davidson County, Tennessee, for interpretation of the Last Will and Testament of Virginia Elizabeth Warrick, deceased. The Court finds that based on the record and statements of counsel that the devise to Bettye Bayless is a fee simple interest in the said real property located at 5003 Yorktown Rd., Nashville, TN 37211 pursuant to Tenn. Code Ann. § 32-3-102, Devise of Land. "Every devise shall convey the entire estate of the testator in the lands, unless the contrary intent plainly appear from the words and context of the will." Further, the Court finds that the conditions placed on the devise are total restrictions on the right of alienation are void. *Hankins v. Mathews, 221 Tenn. 190, 425 S.W.2d 608, 25 McCanless 190 (Tenn., 1968).*

Based on these findings, the Court Orders the following:

The Court orders that the Last Will and Testament devises a fee simple interest in Betty Bayless for property located at 5003 Yorktown Rd., Nashville, TN 37211 and that the conditions, restricting the sale of the property and that Robert Dailey be allowed to

EXHIBIT C

Copy

live there, are total restrictions on the right alienation and are void.

IT IS SO ORDERED.

Entered this 7th day of January 2016.

Honorable Randy Kennedy

Approved for entry,

Larry D. Cantrell
BPR No. 6090
2016 8th Ave S.
Nashville, TN 37204-2202
615.385.3291
Attorney for the Estate of Virginia Elizabeth Warrick

CERTIFICATE OF SERVICE

I certify that a true and exact copy of the foregoing document was mailed postage prepaid on January 6, 2016 to the following:

Betty (Warrick) Bayless
5003 Yorktown Road
Nashville, TN 37211

Billy R. Warrick
251 Wright Road
Chapel Hill, TN 37034

Richard Graham
2530 South 47th West Avenue
Tulsa, OK 47107

Kelly Conner
216 Akin Street
Lavergne, TN 37086

Robert Dailey
5003 Yorktown Road
Nashville, TN 37211

Larry D. Cantrell

EXHIBIT C

Copy

TENNESSEE DEPARTMENT OF REVENUE

FILED
2015 DEC 16 PM 12:24
RICHARD

15-P-827

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

November 22, 2015

ESTATE OF VIRGINIA E WARRICK
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE TN 37204-2202

Account Type:	INHERIT TX
Account No.:	442105802
Date of Death:	February 22, 2015
County:	DAVIDSON
SSN:	[redacted]

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

EXHIBIT D

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF VIRGINIA E WARRICK
ATTN: LARRY D CANTRELL
2016 8TH AVE S
NASHVILLE, TN 37204-2202

November 22, 2015

Account Type:	INHERIT TX
Account No.:	442105802
Date of Death:	February 22, 2015
County:	DAVIDSON
SSN:	[redacted]

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

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

Copy

15P-827

FILED

2015 NOV 19 AM 9:35

RICHARD R. ROCKER, 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

5/20/2015

LARRY CANTRELL
LEGAL COUNSEL
2016 8TH AVE SOUTH
NASHVILLE, TN 37204

RE: VIRGINIA WARRICK
Last Four Of SSN [redacted]

Dear LARRY CANTRELL:

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 E