BILL GARRETT, Davidson County
Trans:T20170039426 AFFIDAVITH
Recvd: 05/09/17 11:45 8 pgs
Fees:42.00 Taxes:0.00
20170509-0045982

AFFIDAVIT OF HEIRSHIP

COMES NOW, **James J. Green**, a resident of Franklin, Tennessee, and friend of the late Roberta Payne Jones, after first being duly sworn according to law, attests and states as follows:

1. Affiant is a friend of, and has maintained close and personal contact with said Roberta Payne Jones for 45 years of her natural life.

2. Roberta Payne Jones, having been married to Amos Jones Sr., until his death on April 5, 1999, (Exhibit "D") did not remarry and had no other spouse at any time.

3. Roberta Payne Jones died August 30, 2014, in Nashville, Davidson County, Tennessee on August 30, 2014. in-testate, leaving no formal will but a hand written will was found. (see attached Exhibit (s), "A", Certificate of Death, "B", Hand Written Will, "C", TennCare Release).

4. At the time of Roberta Payne Jones's death, she was survived by the following persons: her son, Amos Jones Jr, and her daughter Loretta Jones Brown, and no other person. The deceased was not married and had two children, and no other children born to her living or dead.

5. **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, James J. Green, 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 5 day of May, 2017.

James J. Green

James J. Green

State of Tennessee)
County of Davidson)

Sworn to and subscribed before me this 5 day of May, 2017

Notary Public at Large.

My Commission Expires 2-25-19

JAMES C SMITH
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

James J. Green
James J. Green

State of TENNESSEE
County of Davidson

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named James J. Green, 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 5 day of ~~April~~ May, 2017.

Notary Public at Large.

My Commission Expires 2-25-19

JAMES C SMITH
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

This Instrument Prepared By:

Athens Title & Escrow LLC
Michael J Mills, Attorney at Law
5115 Maryland Way
Brentwood, Tennessee 37027
Tel. 615-377-0736

STATE OF TENNESSEE
Office of Vital Records

1405508

Exh. 6 & A-1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Roberta P. Jones
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 30, 2014
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 20, 1922
7. BIRTHPLACE (City and State or Foreign Country): Aspen Hill, TN

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): 2800 Torbett St.
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: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. SOCIAL SECURITY NUMBER: 3077
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2800 Torbett St.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN U.S. 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

4

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): Cleatus Payne
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bessie Hester

DISPOSITION

20a. INFORMANT'S NAME: Loretta Brown
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 208 Holiday Dr. Madison, TN 37115
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery Main
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
22b. LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk. Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deneth Rhoades
25. DATE FILED (Month, Day, Year): September 8, 2014

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: ▶ MD Addo
27b. LICENSE NUMBER: MD 020626
27c. DATE SIGNED (Month, Day, Year): 09/04/2014
27d. NAME AND ADDRESS: 397 Wallace Rd Suite 415 Nashville, TN 37211

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Colon Cancer	5 years
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	b. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Stroke, Coronary Artery Disease

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 ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of 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

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.

7462506

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7462506

Date Issued SEP 08 2014

CERTIFICATION OF VITAL RECORD

9902869

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1999 013843

Exhibit A-2

1. DECEDENT'S NAME (First, Middle, Last): Amos Jones Sr.			2. SEX: M	3. DATE OF DEATH (Month, Day, Year): 4-5-99
4. SOCIAL SECURITY NUMBER: 9606	5. AGE-LAST BIRTHDAY (Years): 80	6. UNDER 1 YEAR: Months / Days	7. UNDER 1 DAY: Hours / Minutes	8. DATE OF BIRTH (Month, Day, Year): 4-20-18
9. BIRTHPLACE (City and State or Foreign Country): Giles County TN				
9a. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No: X	9b. PLACE OF DEATH (Check only one): Hospital: X Inpatient; Emergency Room/Outpatient; DOA; Nursing Home; Residence; Other (Specify)			
9c. FACILITY NAME (If not institution, give street and number): Baptist Hospital 079	9d. CITY, TOWN, OR LOCATION OF DEATH: Nashville		9e. COUNTY OF DEATH: Davidson	
10. MARITAL STATUS (Never Married, Widowed, Divorced, (Specify)): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Roberta Payne	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer	12b. KIND OF BUSINESS/INDUSTRY: U.S.S. Steel	
13a. RESIDENCE-STATE: TN.	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 2800 Torbett St.	
13e. INSIDE CITY LIMITS? 1 Yes: X 2 No	13f. ZIP CODE: 37209	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Mexican, Puerto Rican, Cuban, etc.) 1 Yes 2 No: X	15. RACE-American Indian, Black, White, etc. (Specify): Black	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 09 College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Prince Jones		18. MOTHER'S NAME (First, Middle, Maiden Surname): Bertha Curtis		
19a. INFORMANT'S NAME (Type/Print): Roberta Jones	19b. RELATIONSHIP TO DECEASED: Wife	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2800 Torbett St. Nashville, TN. 37209		
20a. METHOD OF DISPOSITION: 1 Burial: X 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood	20c. LOCATION-City or Town, State: Nashville, TN.		
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin J. Smith	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502	21c. SIGNATURE OF EMBALMER: Arthur Jackson	21d. LICENSE NUMBER OF EMBALMER: 4967	
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors 706 Monroe St. Nashville, TN. 37208			22b. LICENSE NUMBER OF FUNERAL HOME: #809	
23. REGISTRAR'S SIGNATURE: Robert W. Rhodes by		24. DATE FILED (Month, Day, Year): April 16, 1999		
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: C. C. Clayton MD		25b. LICENSE NUMBER: TN 25247	25c. DATE SIGNED (Month, Day, Year): 4-15-99	
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)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)				

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. Renal failure	DUE TO (OR AS A CONSEQUENCE OF):	1 week
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Multiple myeloma	DUE TO (OR AS A CONSEQUENCE OF):	Months
	DUE TO (OR AS A CONSEQUENCE OF):	
	DUE TO (OR AS A CONSEQUENCE OF):	

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 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)	

BIRTH NO

RDA 1389

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.

Paula Taylor
State Registrar

Apr-20-2000
Date Issued

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

CERTIFICATION OF VITAL RECORD

Exhibit "B"

Last Will and Testament.
Roberta payne Jones
I Roberta payne Jones. a resident of the County of Davidson, State of Tennessee, I Declares This to be my Last Will and Testament, and Codicils that I may have previously made, first: I declare that I am a Widow that my husband amas Jones Sr. is Deceased that I have no Deceased Children I have the following children amas Jones Jr. Born 9-15-1938 Loretta Jones Brown Born 9-01-1940 I Wish to have my Daughter Loretta Jones Brown to act as executrix of my estate.
I leave in my Will my Home and all my furniture and personal belongings.
I direct my Executrix to sell my home and divide equal with my son amas Jones Jr.
I direct that She shall act without Bond. the Trustee named herein Shall also act without Bond.

Signed this 22nd of August 2012
at Nashville, Tennessee

Mrs Roberta P. Jones

Exhibit "C-1"

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

4/3/2017

MICHAEL MILLS
REPRESENTATIVE
5115 MARYLAND WAY
BRENTWOOD, TN 37027

RE: ROBERTA JONES
Last Four Of SSN 3077

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,

Tangela J. Howard

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

4/3/2017

MICHAEL MILLS
REPRESENTATIVE
5115 MARYLAND WAY
BRENTWOOD, TN 37027

RE: AMOS JONES
Last Four Of SSN 9606

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,

Tangela J. Howard