This instrument was prepared by:

Beck and Beck, PLLC
Attorneys at Law
4205 Gallatin Rd.
Nashville, TN 37216

BILL GARRETT, Davidson County
Trans:T20170064168 DEEDQC
Recvd: 07/26/17 13:52 5 pgs
Fees:27.00 Taxes:0.00

20170726-0075740

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is **$ 0.00.**

Venita Bobbitt
AFFIANT

MELINDA G. ROOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires MAY 6, 2019

Subscribed and sworn to before me this 20th day of July, 2017.

Melinda G. Rooker
NOTARY PUBLIC

My Comm Expires: 05-06-2019

Address New Owner as follows:
Venita & Wade Bobbitt
810 N. Graycroft Ave.
Madison, TN 37115

Send Tax Bills to:
Same as Owner

Map-Parcel Numbers:
052 01 0C 006 00

EXECUTOR'S DEED

KNOW ALL MEN BY THESE PRESENTS that **VENITA & WADE BOBBITT**, Co-Executor's for the **Estate of Mabel Virginia Shumate** and in consideration of the sum of **Zero** and No/100 Dollars (**$0.00**) which is hereby acknowledged as in connection with the distribution and closing of the **Estate of Mabel Virginia Shumate,** the decedent's Last Will and Testament having been duly admitted to probate in Davidson County, Tennessee, on February 16th, 2017 and recorded under Docket #17P-200 in the Probate Court Clerk's Office for said county, has bargained and sold, and does hereby [convey,] remise, release and forever quitclaim unto, **VENITA & WADE BOBBITT** , their heirs and assigns, all of my right, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, which is described as follows:

Being Lot No. 6 on the plan of Neely's Chase of record in Book 7900, page 196, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of said lot.

Being a portion of the same property conveyed to Neely's Chase Partners by deed of record in Book 7575, page 253, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Mabel V. Shumate, unmarried, by Neely's Chase Partners by deed of record in Book 8927, page 465, Register's Office for Davidson County, Tennessee.

This is improved property known as: **825 Neely's Chase Drive, Madison, TN 37115.**

STATE OF TENNESSEE

COUNTY OF DAVIDSON

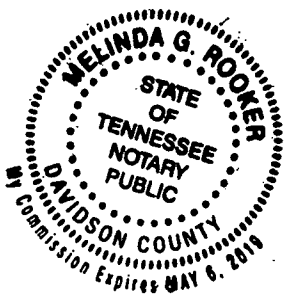
Personally appeared before me, Melinda G. Rooker, a Notary Public, in and for said County and State, **Wade Bobbitt, Co-Executor,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 20th day of July, 2017.

Melinda G. Rooker

NOTARY PUBLIC

MY COMMISSION EXPIRES: 05-06-2019



Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

The preparer of this deed makes no representation as to the title of property described or as to the accuracy of its description herein conveyed as it was prepared without benefit of title search or survey; but strictly by documents provided by the parties involved.

WITNESS my hand this 20th day of July, 2017.

Venita Bobbitt, Executrix
Venita Bobbitt, Co-Executor

Wade Bobbitt, Executor
Wade Bobbitt, Co-Executor

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, Melinda G. Rooker, a Notary Public, in and for said County and State, **Venita Bobbitt, Co-Executor,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 20th day of July, 2017.

Melinda G. Rooker
NOTARY PUBLIC

MY COMMISSION EXPIRES: 05-06-2019

MELINDA G. ROOKER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 6, 2019

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

2/24/2017

MARTHA BECK
LEGAL COUNSEL
4205 GALLATIN RD
NASHVILLE, TN 37216

RE: MABEL SHUMATE
Last Four Of SSN 1660

Dear MARTHA BECK:

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

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): Mabel Virginia Shumate
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 29, 2016
4. TIME OF DEATH (Approx.): 4:05 pm
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 27, 1933
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)

8b. FACILITY NAME (If not institution, give street and number): 810 North Graycroft Ave
8c. CITY OR TOWN: Madison
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: Accounting
11b. KIND OF BUSINESS/INDUSTRY: Castner Knott

12. SOCIAL SECURITY NUMBER: 408-48-1660
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 810 North Graycroft
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

NAME OF DECEDENT (For use by Physician or Institution)

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): Cordell Austin Davenport
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lou Belle England

20a. INFORMANT'S NAME: Venita Bobbitt
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 810 N Graycroft Ave, Madison, TN 37115-2555

DISPOSITION

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

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22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Herschel David Begarly
22b. LICENSE NUMBER: 5610
22c. SIGNATURE OF EMBALMER: ▶ Allison Chelsea Klotz
22d. LICENSE NUMBER: 4856

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: ▶ DBrumley DR
25. DATE FILED (Month, Day, Year): 1/5/17

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: ▶ RBerkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 1/4/17
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 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. Alzheimer's Dementia	
	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 ☐ 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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08980248

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.

JAN 05 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 8 9 8 0 2 4 8
Date Issued

CERTIFICATION OF VITAL RECORD