PREPARED BY AND RETURN THE RECORDED DEED TO:

The Law Office of S. Ruffin Craig Jr., PLLC
5115 Maryland Way
Brentwood, TN 37027

RETURN ALL TAX STATEMENTS TO THE TAXPAYER(S):

Joyce E. Robbins
4673 Woodview Circle
Old Hickory, TN 37138

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

BILL GARRETT, Davidson County
Trans:T20160057752 AFFIDAVITH
Recvd: 07/07/16 09:30 3 pgs
Fees:17.00 Taxes:0.00
20160707-0069419

STATE OF TENNESSEE)
)
COUNTY OF WILLIAMSON)

The undersigned, being duly sworn, deposes and says:

CHESTER H. ROBBINS, a resident of Davidson County, Tennessee, who died March 23, 2007, as evidenced by a copy of the death certificate attached as Exhibit A, held a tenants by the entirety interest in the following described real estate:

Land in Davidson County, Tennessee and being described as follows:

BEING Lot. No. 28A on the Plan of Zone Lot Division Lot 28, Lake Country, as of record in Book 5800, page 307, Register's Office for Davidson County, Tennessee.

BEING part of the same property conveyed to Peggy K. Hooper by deed from Linda McReynolds, unmarried, filed of record in Book 6748, page 473, Register's Office for Davidson, County, Tennessee; and

BEING the same property previously conveyed to Chester H. Robbins and wife, Joyce E. Robbins, by deed from Peggy K. Hooper and husband, Clifford E. Hooper, filed of record in Book 7987, page 169, Register's Office for Davidson County, Tennessee.

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

The undersigned received a 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety.

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)(A) 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.

BENEFICIARY:

Joyce E. Robbins

JOYCE E. ROBBINS

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared JOYCE E. ROBBINS, 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 31st day of May, 2016.

S. RUFFIN CRAIG
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

S. Ruffin Craig

Notary Public

My commission expires: 5/5/2019

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0702233

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): Chester Hobson Robbins
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 23, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2354
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 5-26-1937
7. BIRTHPLACE (City and State or Foreign Country): Genesis, 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): 4673 Woodview Circle
9c. CITY, TOWN, OR LOCATION OF DEATH: Old Hickory
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Joyce Walter
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Salesman
12b. KIND OF BUSINESS/INDUSTRY: Clothing Industry
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 4673 Woodview Circle
CENSUS TRACT: 5
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
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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Roy T. Robbins
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattie McCoy

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joyce Robbins
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4673 Woodview Circle Old Hickory, TN 37138

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
24. DATE FILED (Month, Day, Year): April 23, 2007

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: MD
25b. LICENSE NUMBER: MD023975
25c. DATE SIGNED (Month, Day, Year): April 17, 2007
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): David Harrom, M.D., 510 Hospital Drive, Suite 240, Madison, TN 37115

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.	Cardiac Arrest	0
DUE TO (OR AS A CONSEQUENCE OF): b.	Congestive Cardiomyopathy	5 yr.
DUE TO (OR AS A CONSEQUENCE OF): c.	Alcohol	Many years
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Diabetes Mellitus, COPD

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

TH-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.

[redacted]

Tonya Y Foreman
Local Registrar

Date Issued APR 24 2007

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD