This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2594
Fax: (615) 876-4292
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

BILL GARRETT, Davidson County
Trans:T20170064592 AFFIDAVITH
Recvd: 07/27/17 13:55 14 pgs
Fees:72.00 Taxes:0.00
20170727-0076254

NEW OWNERS:

Jerry Wayne Friedmann
766 Dry Creek Road
Goodlettsville, TN 37072

Map & Parcel No:
04111012700

PROPERTY ADDRESS: 3909 Devonshire Drive
Nashville, TN 37207

SEND TAX NOTICE TO: Jerry Wayne Friedmann
766 Dry Creek Road
Goodlettsville, TN 37072

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Jerry Wayne Friedmann, being first duly sworn according to law, and being of lawful age and residing for the past 60 or more years in Davidson, County, State of Tennessee, and pursuant to Section 30-2-72 of the Tennessee Code Annotated hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Marie A. Friedmann died testate on 6 April 2017.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime to Charles L. Friedmann Jr., who died testate on 30 January 2010 as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The union between decedent and Charles L. Friedmann Jr., produced one (1) child: Jerry Wayne Friedmann. The decedent never gave birth or adopted any other child or children.

4. At the time of her death, the decedent owned a 100% interest in house and lot described as follows, to wit:

SEE EXHIBIT "C"
ATTACHED HERETO
FOR COMPLETE DESCRIPTION
OF PROPERTY

Being the same property conveyed to Charles L. Friedmann Jr. and wife, Marie A. Friedmann, by Warranty Deed from Bernice E. Grubbs and wife, Dottie Grubbs, of record in Book 3792, Page 561, Register's Office for Davidson County, Tennessee.

5. The Tennessee Bureau of TennCare Release of Claim form dated 17 July 2017, is attached as Exhibit "D".

6. At the time of her death, the decedent owed no debt.

7. The decedent's Last Will and Testament was admitted for probate without formal administration for muniment of title only on 13 July 2017. A certified copy of decedent's Will and Court Order are attached as Exhibit "E" and "F".

8. This Affidavit confirms the vesting of title to real property located at 3909 Devonshire Drive, Nashville, Davidson County, Tennessee, after the death of Marie A. Friedmann, in Jerry Wayne Friedmann.

NEW OWNER: Jerry Wayne Friedmann
766 Dry Creek Road
Goodlettsville, TN 37072

Further, Affiant saith not.

Dated this 25th day of July, 2017

JERRY WAYNE FRIEDMANN,
AFFIANT/BENEFICIARY

Subscribed and sworn to before me this 25th day of July, 2017

NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-5-2019

JERRY WAYNE FRIEDMANN

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for the State and County aforesaid, **JERRY WAYNE FRIEDMANN**, 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 Joelton, on this the 25th day of July, 2017.

NOTARY PUBLIC
My commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-5-2019

NOTE TO REGISTER:
Upon recording, please return the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
6408 Clarksville Pike
Joelton, TN 37080

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): Marie Allene Friedmann
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 6, 2017
4. TIME OF DEATH (Approx): 1:57 pm
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): April 15, 1924
7. BIRTHPLACE (City and State or Foreign Country): Hickman County, 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): Skyline Medical Center
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: Homemaker
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3909 Devonshire Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
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): Primm Luckett
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Geneva Venable

20a. INFORMANT'S NAME: Jerry Friedmann
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 766 Dry Creek Rd. Goodlettsville, TN 37072

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
10dc

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Randall A. Watson
22b. LICENSE NUMBER: 16243
22c. SIGNATURE OF EMBALMER: ▶ Randall A. Watson
22d. LICENSE NUMBER: 16223
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Rd. Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ William E. Harris DR
25. DATE FILED (Month, Day, Year): 4/12/2017

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: ▶ [signature] MD
27b. LICENSE NUMBER: TN 44189
27c. DATE SIGNED (Month, Day, Year): 4/12/2017
27d. NAME AND ADDRESS: Rodney D. Lewis, MD 222 22nd Ave N 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.	Acute Stroke (Cerebrovascular Accident)	Hours
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.
Severe Aortic Stenosis, CKD IV, Atrial Fibrillation, HTN, DM II

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) ROA 1399

09123908

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.

APR 12 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

09123908

EXHIBIT A

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1000684

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Charles L. Friedmann Jr.	Male	January 30, 2010

4. SOCIAL SECURITY NUMBER (If Deceased)	5a. AGE - LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Min.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	87			Oct 18, 1922	Nashville, Tennessee

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify) Hospice

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Hospice at Skyline , Madison Campus	Madison	Davidson

3VA

Alive

10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Marie Luckett	Machinist	Bouchard and Son

NAME OF DECEDENT – For use by physician or institution

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	3909 Debonshire Dr.

CENSUS TRACT	13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No	15. RACE – American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5)
		37207		White	8	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Charles L. Friedmann, Sr.	Pauline Coleman

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Marie Friedmann	Wife	3909 Debonshire Dr. Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
	Spring Hill Cemetery	Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ A.E. Knight, III	4935	▶ A.E. Knight, III	4934

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Phillips-Robinson Funeral Home 2707 Gallatin Road, Nashville, Tennessee 37216	331

REGISTRAR

29. REGISTRAR'S SIGNATURE: Tonya Y. Foreman DR — 24. DATE FILED (Month, Day, Year): February 4, 2010

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Wendy KnowHow DO

25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
1758	February 2, 2010

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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Wendy KnowHow DO, 500 Hospital Dr. 2nd Floor Madison, TN 37115

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Squamous Cell Carcinoma with Unknown Primary	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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):	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

HTN

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [X] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide			1 [ ] Yes 2 [ ] No	

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

DH-1350 (REV. 4/90)

BIRTH NO. _____

3786451

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.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date FEB 04 2010

EXHIBIT B

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT "C"

Land in the 12th Civil District of Davidson County, Tennessee, being Lot No. 52 on the Plan of Bellshire Estates, Section 4, as of record in Book 2132, Page 113, Register's Office for said county, described as follows:

BEGINNING on the easterly margin of Devonshire Drive at the corner of Lots Nos. 51 and 52; thence with the line between said two lots, eastwardly 352.00 feet; thence southwardly 80.9 feet to the common corner of Lots Nos. 52, 55 and 56; thence with the line between Lots Nos. 52 and 55; southwestwardly 44.3 feet to the line between Lots Nos. 52 and 53; thence with the line between Lots Nos. 52 and 53, westwardly 333.6 feet to the easterly margin of Devonshire Drive; thence with said drive northwardly 125.6 feet to the beginning.

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

7/17/2017

HOWARD M. SKIPWORTH
LEGAL COUNSEL
PO BOX 489
JOELTON, TN 37080

RE: MARIE FRIEDMANN
Last Four Of SSN [redacted]

Dear HOWARD M. SKIPWORTH:

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,

Angela J. Howard

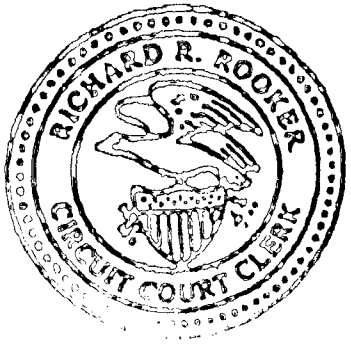
EXHIBIT D

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **LAST WILL AND TESTAMENT** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **17P-1114**.

ESTATE OF MARIA A. FRIEDMANN

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 13th day of July in the year Two Thousand and Seventeen.



RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk

EXHIBIT
E

17p1114

FILED

JUL 13 2017

RICHARD R. ROOKER, Clerk
By _____ Deputy

LAST WILL AND TESTAMENT
OF
MARIE A. FRIEDMANN

I, MARIE A. FRIEDMANN, a resident of Goodlettsville, Davidson County, Tennessee, being of sound mind and disposing memory do hereby make, declare and publish this to be my Last Will and Testament, hereby revoking any and all former Wills and Codicils heretofore by me made.

I.

I appoint my son, JERRY WAYNE FRIEDMANN, as Executor of my Last Will and Testament, and direct that he not be required to execute bond.

II.

I direct that all my lawful debts (except debts secured by mortgage or other security instruments, which may be paid off or retained in the discretion of my Executor) my funeral expenses, the expenses of administration of my estate, and inheritance, estate or other death taxes that may be imposed upon my estate, including interest and penalties thereon, be paid by my Executor as soon as possible after my death. All realty is part of my probate estate and shall be treated as personalty for administration purposes.

III.

If my husband, CHARLES LEE FRIEDMANN, JR., survives me, I give, devise and bequeath all the rest, residue and remainder of my estate, whether real, personal or mixed, and wherever situated, to him.

M.A.F
JLD
RLW

IV.

If my husband, CHARLES LEE FRIEDMANN, JR., does not survive me, I give, devise and bequeath all the rest, residue and remainder of my estate, whether real, personal or mixed, and wherever situated, to my son, JERRY WAYNE FRIEDMANN.

V.

If my son, JERRY WAYNE FRIEDMANN, does not suvive me, I give, devise and bequeath all the rest, residue and remainder of my estate, whether real, personal or mixed, and wherever situated, to my grandson, JERRY WAYNE FRIEDMANN, JR.

VI.

If my husband and I die under such circumstances that it cannot be determined who predeceased the other, I direct that I shall be presumed to have survived him, and that this Will and its provisions be construed upon that basis.

IN WITNESS WHEREOF, I have hereunto set my hand on this page, the preceding page and on the following page of this My Last Will and Testament, on this 12 day of June, 1981, and pursuant to Chapter 568 of the 1972 Public Acts of the General Assembly of the State of Tennessee, I request the attesting witnesses to make the affidavit set out below.

Marie A. Friedmann
MARIE A. FRIEDMANN,
TESTATRIX

M.A.F.
RLW
RLW

ATTEST TO EXECUTION OF WILL

STATE OF TENNESSEE

COUNTY OF DAVIDSON

JANIS K. DUKEE and Richard L. Windsor after first being duly sworn, did make oath that the foregoing Last Will and Testament was signed by MARIE A. FRIEDMANN, as and for, and at that time, acknowledged, published and declared to be her Last Will and Testament, in the sight and presence of us, the undersigned, who at here request and in her sight and prsence, and in the sight and presence of each other, have subscribed our names as attesting witnesses on the 12th day of June, 1981; and, we further make oath that the Testatrix was of sound mind and disposing memory, and not acting under the fraud or the undue influence of any person, and was more than eighteen (18) years of age; and that each of the attesting witnesses was more than eighteen (18) years of age.

Richard L. Windsor
WITNESS

Hermitage, Tennessee
ADDRESS

Janis K. Dukee
WITNESS

Goodlettsville, Tn
ADDRESS

Sworn and subscribed before me this 12th day of June, 1981.

Douglas A. Berry
NOTARY PUBLIC

My Commission Expires: October 17, 1982

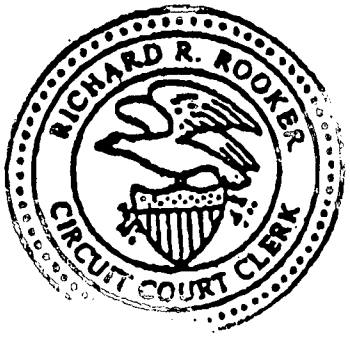
M.A.F
J.K.D.
R.L.W

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **ORDER FOR MUNIMENT OF TITLE** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **17P-1114**.

ESTATE OF MARIA A. FRIEDMANN

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 13th day of July in the year Two Thousand and Seventeen.



RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk

EXHIBIT F

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**), FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE

FILED

JUL 13 2017

RICHARD R. ROOKER, Clerk
By _____ Dep. Clerk

In Re: ESTATE OF
MARIE A. FRIEDMAN,
Deceased.

Case No. 17P1114

JERRY WAYNE FRIEDMANN,
Personal Representative.

ORDER ADMITTING WILL TO PROBATE WITHOUT ADMINISTRATION

Based on an examination of the Petition, the decedent's last will, the affidavit of the subscribing witnesses and the sworn oath of Petitioner, on July 13, 2017, the Master finds the following:

A. Decedent was a resident of Davidson County, Tennessee;

B. Decedent died on April 6, 2017 at the age of ninety-two (92);

C. Decedent left a paper writing bearing date of June 12, 1981, which was properly signed and witnessed (the "will"). The will consist of three (3) typewritten pages. Because the sole heir is the sole beneficiary, this court admits the will in spite of TCA 32-1-104(5) and the Estate of Bill Morris, case. (GP)

D. The decedent's property subject to a court-supervised administration had been distributed according to the decedent's will; and

~~E. All of the debts of the decedent have been paid in full.~~ (GP)

Based on these findings, the Court orders the following.

1. Decedent's will dated June 12, 1981 be admitted to probate, for muniment of title only. (GP)

2. No letters testamentary need be issued to Jerry Wayne Friedmann;

3. ~~Notice to creditors and TennCare as required by T.C.A.§§ 30-2-306 and 71-5-116 respectively are waived; and~~ (&)

4. No court-supervised administration of the decedent's estate is required.

ENTERED, this the 13th day of July, 2017.

PROBATE CLERK AND MASTER

Approved for entry:
HOWARD M. SKIPWORTH & ASSOCIATES

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