THIS INSTRUMENT PREPARED BY: LARRY D. CRAIG, Attorney at Law, P. O. Box 774, Kingston Springs, TN 37082

Current Deed of Record Real Property Owner(s) Names:
Clay Morris Peeples et ux, Eugenia H. Peeples (both deceased) in Book 2690, Page 141, RODC, TN (portion therefof)

BILL GARRETT, Davidson County
Trans:T20160107499 AFFIDAVITH
Recvd: 12/07/16 10:15 6 pgs
Fees:32.00 Taxes:0.00
20161207-0128359

Common Property Address: 231 Liberty Lane
Madison, Davidson County, TN 37115
Map: 026-00-0
Parcel: 030.00

Affiant: Roger D. Perry

Children of Deceased Parents as Heirs at Law: Harold Clay Peeples, Gary Wayne Peeples and Frances Elaine Peeples Green

AFFIDAVIT OF HEIRSHIP/INHERITANCE

Comes the Affiant, Roger D. Perry, first being duly sworn according to law, and being of lawful age, whose address is 3050 Business Park Circle, Suite 401, Goodlettsville, Tennessee 37072, pursuant to Section 30-2-712, Tennessee Code Annotated, as amended, does hereby give under oath the following statement of his own free will, as a disinterested person, and based upon my personal knowledge and familiarity with the hereafter named individuals and family in excess of thirty-seven (37) years, to wit:

1. I am aware that Clay Morris Peeples and wife, Eugenia H. Peeples, aka Frances Eugenia Peeples, did own certain improved real property commonly known as 231 Liberty Lane, Madison, Davidson County, Tennessee 37115l.

2. That the said Clay Morris Peeples died on July 22, 2006, and was survived by his wife, Eugenia H. Peeples. A copy of his Certificate of Death is appended hereto.

3. That the said Eugenia H. Peeples died on October 1, 2009, a widow and unmarried person. A copy of her Certificate of Death is appended hereto.

4. Clay Morris Peeples and wife, Eugenia H. Peeples three (3) children born unto them, now all adults, and no child(ren) of them being predeceased, and no other child(ren) adopted by them. The children are namely: Harold Clay Peeples, Gary Wayne Peeples and Frances Elaine Peeples Green.

5. Based upon my familiarity with the entire family these many years, and formerly as their CPA, the aforesaid children, who survived the death of their mother, as set out in the preceding paragraph, are all of the heirs at law of the said Eugenia H. Peeples, now deceased.

6. I am aware that Eugenia H. Peeples, was one and the same person as Frances Eugenia Peeples. Further, I am aware that she was not a TennCare recipient and upon her death as the surviving spouse of Clay Morris Peeples did not have a taxable estate as to Tennessee Inheritance Taxes. Copies of the release from the Bureau of TennCare and Tennessee Department of Revenue are attached hereto.

I make this affidavit of statement of facts, all being personally known to me, so that third parties can rely upon and ascertain by the recording of this instrument in the Register's Office for Davidson County, Tennessse, the heirs at law of the deceased person(s), pursuant to applicable law.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand on this the 7th day of December, 2016.

ROGER D. PERRY, Affiant

STATE OF TENNESSEE
COUNTY OF Sumner

Personally appeared before me, a Notary Public in and for said County and State, the within named Roger D. Perry, 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, freely and voluntarily, for the purpose(s) therein contained.

Witness my hand and seal at office at Goodlettsville, Tennessee, on this the 7th day of December, 2016.

NOTARY PUBLIC

My commission expires: 7-24-2019

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

Future Tax Bills to be sent to:
Harold Peeples, et al
86 Hidden Point
Hendersonville, TN 37075

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

060208

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): Clay Morris Peeples
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 22, 2006
4. SOCIAL SECURITY NUMBER: [redacted]9207
5a. AGE-LAST BIRTHDAY: 82
6. DATE OF BIRTH: October 1, 1923
7. BIRTHPLACE (City and State or Foreign Country): Chatsworth, GA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH: 4 [X] Nursing Home
9b. FACILITY NAME: Vanco Manor
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Eugenia Hughes
12a. DECEDENT'S USUAL OCCUPATION: Maintanence/Construction Planner
12b. KIND OF BUSINESS/INDUSTRY: Public Utilities
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 813 S. Dickerson Pike
13e. INSIDE CITY LIMITS? [X] Yes
13f. ZIP CODE: 37075
14. WAS DECEDENT OF HISPANIC ORIGIN? [ ] Yes [X] No
15. RACE: White
16. DECEDENT'S EDUCATION: 4

PARENTS

17. FATHER'S NAME: Isaac M. Peeples
18. MOTHER'S NAME: Leona Ratcliff

INFORMANT

19a. INFORMANT'S NAME: Harold Peeples
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS: 86 Hidden Lake Drive Hendersonville, Tennessee 37075

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial
20b. PLACE OF DISPOSITION: Spring Hill Cemetery
20c. LOCATION: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Thomas W. Bowers
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3049
21c. SIGNATURE OF EMBALMER: Thomas W. Bowers
21d. LICENSE NUMBER OF EMBALMER: 3486
22a. NAME AND ADDRESS OF FUNERAL HOME: Hendersonville Funeral Home 353 East Main Street Hendersonville, Tennessee 37075
22b. LICENSE NUMBER OF FUNERAL HOME: 1127

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers
24. DATE FILED: August 1, 2006

CERTIFIER

25a. PHYSICIAN: 1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 30095
25c. DATE SIGNED: 07-28-06
26a. MEDICAL EXAMINER: 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED:

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE SIGN MEDICAL CERTIFICATE WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Robert T. Lim, Jr. M.D. 900 Conference Drive #8 Goodlettsville TN 37072

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
a. IMMEDIATE CAUSE (Final disease or condition resulting in death): hypoxemia
DUE TO (OR AS A CONSEQUENCE OF):
b. Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Parkinson's disease
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 [ ] No

30. MANNER OF DEATH: 1 [X] Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. HOUR OF INJURY
31c. DEATH 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-3829 (REV. 4-97)

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
Local Registrar

Date Issued AUG 01 2006

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

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): Frances Eugenia Peeples
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 1, 2009
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]4322
5a. AGE-LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): December 4, 1921
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA; Other: 4 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Park Place Retirement Community
9c. CITY, TOWN, OR LOCATION OF DEATH: Hendersonville
9d. COUNTY OF DEATH: Sumner
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary
12b. KIND OF BUSINESS/INDUSTRY: Dr. Roy Short
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 31 Executive Park Drive #134
Census Tract
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37075
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Eugene Elmore Hughes
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ora Grace Brown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Harold Peeples
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 86 Hidden Lake Pointe, Hendersonville, Tennessee 37075

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Buried 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas W. Bowers
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3049
21c. SIGNATURE OF EMBALMER: ▶ Nathaniel Holman
21d. LICENSE NUMBER OF EMBALMER: 5975
22a. NAME AND ADDRESS OF FUNERAL HOME: Hendersonville Funeral Home, 353 Johnny Cash Parkway, Hendersonville, Tennessee 37075
22b. LICENSE NUMBER OF FUNERAL HOME: 1127

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Diane E. Turner, R.R.
24. DATE FILED (Month, Day, Year): October 7, 2009

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]
25b. LICENSE NUMBER: 30465
25c. DATE SIGNED (Month, Day, Year): 7-Oct-09
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.
1 [ ] 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 FINAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Robert Tuck Jr. MD 304 Northcreek Blvd Lenoir City, TN 37772

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. dementia - Alzheimer's
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

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.
hypercholesterolemia, hypertension, anemia
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 [ ] 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 (Home, farm, street, factory, office building, etc.) (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

T-1659 (REV. 6/09)
DEATH NO.
RDA 1350

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.

3144946

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

Sharon M. Leinbach
STATE REGISTRAR

Susan M. Phillips
SUSAN M. PHILLIPS
LOCAL REGISTRAR
SUMNER COUNTY HEALTH DEPARTMENT

OCT 07 2009
Date Issued

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

DEPARTMENT OF HEALTH

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
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

12/10/2009

HAROLD C. PEEPLES
EXECUTOR
86 HIDDEN POINT
HENDERSONVILLE, TN 37075

RE: FRANCES E. PEEPLES
[redacted]4322

Dear HAROLD C. PEEPLES:

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,

Ron Singh
Manager

7084766091207

TENNESSEE DEPARTMENT OF REVENUE

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

December 11, 2009

ESTATE OF FRANCES E PEEPLES
ATTN: HAROLD C PEEPLES
86 HIDDEN PT
HENDERSONVLLE TN 37075-5550

Account Type:	INHERIT TX
Account No.:	[redacted]
Date of Death:	OCTOBER 1, 2009
County:	SUMNER

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

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF FRANCES E PEEPLES
ATTN: HAROLD C PEEPLES
86 HIDDEN PT
HENDERSONVLLE, TN 37075-5550

December 11, 2009

Account Type:	INHERIT TX
Account No.:	441396036
Date of Death:	OCTOBER 1, 2009
County:	SUMNER

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

RV-N0006801