BILL GARRETT, Davidson County
Trans:T20160093470 AFFIDAVITH
Recvd: 10/24/16 09:52 19 pgs
Fees:97.00 Taxes:0.00
20161024-0111914

This Document prepared by:
HOWARD M. SKIPWORTH, Attorney
From documents and information
Furnished by client.
No Title Examination Requested.

New Owner: TIMOTHY WAYNE CARNEY
305 CLAYLICK ROAD
WHITES CREEK, TN 37189

MAP & PARCEL NO.: MAP 69-16
Parcel 179

Send TAX NOTICE TO:

TIMOTHY WAYNE CARNEY
305 CLAYLICK ROAD
WHITES CREEK, TN 37189

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

EVELYN LORINE CARNEY, a resident of Davidson County, State of Tennessee, who died 3 September 2015, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

SEE EXHIBIT "B"
FOR DESCRIPTION

Being the same property conveyed to **HARVEY W. CARNEY** and wife, **EVELYN L. CARNEY,** by deed from **HARVEY W. CARNEY**, of record in Book 5353, Page 958, Register's Office for Davidson County, Tennessee. The said **HARVEY W. CARNEY**, having died on 04 January 2000.

This is improved property known as and located at 305 CLAYLICK Road, Whites Creek, Tennessee 37189.

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

REFERENCE is made to prior title recorded in Book 5353, Page 958, Register's Office for Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the recipient of the real estate under the provision of the decedent's Will, probated in the Seventh Circuit Court, Probate Division of Davidson County, State of Tennessee, Case No. 16P1317. (A copy of Will, Petition, and Order to Probate are attached as Exhibits C, D, and E).

The Tenncare Release dated 29 July, 2016, has been received, a copy of which is attached as Exhibit F.

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 the beneficiary.

Timothy Wayne Carney

TIMOTHY WAYNE CARNEY
Beneficiary

HOWARD M. SKIPWORTH NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY MY COMMISSION EXPIRES 11-5-2019

SWORN TO AND SUBSCRIBED before me on this the 12th day of October, 2016.

Howard M. Skipworth

NOTARY PUBLIC
My Commission expires: _____

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared TIMOTHY WAYNE CARNEY, the within named beneficiary, 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 he executed the foregoing instrument for the purposes therein contained as his 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 12th day of October, 2016.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY MY COMMISSION EXPIRES 11-5-2019

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): Evelyn Lorine Carney
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 3, 2015
4. TIME OF DEATH (Approx.): 06:00 AM
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 17, 1932
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, TN

TYPE/PRINT IN PERMANENT BACK INK

IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [X] ER/Outpatient [ ] DOA
8a. PLACE OF DEATH (Check only one): IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing Home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 3005 Clay Lick Road
8c. CITY OR TOWN: Whites Creek
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: Her home

12. SOCIAL SECURITY NUMBER: [redacted]-0717
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Whites Creek

13d. STREET AND NUMBER: 3005 Clay Lick Road
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37189
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
[X] 9th-12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit but no degree
[ ] Associates 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.)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

20. 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): Horace Riddle
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ann Henderson

20a. INFORMANT'S NAME: Tim Carney
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2401 Allison Lane, Springfield, TN 37172

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Joelton Hills Memory Gardens
21c. Location - City or Town and State: Joelton, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: Bobby Wayne Cook
22b. LICENSE NUMBER: 6870
22c. SIGNATURE OF EMBALMER: Jim Brewer
22d. LICENSE NUMBER: 2969

23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTAR

24. REGISTRAR'S SIGNATURE: Deputy Registrar (DR)
25. DATE FILED (Month, Day, Year): October 5 2015

CERTIFIER

26. CERTIFIER (Check only one)
[X] 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: Michael W. Lewis MD
27b. LICENSE NUMBER: MD 008515
27c. DATE SIGNED (Month, Day, Year): 9/29/15
27d. NAME AND ADDRESS: Michael W. Lewis, 2557 Hwy 41S, Greenbrier, TN 37073

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. DO NOT ABBREVIATE. Enter only one cause on each line.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Sudden Cardiac Death
Due to (or as a consequence of)
b. Generalized atherosclerosis
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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Dementia, atrial fibrillation, aortic valve disorder, Abdominal aortic aneurysm, Gastric Stenosis

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 [X] 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. 9/2011) RDA 1399

8237989

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

Date: 10 5 2015

EXHIBIT A

CERTIFICATION OF VITAL RECORD

COPYRIGHT, TAMPER AND FRAUD PROTECTION

EXHIBIT "B"

BEING in the 14th Civil District of said County, also being in the 1st Metropolitan District of said County according to the survey to which reference is hereinafter made, being Tract No. 2 of the W. L. Boyd Estate, not of record, and described according to a survey thereof made by Wayne S. Cooper, Sr., dated July 19, 1968 and revised August 19, 1970, as follows:

BEGINNING at an iron pin on the southerly margin of Clay Lick Road at the most northerly common corner of Tracts Nos. 1 and 2 of said W. L. Boyd Estate, said iron pin also being at the northeast corner of the property conveyed to Richard Gregory and wife, by deed from J. C. Garrett, et al, of record in Book 4279, Page 474; thence with the line between said Tracts Nos. 1 and 2 and along said Gregory's easterly line, South 4° 15' west 765.0 feet to an iron pin located in the northerly line of the T. H. Sterer's property; thence along said Sherer's northerly line, south 83° 25' east (corrected from "...south 23° 25' east..." in the deed from J. C. Garrett, et. al. to William C. Gifford, of record in Book 4274, Page 482), 116.1 feet to an iron pin at the southwest corner of Riley's property; thence along Riley's northeasterly line, north 55° 00' east 164.1 feet to a point at the most southerly common corner of Tract Nos. 2 and 3 of said W. L Boyd Estate, said point also being at the southwest corner of the property conveyed to Laura A. Parrish, a widow, et al. by deed from William C. Gifford and wife, of record in Book 4316, page 308; thence with the line between said Tracts Nos. 2 and 3 and along said Parrish's westerly line, north 4° 15' east 666.7 feet to an iron pin on the southerly margin of said road, north 85° 45' west 250.0 feet to the point of beginning, containing 4.11 acres, more or less.

16P1317

FILED

AUG 18 2016

RICHARD R. COOKER, Clerk
By _____ Deputy

Last Will and Testament of

EVELYN LORAINE (RIDDLE) CARNEY

Howard M. (Skip) Skipworth

EXHIBIT

C

Last Will and Testament

I, Evelyn Loraine (Riddle) Carney, of Joelton, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1
FIDUCIARIES

1.1 Executors. I appoint my husband, Harvey Wayne Carney, of Joelton, Tennessee executor of my will. If Harvey Wayne Carney fails to qualify or ceases to serve, then my son, Timothy Wayne Carney, shall serve alone as my executor.

ARTICLE 2
DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

2.1 Gift of Tangible Personal Property. I give each item of tangible personal property used by me in a strickly personal way, each item of household furniture and each automobile to my spouse. If my spouse does not survive me, I give such property to my son. If my son does not survive me, I give such property to be part of my Remainder Estate.

ARTICLE 3
PROVISIONS RELATIVE TO FIDUCIARIES

3.1 Definition. The term "fiduciaries" means the executor, trustee or guardian serving at any time under my will and includes successors.

3.2 Bond. No bond is required of any fiduciary appointed under this will or by a court.

3.3 Resignation. The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.

Initials E.H.C.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 Debts, Funeral and Administration Expenses. My executor is to pay all legally enforceable debts incurred by me, my funeral and burial expenses, the expenses of my last illness, and the administration expenses of my estate. My executor has discretion to pay each debt secured by real estate. If my executor pays a debt secured by real estate, no reimbursement is to be required of my spouse.

4.2 Income Tax Treatment of Administration Expenses. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating adjustments between the income and principal are to be made because of such decision.

4.3 Taxes.

(a). Defined. The term "taxes" means any transfer tax assessed because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). Payment. My exector is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executor is to pay the taxes from my Remainder Estate.

ARTICLE 5
DEFINITIONS

5.1 My Spouse. Reference in this will to "my husband" or "my spouse" mean Harvey Wayne Carney.

5.2 My Child. My child is Timothy Wayne Carney, born August 2, 1958. If there is a child or children born to or adopted by me after the date of this instrument, such child or children share under this instrument as if specially named.

Initials E.H.C

7.3 Disposition of Assets. I authorize the executor, without the order of any court, to sell any of my real estate or personal property not specifically given by me at public or private sale, without the joinder of any beneficiary, in the manner and on the terms and for the price as may seem best; and on each sale of real estate the proceeds are to be treated as forming part of my personal estate.

7.4 Waiver of Inventory Reports and Appraisal. I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.

7.5 Real Estate. Any real property which I own at my death is to be part of my probate estate and treated as forming part of my personal estate for administration purposes.

7.6 Power to Disclaim. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.

7.7 Execution of Joint Return. I authorize my executor to sign a joint return with my surviving spouse if my executor deems such action advisable.

7.8 Joint Accounts. If any of my accounts are joint accounts with right of survivorship, it is my intention that these joint accounts pass to the surviving joint owner at my death.

Initials E.H.C

5.3 Singular and Masculine Usage. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 6
SIMULTANEOUS DEATH

If my spouse and I die simultaneously, or under circumstances which make it difficult or impossible to determine who died first, I direct that I be deemed to have survived my spouse for the purpose of this will. The provisions of this will are to be construed on that assumption, irrespective of any provisions of law establishing a contrary presumption. But if any other beneficiary under this will dies with me in a common accident or disaster, or under circumstances which make it difficult or impossible to determine who died first, I direct that I be deemed to have survived such beneficiary and that the will be so construed.

ARTICLE 7

7.1 Dealing with Executor. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part of the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered or loaned to the executor.

7.2 Income During Administration. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same persons, and in the same proportions, as might be made if the administration were completed.

Initials E.H.C

IN WITNESS WHEREOF, I have set my hand this 12th day of July, 1988.

Evelyn Lorraine Carney
(EVELYN LORAINE CARNEY)

SIGNED, declared and published by the said EVELYN LORAINE CARNEY, as and for her last will, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date above written.

NAME	ADDRESS
Linda Tull	5424 Rawlings Rd Jeffton
Larry Tull	5424 Rawlings Rd Jeffton

AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence EVELYN LORAINE CARNEY signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testatrix's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testatrix's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion, or constraint.

Linda Tull

Larry Tull

Subscribed and sworn to before me this
the 12th day of July, 1988.

Bonnie K. Whipworth
NOTARY PUBLIC

My commission expires: May 20, 1992

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the LAST WILL AND TESTAMENT heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. 16P1317

ESTATE OF EVELYN LORINE CARNEY

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 18th day of August in the year Two Thousand and Sixteen.



RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TWENTIETH JUDICIAL DISTRICT, STATE OF TENNESSEE
PROBATE DIVISION
AT NASHVILLE

2016 AUG -4 AM 10:09

IN THE MATTER OF
THE ESTATE OF
EVELYN LORINE CARNEY, DECEASED. NO.:_____

TIMOTHY WAYNE CARNEY,
PETITIONER.

PETITION FOR PROBATE OF WILL WITHOUT FORMAL ADMINISTRATION

Your Petitioner, TIMOTHY WAYNE CARNERY, files this Petition as an interested party in the Estate of EVELYN LORINE CARNEY, DECEASED, (the "Decedent") and as the one nominated as Executor in the Last Will and Testament of the Decedent, and would respectfully show to the Court as follows:

1. That Decedent died in Whites Creek, Davidson County, Tennessee, on 03 September 2015, with a resident address at 3005 Clay Lick Road, Whites Creek, Davidson County, Tennessee 37189, at the age of 83 years, as evidenced by Certificate of Death attached as Exhibit A, leaving a paper writing purporting to be the Last Will and Testament of the Decedent, bearing the date of 12 July 1988, where the subscribing witnesses are Linda Tull and Larry Tull, as evidenced by Will attached as Exhibit B. The spouse of decedent, Harvey Wayne Carney, predeceased the decedent on 01 April 2000, as evidenced by a photographic copy of Certificate of death attached hereto and made a part hereof as Exhibit C. Paragraph number "ARTICLE 3" of Decedent's Will excuses the Petitioner from making

EXHIBIT
D

bond for the performance of Petitioner's duties. The only beneficiary listed in the Last Will and Testament of the decedent waives the requirement of bond, inventory and interim accountings as evidenced by his signature below.

2. The Decedent did not leave a probate estate to be administered. This is a probate-only proceeding so the Will can serve as a muniment of title to the Decedent's interest in real estate in Davidson County, Tennessee, described as follows:

SEE ATTACHED EXHIBIT D
FOR COMPLETE DESCRIPTION

Being the real property conveyed to HARVEY W. CARNEY, and Wife, EVELYN L. CARNEY by deed from HARVEY W. CARNEY, of record in Book 5353, Page 958, Register's Office for Davidson County, Tennessee.

The mailing address for said property is: 3005 Clay Lick Road, Whites Creek, Tennessee 37189.

The description of the property, as described herein, is the same as that contained in the deed of record in Book 5353, Page 958, Register's Office for Davidson County, Tennessee.

3. The following constitutes the legatee and devisee under the Will:

(a) TIMOTHY WAYNE CARNEY, an adult, who is the son of the Decedent and whose address is 3005 Clay Lick Road, Whites Creek, Tennessee 37189.

4. The heirs-at-law and next-of-kin of the Decedent are as follows:

(a) TIMOTHY WAYNE CARNEY, an adult, who is the only child of the Decedent and whose address is Clay Lick Road, Whites Creek, Tennessee 37189.

5. The interested party, as evidenced by his signature below, has been

advised of this probate proceeding and acknowledges he has reviewed Petition and agrees thereto.

6. The Petitioner is not aware of any instrument revoking the document being offered for probate and believes that the document being offered for probate is the Decedent's Last Will and Testament.

7. The Decedent was not enrolled in the Tenncare program at the time of death.

PREMISES CONSIDERED, PETITIONER PRAYS:

1. That said Last Will and Testament of EVELYN LORINE CARNEY be admitted to probate-only as a muniment of title.

2. That TIMOTHY WAYNE CARNEY not be appointed Executor.

3. That bond, inventory and accountings be waived.

4. That said Last Will and Testament of EVELYN LORINE CARNEY be placed of record in the records of the office of the Clerk of the Court so that any real estate owned by the deceased at death will be vested in the devisee under the Decedent's Will.

Timothy Wayne Carney

TIMOTHY WAYNE CARNEY,
PETITIONER

Respectfully submitted,

Howard M. Skipworth

Howard M. Skipworth BPR #012469
6408 Clarksville Pike
P.O. Box 489
Joelton, TN 37080
(615) 876-2550

Timothy Wayne Carney
TIMOTHY WAYNE CARNEY,
PETITIONER

Subscribed and sworn to before me
this 2nd day of August, 2016.

Howard M. Skipworth
NOTARY PUBLIC
My Commission Expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-5-2019

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, TIMOTHY WAYNE CARNEY, the above named Petitioner , who, being duly sworn by me, deposes and says that the statements in the foregoing Petition are true to Petitioner's knowledge except as to matters therein stated to be on information and belief, and these matters Petitioner believes to be true.

Subscribed and sworn to before me
this 2nd day of August, 2016.

Howard M. Skipworth
NOTARY PUBLIC
My Commission Expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-5-2019

Copy

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON
COUNTY, TWENTIETH JUDICIAL DISTRICT, STATE OF TENNESSEE
PROBATE DIVISION
AT NASHVILLE

FILED
SEP 16 2016
RICHARD R. ROOKER, Clerk
By [illegible] Deputy

IN THE MATTER OF
THE ESTATE
EVELYN LORAINE CARNEY, DECEASED. NO.: 16P1317

TIMOTHY WAYNE CARNEY,
PETITIONER.

CORRECTED ORDER TO PROBATE

This cause came on to be heard on the 16 day of Sept, 2016, before the Honorable Randy Kennedy, Judge, upon the Petition of TIMOTHY WAYNE CARNEY, requesting that a paper writing purporting to be the Last Will and Testament of EVELYN LORAINE CARNEY, deceased, be admitted to Probate only as a muniment of title.

Whereupon, the Petitioner, by and through his attorney, Howard M. Skipworth, produced a paper writing purporting to be the Last Will and Testament of EVELYN LORAINE CARNEY, said paper writing bearing date of 12 July 1988, having the name EVELYN LORAINE CARNEY signed thereto as testatrix, subscribed by LINDA TULL and LARRY TULL as attesting witnesses, naming TIMOTHY WAYNE CARNEY, as Executor and waiving any bond of said Executor in "Article 3" of said Will. All of the named beneficiaries waived inventory, interim accountings and bond.

And, it appearing from the testimony of the aforesaid LINDA TULL and LARRY TULL, taken upon affidavit as authorized by and in accordance with Tennessee Code Annotated Section 32-2-110, that: each of them did subscribe their respective name as an attesting witness to said paper writing; that said paper writing was written in the lifetime of

EXHIBIT
E

Copy

EVELYN LORAINE CARNEY and published, signed and subscribed by EVELYN LORAINE CARNEY in the presence of the attesting witnesses; that EVELYN LORAINE CARNEY was then of sound mind; and that, at EVELYN LORAINE CARNEY'S request, said attesting witnesses signed said paper writing in EVELYN LORAINE CARNEY'S presence and in the presence of each other on 12 JULY 1988.

And, it further appearing that: said paper writing bears the true signature of EVELYN LORAINE CARNEY; that EVELYN LORAINE CARNEY'S usual place of domicile and residence at the time of EVELYN LORAINE CARNEY'S death was Davidson County, Tennessee, and that EVELYN LORAINE CARNEY died in Nashville, Davidson County, Tennessee on 3 September 2015, at the age of 83 years.

And, it further appearing that the decedent owned an interest in a parcel of real property in Davidson County, Tennessee, at her death.

And, it further appearing that the decedent had no personal estate and no formal administration is required.

It is, therefore, ORDERED, ADJUDGED AND DECREED that said paper writing is the true, whole and Last Will and Testament of EVELYN LORAINE CARNEY, deceased; that the same is hereby admitted to probate as a muniment of title; and that the Clerk is directed to file and record the same, and that no formal administration is required.

ENTER this 16 day of Aug 2016

RANDY KENNEDY, JUDGE

APPROVED FOR ENTRY:

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
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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

7/29/2016

HOWARD SKIPWORTH
LEGAL COUNSEL
PO BOX 489
JOELTON, TN 37080

RE: EVELYN CARNEY
Last Four Of SSN 0717

Dear HOWARD SKIPWORTH:

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

EXHIBIT
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