THIS INSTRUMENT PREPARED BY:

Worthington & Weiss, P.C.
409 N. College Street, Suite 1
Madisonville, Tennessee 37354

It is the responsibility of the grantees to have this deed recorded. YOU MUST RECORD THIS DEED IMMEDIATELY TO PROTECT YOUR INTEREST.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is $ 0.00.

Affiant

Subscribed and sworn to before me, this 9 day of May, 2017, at Madisonville, Tennessee.

Notary Public
My commission expires: 1/30/2019

WILLIAM T. WEISS NOTARY PUBLIC STATE OF TENNESSEE Exp. Jan 30 2019 MONROE COUNTY

AFFIDAVIT AS TO HEIRSHIP

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP/PARCEL:
Gwen Pearson 1183 Rosewood Trail Mount Juliet, Tennessee 37122	Gwen Pearson 1183 Rosewood Trail Mount Juliet, Tennessee 37122	Map 74 Group 16 Parcel 094.00

Affiant, GWEN PEARSON, after first being duly sworn, states that she is an adult citizen and resident of Mount Juliet, Wilson County, Tennessee. She further states that she is the only child born of the marriage of her father, Raymond F. Edwards, Jr. who died on September 5, 2010 and her mother, Gladys B. Edwards. Gladys B. Edwards died in Hermitage, Davidson County, Tennessee on October 7, 2015, leaving the affiant, her daughter, Gwen Pearson, as her sole heir at law and beneficiary. Attached hereto as Exhibit A is a copy of the Death Certificate of Gladys B. Edwards.

There has been no probate administration of the Decedent's estate in the State of Tennessee, and to the best of affiant's knowledge no probate administration is needed or is intended to be filed in the State of Tennessee. Since there was no estate to administer, the affiant having paid all claims, including funeral expenses, said estate was not offered for probate. Attached hereto as Exhibit B is the Tennessee Inheritance Tax Release. The TennCare Release is attached hereto as Exhibit C, respectively.

This Affidavit of Heirship is freely given pursuant to T.C.A. § 30-2-712, et seq., to help establish and reflect the heirship with respect to any real or personal property owned by Gladys B. Edwards in Davidson County, or elsewhere, and particularly to confirm the vesting of title to certain real property located at 5011 Bonnawell Drive, Hermitage, Davidson County, Tennessee, described as follows:

BILL GARRETT, Davidson County
Trans:T20170040689 AFFIDAVITH
Recvd: 05/12/17 12:20 6 pgs
Fees:32.00 Taxes:0.00
20170512-0047397

Land in Davidson County, Tennessee, being Lot No. 391 on the Plan of Hermitage Hills, Section 5, of record in Book 3300, pages 1 and 2, Register's Office for Davidson County, Tennessee, more particularly described as follows:

Said Lot No. 391 fronts 100 feet on a curve in the southerly margin of Bonnawell Drive and runs back between lines measuring 140.8 feet on the westerly side and 140.0 feet on the easterly side to a dead line in the rear on which it measures 43.75 feet.

Being part of the property conveyed to Harold S. Brooks and wife, Artie G. Brooks, by deed from Miller Kimbrough, Trustee, of record in Book 3277, page 33, Register's Office for Davison County, Tennessee.

Being the same property conveyed to Raymond F. Edwards, Jr. and wife, Gladys B. Edwards, by Warranty Deed dated February 27, 1962 from Harold S. Brooks and wife, Artie G. Brooks, of record in Book 3343, Page 455 in the Register's Office for Davidson County, Tennessee. Raymond F. Edwards, Jr. died on September 5, 2010 and his living spouse, Gladys B. Edwards received the above-described property at his death. Gladys B. Edwards died on October 7, 2015. Gwen Pearson is the only sole surviving heir of Gladys B. Edwards.

Affiant makes this Affidavit to show the current owner of the above-referenced real property is now GWEN PEARSON and her address is 1183 Rosewood Trail, Mount Juliet, Tennessee 37122.

The Affiant shall record this document pursuant to T.C.A. §30-2-712 in the Register of Deeds office for Davidson County, Tennessee.

FURTHER AFFIANT SAITH NOT.

Gwen Pearson

GWEN PEARSON, Sole Surviving Heir of GLADYS B. EDWARDS

Affiant makes this Affidavit to show the current owner of the above referenced real property is now GWEN PEARSON and her address is 1183 Rosewood Trail, Mount Juliet, Tennessee 37122.

There has been no probate administration of the Decedent's estate in the State of Tennessee, and to the best of affiant's knowledge no probate administration is needed or is intended to be filed in the State of Tennessee.

The affiant shall record this document pursuant to T.C.A. §30-2-712 in the Register of Deeds office for Monroe County, Tennessee.

Gwen Pearson

GWEN PEARSON
AFFIANT

STATE OF Tennessee)
COUNTY OF Monroe)

Personally appeared before the undersigned, a Notary Public in and for said County and State, the within named Affiant, GWEN PEARSON, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purpose therein contained.

Witness my hand and official seal this 6th day of May, 2017.

NOTARY PUBLIC
My Commission Expires: 1/30/2019



PREPARER OF THIS DOCUMENT MAKES NO REPRESENTATIONS AS TO THE STATUS OF THE TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS DEED HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER WHO MAKES NO REPRESENTATIONS WHATSOEVER OTHER THAN THAT IT HAS BEEN ACCURATELY TRANSCRIBED FROM THE INFORMATION PROVIDED.

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): Gladys Faye Edwards
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 07, 2015
4. TIME OF DEATH (Approx.): 6:25 AM
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 10, 1930
7. BIRTHPLACE (City and State or Foreign Country): Grainger County, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

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

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): 5011 Bonnawell Dr
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson
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: Retail
11b. KIND OF BUSINESS/INDUSTRY: Castner Knott
12. SOCIAL SECURITY NUMBER: [redacted]80
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 5011 Bonnawell Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076-1808
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

5

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): Willie E. Becler
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Relda Majors

DISPOSITION

20a. INFORMANT'S NAME: Gwendolyn Faye Pearson
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1183 Rosewood Trl, Mount Juliet, TN 37122-5033
21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Michael Lee Frazer
22b. LICENSE NUMBER: 6079
22c. SIGNATURE OF EMBALMER: Donnet E. Bullard
22d. LICENSE NUMBER: 6351
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deborah Boggs (JD)
25. DATE FILED (Month, Day, Year): October 14 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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
27a. SIGNATURE OF CERTIFIER: [signature]
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 10/13/15
27d. NAME AND ADDRESS: Laura Tharpe M.D. 1710 Patterson Street, 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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chronic Obstructive Pulmonary Disease	
Due to (or as a consequence of)		
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.	

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 ☐ 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

EXHIBIT
tabbies
A

8235300

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

8235300
Date Issued OCT 14 2015

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURE® ANTI-FRAUD PROTECTION

N0019001 7235601151218

TENNESSEE DEPARTMENT OF REVENUE

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

December 21, 2015

EDWARDS GLADYS B
ATTN: WILLIAM T WEISS
409 COLLEGE ST N STE 1
MADISONVILLE TN 37354-3103

Account Type:	INHERIT TX
Account No.:	442114669
Date of Death:	October 7, 2015
County:	DAVIDSON
SSN:	XXX-XX-8380

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

EDWARDS GLADYS B
ATTN: WILLIAM T WEISS
409 COLLEGE ST N STE 1
MADISONVILLE, TN 37354-3103

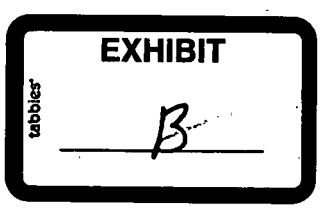
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State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

1/15/2016

W. TYLER WEISS
LEGAL COUNSEL
409 N. COLLEGE ST. STE 1
MADISSONVILLE, TN 37354

RE: GLADYS EDWARDS
Last Four Of SSN 8380

Dear W. TYLER WEISS:

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

