This instrument prepared by:

Charles J. Friddell, Attorney
4535 Harding Pike
Suite 208
Nashville, TN 37205

BILL GARRETT, Davidson County
Trans:T20160054598 AFFIDAVITH
Recvd: 06/27/16 12:18 7 pgs
Fees:37.00 Taxes:0.00
20160627-0065310

AFFIDAVIT OF HEIRSHIP

I, **BECKY MOFIELD**, hereafter referred to as Affiant, being first duly sworn, make this Affidavit of Heirship in compliance with TCA 30-2-712 as follows:

1. That Affiant resides at the following address: 135 Bonnabrook Drive, Hermitage, Davidson County, Tennessee 37076.

2. That Affiant personally knew Charlie Stokes Vanderpool, Jr. and his wife, Willie Mai Vanderpool. Both Charlie Stokes Vanderpool, Jr. and Willie Mai Vanderpool are now deceased, and I have personal knowledge of the family of both decedents by reason of being a neice and knowing the Vanderpool family my entire life.

3. That Affiant knew that at the date of death of Willie Mai Vanderpool, she owned the following described real estate in Davidson County, Tennessee, which is improved property known as 230 Martingale Drive, Old Hickory, Davidson County, Tennessee, 37138. See attached property description as **Exhibit "A"**.

4. That the decedent, Charlie Stokes Vanderpool Jr., died intestate on July 4, 2001, was survived by his spouse, Willie Mai Vanderool and was at the time a resident of Davidson County, Tennessee. See attached Death Certificate as **Exhibit "B"**.

5. That the decedent, Willie Mai Vanderpool, died on March 26, 2016, and was at the time a resident of Davidson County, Tennessee; that the decedent Willie Mai Vanderpool died intestate and was survived by one child, Charles Wayne Vanderpool. See attached Death Certificate as **Exhibit "C"**.

6. That the following persons are all of the children born to or adopted by the decedent, Willie Mai Vanderpool, during her lifetime:

Charles Wayne Vanderpool

7. That as of the date of execution of this affidavit the sole surviving child of Willie Mai Vanderpool is an adult and constitutes the sole heir at law of Willie Mai Vanderpool.

8. That I have known Charles Wayne Vanderpool the only child of Charlie Stokes and Willie Mai Vanderpool, and have personal knowledge of all the above facts.

9. A copy of the TennCare Release is attached as **Exhibit "D"**.

Dated this 21 day of June, 2016.

BECKY MOFIELD

Becky Mofield
Affiant

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

Personally appeared before me the undersigned and notary public in and for said noted county and state, **BECKY MOFIELD**, the within named Affiant, with whom I am personally acquainted, who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge and who acknowledged that she executed the within instrument for the purposed therein contained.

Witness my hand and official seal at Nashville, Tennessee this 21st day of June, 2016.

KAITLYN I. FOX
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Kaitlyn I. Fox
Notary Public

My commission expires: 04/24/2018

Exhibit "A"

DESCRIPTION ON PROPERTY

BEING Lot No. 230 of Block 4 on the Plan of Cumber and Terrace, as of record in Book 1424, page 49, Register's Office for said County.

SAID Lot fronts 75 feet on the westerly side of Martingale Drive and runs back 171.9 feet on the northerly line and 180 feet on the southerly line to a dead line in the rear on which it measures 78 feet.

BEING the same property conveyed to Charlie S. Vanderpool, Jr. and wife, Willie Mai Vanderpool, by deed from Earnest L. Massey and wife, Effie Mai Massey, as of record in Book 3400, page 557, said Register's Office

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit "B"

0103923

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): Charlie Stokes Vanderpool Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 4, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3595
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 4-3-1929
7. BIRTHPLACE (City and State or Foreign Country): Elmwood, 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 [ ] Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice 1718 Patterson St.
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): Willie Massey
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Security
12b. KIND OF BUSINESS/INDUSTRY: Manufacturing/Dupont
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 230 Martingale Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
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): 10; College (1-4 or 5+):

Name of Decedent's Physician (If Other Than Certifier) For use by Physician or Medical Examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charles Stokes
18. MOTHER'S NAME (First, Middle, Maiden Surname): Winnie Pearl (Massey) Vanderpool

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Willie Mai Vanderpool
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 230 Martingale Drive Old Hickory, Tennessee 37138

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): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Brad Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER: Christopher Mayberry
21d. LICENSE NUMBER OF EMBALMER: 4171
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): July 19, 2001

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 [ ] SIGNATURE AND TITLE OF CERTIFIER
25b. LICENSE NUMBER: 34321
25c. DATE SIGNED (Month, Day, Year): 7-12-01
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. John Mulder 1718 Patterson Street Nashville, Tennessee 37203

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. Lung Cancer
DUE TO (OR AS A CONSEQUENCE OF):
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.

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 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
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-1659 (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

Date Issued JUL 19 2001

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

CERTIFICATION OF VITAL RECORD

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): Willie Mai Vanderpool
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 26, 2016
4. TIME OF DEATH (Actual): 8:20 AM
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 15, 1927
7. BIRTHPLACE (City and State or Foreign Country): Madison, 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 [x] Nursing home/Long term care facility [ ] Decedent's home [x] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Mt Juliet Health Care
8c. CITY OR TOWN: Mt Juliet
8d. COUNTY OF DEATH: Wilson County

NAME OF DECEDENT. (For use by Physician or Institution)

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]-0494
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 230 Martingale Dr
13e. INSIDE CITY LIMITS: [x] Yes [ ] No
13f. ZIP CODE: 37138-3235
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [x] 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
[x] 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

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): Lillard Massey
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Effie Glover

DISPOSITION

20a. INFORMANT'S NAME: Charles Wayne Vanderpool
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4449 Juneau Dr, Hermitage, TN 37076-1407
21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [x] Burial [ ] Cremation [ ] 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: ▶ Herschel David Begarly
22b. LICENSE NUMBER: 5610
22c. SIGNATURE OF EMBALMER: ▶ Sherrod Kimmins
22d. LICENSE NUMBER: 6686
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Cassandra Dooley DR
25. DATE FILED (Month, Day, Year): April 15, 2016

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: ▶
27b. LICENSE NUMBER: MD023572
27c. DATE SIGNED (Month, Day, Year): 4/1/16
27d. NAME AND ADDRESS: John Williams MD 300 20th Ave N, Nashville TN

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. Myocardial Cardiovascular disease
Due to (or as a consequence of):
b.
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 [x] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] 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 [ ] 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

WIDOWED

8407713

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

8407713
Date Issued: 4/15/16

CERTIFICATION OF VITAL RECORD

Exhibit "D"

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

5/25/2016

CHARLES FRIDDELL
LEGAL COUNSEL
4535 HARDING RD.STE 208
NASHVILLE, TN 37205

RE: WILLIE VANDERPOOL
Last Four Of SSN 0494

Dear CHARLES FRIDDELL:

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