BILL GARRETT, Davidson County
Trans:T20170043698 AFFIDAVITH
Recvd: 05/23/17 10:57 5 pgs
Fees:27.00 Taxes:0.00
20170523-0051083

THIS INSTRUMENT WAS PREPARED BY:
Robert H. Lewis, Jr., Attorney
2016 8th Ave. South
Nashville, TN 37204

AFFIDAVIT OF HEIRSHIP

Charlotte Hilton, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

(1) That Affiant presently resides at the following address: 231 Cottage Place, Nashville, TN 37214.

(2) That Affiant personally knew Virgil Melvin Hilton, deceased, hereinafter referred to as Decedent, and has personal knowledge of the family of Decedent by reason of the following circumstances: Wife of Decedent.

(3) That Affiant swears that at date of death said Decedent owned real estate in Davidson County, Tennessee, specifically described in the Warranty Deed attached hereto and incorporated herein as Exhibit "A" to this instrument, of record in Instrument number 20150106-0001214, Register's Office for Davidson County, Tennessee, which is improved property known as: 231 Cottage Place, Nashville, TN 37204.

(4) That Decedent died on March 24, 2017 and was at that time a resident of Davidson County, State of Tennessee.

(5) That Decedent died testate to the best of my knowledge.

(6) That Affiant is Decedent's surviving spouse.

(7) That Decedent had no children born to or adopted during his lifetime.

(8) That Affiant is the sole heir-at-law of Decedent at his date of death and the date of execution of this Affidavit.

(9) [redacted] the Last Will and Testament of Decedent was filed in the Probate Court for Davidson County, bearing Docket No.: 17 UP 10 .

Charlotte Hilton
Affiant's Signature

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, Robert H. Lewis, Jr. , a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, CHARLOTTE HILTON, with whom I am personally acquainted, who made oath that the statements contained in the foregoing affidavit are true of Affiant's own knowledge.

WITNESS my hand and official seal at ~~Nashville~~, Tennessee, this 5th day of MAY 2017.

Notary Public

My Commission Expires:

ROBERT H. LEWIS, JR. NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY My Commission Expires January 6, 2020

VT-141100337

WARRANTY DEED

BILL GARRETT, Davidson County
Trans:T20150000996 DEEDWARR
Recvd: 01/06/15 10:30 2 pgs
Fees:13.00 Taxes:462.13
[redacted]
20150106-0001214

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS
$124,900.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, this the 5th day of JANUARY, 2015

Notary Public

MY COMMISSION EXPIRES:

GAIL C. VINCENT NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY My Commission Expires MAR. 6, 2018

THIS INSTRUMENT WAS PREPARED BY
VICTORY TITLE & ESCROW, LLC, 695 PRESIDENT PL., STE. 203, SMYRNA, TN 37167

ADDRESS OF NEW OWNER AS FOLLOWS :	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
V. MELVIN HILTON 231 COTTAGE PLACE NASHVILLE, TN 37214	SAME	095-02-OA-231.00 CO

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE,

DIANE S. CASHION, UNMARRIED

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO

V. MELVIN HILTON AND WIFE, CHARLOTTE M. HILTON

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LAND in Davidson County, Tennessee, being Unit No. 49 on the plan of Cottage Place Condominiums, of record in Book 6520, Pages 816-823, Register's Office for Davidson County, Tennessee, together with the undivided interest in the common elements, all as described in Master Deed and Declaration of Covenants, Conditions, and Restrictions of record in Book 6520, Page 745, said Register's Office, as amended by Amendment to Master Deed and Declaration of Covenants, Conditions, and Restrictions of record in Book 6569, Page 212, said Register's Office, and by Second Amendment to Master Deed and Declaration of Covenants, Conditions, and Restrictions of record in Book 6636, Page 722 and Third Amendment in Book 6902, Page 829, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed to Diane S. Cashion, unmarried, by Warranty Deed from Katie Stanley, unmarried, dated 5/8/08 and recorded 5/15/08 in Instrument No. 20080515-0050211, Register's Office for Davidson County, Tennessee.

Also conveyance of a carport of record in Book 11676, Page 939, said Register's Office

This conveyance is subject to: 1) Current years taxes which have been prorated and assumed by the Grantee; 2) all restrictions of record; 3) all easements of record; 4) All visible easements; 5) All matters appearing on the plan of record; 6) All applicable government and zoning regulations.

This is improved (X) property known as **231 COTTAGE PLACE, NASHVILLE, TN 37214**
TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns forever, and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands this 5th day of JANUARY, 2015.

Diane S. Cashion

DIANE S. CASHION

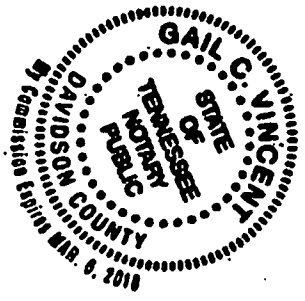
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named DIANE S. CASHION the bargainor(s) with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 5th day of JANUARY, 2015.

Commission Expires:_____

Gail C Vincent
Notary Public



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): Virgil Melvin Hilton
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 24, 2017
4. TIME OF DEATH (Approx.): 1515
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 22, 1935
7. BIRTHPLACE (City and State or Foreign Country): Thomasville, North Carolina

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): Alive Hospice
8c. CITY OR TOWN: Nashville
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): Charlotte McAllister
11a. DECEDENT'S USUAL OCCUPATION: Manager
11b. KIND OF BUSINESS/INDUSTRY: Hotel

12. SOCIAL SECURITY NUMBER: 244-46-3884
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 231 Cottage Place
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution): Melvin Hilton

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): Virgil M. Hilton
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nova Clinard

DISPOSITION

20a. INFORMANT'S NAME: Charlotte Hilton
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 231 Cottage Place, Nashville, Tennessee 37214

21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☒ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn's Cross Mausoleum
21c. LOCATION - City or Town and State: Nashville, Tennessee

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Stephanie Marie Winkle-Miller
22b. LICENSE NUMBER: 6901
22c. SIGNATURE OF EMBALMER: ▶ Brandon A. Compton
22d. LICENSE NUMBER: 5324
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933
24. REGISTRAR'S SIGNATURE: ▶ William K. Hinds DR
25. DATE FILED (Month, Day, Year): 3/30/2017

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: ▶ Allmadge MD
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 03/29/17
27d. NAME AND ADDRESS: 1718 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.
Suspected lung cancer mass

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

COPYRIGHT CAPTURING APPLICATIONS PROTECTED

09122603

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.

MAR 30 2017

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

0 9 1 2 2 6 0 3
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

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

5/11/2017

ROBERT LEWIS
LEGAL COUNSEL
2016 8TH AVE SOUTH
NASHVILLE, TN 37204

RE: VIRGIL HILTON
Last Four Of SSN 3884

Dear ROBERT LEWIS:

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