AFFIDAVIT OF HEIRSHIP

New Owner	Send Tax Bills to:	Map and Parcel
William Malvin Fore III 521 Hill Road Nashville, TN 37220	Same	160 12 0 007.00

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 1 on the Plan of Section II, Hillview Estates, as of record in Book 3500, page 135, Register's Office for said County.

Said Lot No. 1 fronts 99.65 feet on the south side of Hill Road, and extends back 221.92 feet on the east line and 225.2 feet on the west line, to a dead line in the rear, on which it measures 107.13 feet.

Being the same property conveyed to William M. Fore, Jr., and wife Dorothy J. Fore, by Warranty Deed from Centennial Construction Company, dated February 14, 1967, and recorded in Book 4104 page 433, Register's Office for Davidson County, Tennessee.

This is improved property known as 521 Hille Road, Nashville, Davidson County, Tennessee 37220.

COMES NOW, **Marilyn Jones Patrickis** of the late Dorothy Louise Jones Fore after first being duly sworn according to law, attests and states as follows:

1. Affiant is the friend and Sister to the said, and has maintained close and personal contact with said Dorothy Louise Jones Fore for more than Sixty years.

2. Dorothy Louise Jones born January 6, 1924 in Wilmer, Alabama.

3. Dorothy Louise Jones married William Malvin Fore Jr., on or about August 23, 1943.

4. Dorothy Louise Jones Fore and her husband William Malvin Fore Jr., have one child, William Malvin Fore III. No other children by adoption or otherwise living or dead.

5. William Malvin Fore Jr., predeceased his wife on March 2, 1995. Dorothy Louise Jones Fore never remarried. (see attached Exhibit (c) Death Certificate)

6. Dorothy Louise Jones Fore died intestate in Nashville, Davidson County, Tennessee on May 28, 2012.(see attached Exhibit (a) Death Certificate).

7. A TennCare Release per T.C.A. 71-5-116(c) (2) was obtained and attached hereto as Exhibit (b).

8. At the time of Dorothy Louise Jones Fore death, Dorothy Louise Jones Fore, was survived by the following person:

   William Malvin Fore III,

   and no other person. The deceased was not married and had one child natural born and no others by marriage or otherwise.

9. The only lawful heir to the Estate of the late Dorothy Louise Jones Fore is William Malvin Fore III.

BILL GARRETT, Davidson County
Trans:T20160097523 AFFIDAVITH
Recvd: 11/03/16 13:50 6 pgs
Fees:32.00 Taxes:0.00
20161103-0116554

10. The above-described real property passed to William Malvin Fore III upon the death of Dorothy Louise Jones Fore on May 28, 2012.

11. All interest in the real property above described vested in William Malvin Fore III, fee simple.

12. FURTHER AFFIANT SAITH NOT.

The affiant is further advised under TCA 30 2 712 that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him/her to be false, or about which he/she does not have sufficient knowledge to justify his/her making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more.

I, Marilyn Jones Patrickis, do hereby swear and affirm the above to be true and correct to the best of my knowledge.

IN WITNESS WHEREOF, I have executed this instrument on the 2nd **day of** Nov. **, 2016.**

Marilyn J. Patrickis
Marilyn Patrickis Jones

State of North Carolina
County of Orange

Sworn to and subscribed before me this 2nd day of November, 2016

Notary Public at Large.

My Commission Expires 10/13/2018

State of North Carolina
County of Orange

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named Marilyn Jones Patrickis, the affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 2nd day of November, 2016.

Notary Public at Large.

My Commission Expires 10/13/2018

JILLIAN S CASE
NOTARY PUBLIC
My Commission Expires
10-13-2018
ALAMANCE COUNTY, NC

This Instrument Prepared By:
Athens Title & Escrow LLC
Michael J Mills, Attorney at Law
5115 Maryland Way
Brentwood, Tennessee 37027

STATE OF TENNESSEE
Office of Vital Records

Exhibit "A"

1203315

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy Louise Jones Fore
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 28, 2012
4. TIME OF DEATH (Hours): 10 x 11
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): January 6, 1924
7. BIRTHPLACE (City and State or Foreign Country): Wilmer, Alabama

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): 521 Hill Road
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Bookkeeper
11b. KIND OF BUSINESS/INDUSTRY: TN Baptist Foundation
12. SOCIAL SECURITY NUMBER: [redacted]3849
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 521 Hill Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37220
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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
☐ 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)
☒ 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)
☒ 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): John Linwood Jones
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ada Evelyn Ward

DISPOSITION

20a. INFORMANT'S NAME: William M. Fore, III
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 521 Hill Road Nashville, Tennessee 37220
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Amanda J. Phillips
22b. LICENSE NUMBER: 6184
22c. SIGNATURE OF EMBALMER: ▶ n/a
22d. LICENSE NUMBER: n/a
23a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood Roesch-Patton FH, 9010 Church St. E. Brentwood, TN 37027
23b. LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Allison Boutz, DR
25. DATE FILED (Month, Day, Year): June 11, 2012

CERTIFIER

26. CERTIFIER (Check only one):
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: ▶ [signature]
27b. LICENSE NUMBER: 38941
27c. DATE SIGNED (Month, Day, Year): 06/11/12
27d. NAME AND ADDRESS: Dr. Cheryl Nabors 2400 Patterson St, Ste 500 Nashville, TN 37203

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. arrythmia
Due to (or as a consequence of)
b. Hypertension
Due to (or as a consequence of)
c. Dementia
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 ☒ 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

5290814

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

JUN 11 2012
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

Exhibit "B"

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

Larry B. Martin
Commissioner

10/26/2016

MICHAEL MILLS
REPRESENTATIVE
5115 MARYLAND WAY
BRENTWOOD, TN 37027

RE: DOROTHY FORE
Last Four Of SSN 3849

Dear MICHAEL MILLS:

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

Exhibit "C" - 1

V801191

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): WILLIAM MALVIN FORE, JR.
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): March 2, 1995
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]3983
5a. AGE – LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR – Days / 5c. UNDER 1 DAY – Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Nov. 22, 1923
7. BIRTHPLACE (City and State or Foreign Country): MEMPHIS, TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
8a. PLACE OF DEATH (Check only one): Hospital: 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA; Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): ST. THOMAS
8c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): DOROTHY JONES
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
12b. KIND OF BUSINESS/INDUSTRY: CLEMENTS PAPER CO.
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 521 HILL RD.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37220
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ 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): 3; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): HILLIAN NALVIN FORE, SR.
18. MOTHER'S NAME (First, Middle, Maiden Surname): DOVIE MAE STINGLETON

INFORMANT

18a. INFORMANT'S NAME (Type/Print): DOROTHY FORE
18b. RELATIONSHIP TO DECEASED: WIFE
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 521 HILL RD., NASHVILLE, TN 37220

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ 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
21a. SIGNATURE OF FUNERAL DIRECTOR: DON WHITLEY
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: PAM HUNTER
21d. LICENSE NUMBER OF EMBALMER: 4323
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marvana M. Sells
24. DATE FILED (Month, Day, Year): March 14, 1995

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 ☐ SIGNATURE AND TITLE OF PHYSICIAN: John McRa
25b. LICENSE NUMBER: MD 13502
25c. DATE SIGNED (Month, Day, Year): 3/9/95
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): John R McRa, MD 4230 Harding Rd Nashville, Tn 37205

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. myocardial infarction — DUE TO (OR AS A CONSEQUENCE OF): — 1h

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.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Emphysema, Previous dissecting thoracic aortic aneurysm

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 6 ☐ Pending Investigation 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Could not be Determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY: Hour / 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)

BIRTH NO

PH-1650 REV. 6-93

RDA 1393

08854142

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.

OCT 20 2016

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

08854142

Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit "C" - 2

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

Larry B. Martin
Commissioner

10/26/2016

MICHAEL MILLS
REPRESENTATIVE
5115 MARYLAND WAY
BRENTWOOD, TN 37027

RE: WILLIAM FORE, JR.
Last Four Of SSN 3983

Dear MICHAEL MILLS:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

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____ 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