BILL GARRETT, Davidson County
Trans:T20170071338 AFFIDAVITH
Recvd: 08/17/17 08:52 5 pgs
Fees:27.00 Taxes:0.00
20170817-0084392

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

Owner: Faye Coleman
Send tax notice to: 1233 Timber Valley
Nashville, TN 37214-4234

Map No.: 108-16 Parcel No.: 248

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: Ralph Coleman (a/k/a Ralph Martin Coleman) a resident of Davidson County, State of Tennessee, who died May 20, 2017 as evidenced by a copy of the death certificate attached as Exhibit A, held fee simple interest in the following described real estate:

> Described land in Davidson County, Tennessee, being Lot No. 102-A on the Plan of Zone Lot Division, Lots 98 through 104, Percy Priest Woods, Section Four, of record in Book 6250, Page 757, Register's Office for said County, and also shown as part of Lot 102 on the Final Plat, Section Four, Percy Priest Woods Subdivision, of record in Book 6250, Page 357, said Register's Office to which plan reference is hereby made for a more complete and accurate legal description.
>
> BEING the same property acquired by Ralph Coleman pursuant to the provisions of the National Housing Act, as amended (12 U.S.C. 1701 et seq.) and the Department of Housing and Urban Development Act (79 State, 667), by Deed dated the 29th day of December 1992, and recorded in Book 8829, page 191 Office of the Register, County of Davidson, State of Tennessee.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Record Book 2729, Pages 726 and 727 in the Register's Office of Sumner County, Tennessee.

The undersigned received one hundred (100%) percent interest in the real estate described above by virtue of:

Being the recipient of the real estate under the provisions of the decedent's Will, probated in the Circuit Court of Davidson County, State of Tennessee, Case No. 17P-1251.

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

There are not debts or encumbrances remaining that might become a lien on the interest in the described realty except:

1. Chase Mortgage Account No.: 1690008422

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. PROPERTY IS SUBJECT TO LIENS AND ENCUMBRANCES OF RECORD.

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.

Alice Faye Coleman
FAYE COLEMAN, Executrix

STATE OF TENNESSEE)
COUNTY OF Davidson)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared FAYE COLEMAN, 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 19th day of June, 2017.

Notary Public

REBECCA LUBIESKI
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires NOV. 5, 2019

My Commission Expires: November 5, 2019

AFFIDAVIT

I hereby swear or confirm that the actual consideration or value, whichever is greater, for this transfer is $0. 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.

Alicia Faye Coleman
Affiant

Subscribed and sworn to before me, this the 19th day of June, 2017.

Notary Public

My commission expires: November 5, 2019

REBECCA LUBIESKI
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires NOV. 5, 2019

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT
tabbies
A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ralph Martin Coleman
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 20, 2017
4. TIME OF DEATH (Approx.): 12:56 pm
5a. AGE-Last Birthday (Years): 62
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 13, 1954
7. BIRTHPLACE (City and State or Foreign Country): Frankfort, Germany

TYPE/PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
8a. PLACE OF DEATH (Check only one)
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): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Alice Faye Davenport
11a. DECEDENT'S USUAL OCCUPATION: Information Tech.
11b. KIND OF BUSINESS/INDUSTRY: Steves & Sons

12. SOCIAL SECURITY NUMBER: [redacted]3618
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1233 Timber Valley Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] High school graduate or GED completed
[ ] Some college credit, but no degree
[X] 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)
[X] 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)
[X] 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)
[X] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Norris Keith Coleman
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Gisela Eber

20a. INFORMANT'S NAME: Faye Coleman
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1233 Timber Valley Drive, Nashville, TN 37214

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Blanton Cemetery
21c. LOCATION - City or Town and State: Manchester, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Chris Neighbours
22b. LICENSE NUMBER: 4249
22c. SIGNATURE OF EMBALMER: ▶ Robert McNeese
22d. LICENSE NUMBER: 6805
23a. NAME AND ADDRESS OF FUNERAL HOME: Cremation & Funeral Services of Nashville 1332 Rosa Parks Blvd Nashville TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 1233

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 5/24/2017

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] 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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: TN 51027
27c. DATE SIGNED (Month, Day, Year): 5.23.17
27d. NAME AND ADDRESS: William Donnelson, MD 250 25th Ave. N. Ste 412 Nash 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. MRSA pneumonia	2 weeks
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): Plasma cell leukemia	3 years
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

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 [X] 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

09311225

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.

MAY 24 2017

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Lori B. Ferrari, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

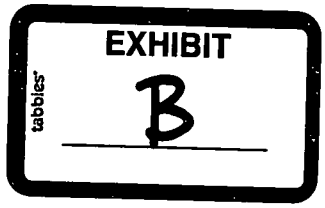
John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 3 1 1 2 2 5
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

8/9/2017

WILLIAM WRIGHT
LEGAL COUNSEL
131 SAUNDERSVILLE RD. STE 130
HENDERSONVILLE, TN 37075

RE: RALPH COLEMAN
Last Four Of SSN 3618

Dear WILLIAM WRIGHT:

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,

Jancela J. Howard