BILL GARRETT, Davidson County
Trans:T20170059756 AFFIDAVITH
Recvd: 07/12/17 15:54 5 pgs
Fees:27.00 Taxes:0.00
20170712-0070318

This Instrument Prepared By:
BONE MCALLESTER NORTON PLLC
131 Saundersville Road, Suite 130
Hendersonville, Tennessee 37075
615.822.8822

Owner: Melissa Ragsdale Bloom Map & Parcel No.: 1460-E-19.00

Send tax notice to: 1227 Otter Creek Road
Nashville, Tennessee 37215

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

The undersigned, being duly sworn, deposes and says: Betty Jean Ragsdale, a resident of Nashville, Davidson County, State of Tennessee, who died July 7, 2016, as evidenced by a copy of the death certificate attached as Exhibit A, held fee simple interest in the following described real estate (the "Property"):

Land in Davidson County, Tennessee, being Lot(s) 1, as shown on the map entitled the Plan of Guill Heights Subdivision, of record in Book 2854, page 10, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to EDGAR F. RAGSDALE AND WIFE, BETTY M. RAGSDALE, by deed from J. GARY ALLEN AND WIFE, TERYL P. ALLEN, of record in Book 5265, page 456, dated March 23, 1978, said Register's Office. The said Edgar F. Ragsdale having since died, leaving Betty M. Ragsdale the surviving tenant by the entirety. The said Betty M. Ragsdale having since died on or about July 7, 2016, leaving the property to her only heirs at law – Melanie Mundy, Roger Ragsdale, and Melissa Ragsdale Bloom. For further reference see the Affidavit of Inheritance of record in Instrument No. N/A, said Register's Office.

This is improved property known as 110 Guill Court, Nashville, Tennessee 37214.

The undersigned received one hundred (100%) percent interest in the Property by virtue of:

Being the recipient of the real estate under the provisions of the decedent's Will, probated in the Chancery (Probate) Court of Davidson County, State of Tennessee, Case No. 17P1084.

A release from the Bureau of TennCare has been received, a copy of which is attached as Exhibit B.

There are no debts or encumbrances remaining that might become a lien on the interest on the Property.

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

THE ABOVE LEGAL DESCRIPTION IS THE SAME AS THAT CONTAINED IN THE PREVIOUS DEED OF RECORD. SUBJECT TO ANY AND ALL PLATS, EASEMENTS, RESTRICTIONS AND OTHER MATTERS OF RECORD. THIS AFFIDAVIT OF INHERITANCE IS PREPARED ON INFORMATION PROVIDED BY GRANTORS AND NO EXAMINATION HAS BEEN MADE BY THE PREPARER. THE PROPERTY IS SUBJECT TO LIENS AND ENCUMBRANCES OF RECORD.

Melissa Ragsdale-Bloom
MELISSA RAGSDALE BLOOM,
Executor of the Estate of
Betty Jean Ragsdale

Melanie Mundy
MELANIE MUNDY

ROGER RAGSDALE

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Melissa Ragsdale Bloom, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the forgoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 12th day of July, 2017.

ANGELA M. CRACHIOLO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO

Angela M Crachiolo
Notary Public

My Commission Expires: 01-06-2020

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Melanie Mundy, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the forgoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 12th day of July, 2017.

ANGELA M. CRAICHIOLO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Angela M Craichiolo
Notary Public

My Commission Expires: 01-06-2020

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Roger Ragsdale, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the forgoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 12th day of July, 2017.

ANGELA M. CRAICHIOLO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Angela M Craichiolo
Notary Public

My Commission Expires: 01-06-2020

STATE OF TENNESSEE
Office of Vital Records

PHOTOCOPY

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Betty Jean Ragsdale
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 7, 2016
4. TIME OF DEATH (Approx.): 7:11 p.m.
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 9, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nashville,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) _____

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): Bethany Health and Rehab
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):
11a. DECEDENT'S USUAL OCCUPATION: Comptroller
11b. KIND OF BUSINESS/INDUSTRY: Transportation

12. SOCIAL SECURITY NUMBER: [redacted]1473
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5229 John Hager Rd.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
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 W. Mayfield
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Esta Parks

DISPOSITION

20a. INFORMANT'S NAME: Melissa Ragsdale Bloom
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1227 Otter Creek Rd. Nashville, TN 37215
21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Vanderbilt School of Medicine
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR ▶
22b. LICENSE NUMBER
22c. SIGNATURE OF EMBALMER ▶
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: none
23b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

24. REGISTRAR'S SIGNATURE ▶ William R Bonin for DR
25. DATE FILED (Month, Day, Year): 7/29/2016

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 ▶ Ralf Habermann MD
27b. LICENSE NUMBER: 27376
27c. DATE SIGNED (Month, Day, Year): 7/25/16
27d. NAME AND ADDRESS: Ralf Habermann MD, 1161 E Kirkland Nashville TN 37232

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. Cardiac arrest
Due to (or as a consequence of)
b. CHF
Due to (or as a consequence of):
c. HTN
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.
Alzheimers Dementia, ASVD

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

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8516410

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

8516410 8/2/2016
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD, 3W
NASHVILLE, TENNESSEE 37243
(844) 629-0941 / Fax (615) 734-5352

April 17, 2017

Melissa Bloom
1227 Ottercreek Road
Nashville, TN 37215

RE: Estate of Betty J. Ragsdale

Dear Ms. Ragsdale:

The State of Tennessee hereby releases the TennCare claim against the above-referenced estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release of claim is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, *et seq.*

Please contact me if you have any questions.

Sincerely,

Cameron Himes
office: (844)629-0941
cameron.himes@tn.gov