AFFIDAVIT OF INHERITANCE (REAL ESTATE)

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Sonya E. Hall Danny Mitchell Spencer Sloane Spencer Sharpe 508 N. Marthona Road Madison, TN 37115	508 N. Marthona Rd. Madison, TN 37115 Attn: Sonya Hall	042 11 0 024.00

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney
7100 Hardwood Lane - College Grove, TN 37046
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@adamslaw-tn.com

BILL GARRETT, Davidson County
Trans:T20170078548 AFFIDAVITH
Recvd: 09/08/17 08:25 9 pgs
Fees:47.00 Taxes:0.00
20170908-0092243

STATE OF TENNESSEE)

COUNTY OF Williamson

The undersigned, being duly sworn, deposes and says:

ANNIE V. HALL, a resident of Davidson County, State of Tennessee, who died January 20, 2015, as evidenced by a copy of the death certificate attached as Exhibit A, held a 100% interest in the following described real estate located in Davidson County, Tennessee, bound and described as follows, to wit:

> Being Lot No. 7 on the Plan of Section One, Marning View Subdivision, as of record in Book 2133, page 95, Register's Office for said County.
>
> Said Lot 7 fronts 121 feet on the easterly side of Marthonna Road, as measured partly along a curve, and runs back 319.3 feet on the northerly line and 287.65 feet on the south line, to a dead line, measuring 229.7 feet thereon.
>
> This is improved property known as 508 N. Marthona Road, Madison, Tennessee 37115.

THE PREVIOUS AND LAST conveyance by deed to Harold B. Hall and wife, Annie V. Hall, by A.J. Coleman and wife, Edith Coleman, of record in Book 2278, page 485, Register's Office for Davidson County, Tennessee.

At the time of her death, ANNIE V. HALL held a 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety. Her husband, HAROLD B. HALL died on February 1, 1993, as evidenced by a copy of the death certificate attached as Exhibit B.

The Last Will and Testament of Annie Vantrease Hall was admitted to probate in the Seventh Circuit of Davidson County, Tennessee (Probate Division) on June 1, 2017, Docket No. 17P864, as evidenced by a copy of the Order Admitting Will to Probate and Granting of Letters Testamentary and The Last Will and Testament of Annie Vantrease Hall attached as Exhibit C. The beneficiaries of the estate are as follows: Fifty Percent (50%) interest in the real estate described above vested in SONYA E. Hall, and Fifty Percent (50%) interest in the real estate described above vested in LUCY HALL SPENCER.

LUCY HALL SPENCER died intestate on December 4, 2016, Seventh Circuit Court of Davidson County, Tennessee (Probate Division) 17P865. LUCY HALL SPENCER was survived by her husband, DANNY MITCHELL SPENCER, and one child, SLOANE SPENCER SHARPE, who each received a Fifty Percent (50%) interest in her estate as heirs at law. The Order for Intestate Administration is attached as Exhibit D.

SLOANE SPENCER ~~SHARPE~~ SHARPE,
Affiant

Subscribed and sworn to before me this
the 22 day of August, 2017.

Notary Public

My Commission Expires: 7/29/2018

TANYA MAGEE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

DANNY MITCHELL SPENCER,
Affiant

Subscribed and sworn to before me this
the 22 day of August, 2017.

Notary Public

My Commission Expires: 7/29/2018

TANYA MAGEE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

SONYA E. HALL,
Affiant

Subscribed and sworn to before me this
the 18th day of Aug., 2017.

Notary Public

My Commission Expires: _____

Lori Bell
My Commission Expires 03/08/2021

LORI BELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Annie Mai Hall			2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): January 20, 2015
4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years): 103	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): October 20, 1911
7. BIRTHPLACE (City and State or Foreign Country): Hendersonville, 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): NHC Place of Cool Springs	8c. CITY OR TOWN: Franklin	8d. COUNTY OF DEATH: Williamson

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: Lab. Tech.	11b. KIND OF BUSINESS/INDUSTRY: DuPont
12. SOCIAL SECURITY NUMBER: [redacted]7155	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 637 Tobylynn Dr	13e. INSIDE CITY LIMITS: ☑ Yes ☐ No	13f. ZIP CODE: 37211-5930	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

18. FATHER'S NAME (First, Middle, Last): George Vantrease	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Laura Tittle

20a. INFORMANT'S NAME: Lucy Spencer	20b. RELATIONSHIP TO DECEDENT: Daughter	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 637 Tobylynn Dr, Nashville, TN 37211-5930

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens	21c. LOCATION - City or Town and State: Goodlettsville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: Robert E Frazier	22b. LICENSE NUMBER: 6060	22c. SIGNATURE OF EMBALMER: Teresa Mueller	22d. LICENSE NUMBER: 6643

23a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home & Memorial Gardens 1150 South Dickerson Road, Goodlettsville, TN 37072	23b. LICENSE NUMBER OF FUNERAL HOME: 927

24. REGISTRAR'S SIGNATURE: Donna J. Boyd	25. DATE FILED (Month, Day, Year): January 26, 2015

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.

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

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER: 34753	27c. DATE SIGNED (Month, Day, Year): 1/23/15
	27d. NAME AND ADDRESS	

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. Pneumonia	
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. Acute renal insufficiency — Due to (or as a consequence of)	
	c. Heart disease — 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 ☑ 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

7880348

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.

7880348

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued JAN 26 2015

CERTIFICATION OF VITAL RECORD

EXHIBIT
tabbies
B

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

FEB 17 1993

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

Jackie Wadley, M.D.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

11

930061

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): HAROLD BURKE HALL
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): February 1, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]8112
5a. AGE – LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Oct. 23, 1909
7. BIRTHPLACE (City and State or Foreign Country): MADISONVILLE, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 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 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): NASHVILLE MEMORIAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): ANNIE VANTREASE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): OPERATOR
12b. KIND OF BUSINESS/INDUSTRY: DUPONT
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 508 NORTH MARTHONNA ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No. Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): CLOYD BAILEY HALL
18. MOTHER'S NAME (First, Middle, Maiden Surname): JEANNIE FORRESTER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. ANNIE HALL
19b. RELATIONSHIP TO DECEASED: SPOUSE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 508 NORTH MARTHONNA ROAD, MADISON, TN 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): FOREST LAWN MEMORIAL GARDENS
20c. LOCATION – City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Chris Neighbours
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4249
21c. SIGNATURE OF EMBALMER: ▶ William Carter
21d. LICENSE NUMBER OF EMBALMER: 3610
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 DICKERSON ROAD, GOODLETTSVILLE, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 732

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha D. Biggerstaff
24. DATE FILED (Month, Day, Year): February 17, 1993

CERTIFIER

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

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 SIGNATURE AND TITLE OF PHYSICIAN: ▶ Robert D. Pilkinton M.D.
25b. LICENSE NUMBER: MD4950
25c. DATE SIGNED (Month, Day, Year): 021293
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Robert D. Pilkinton, M.D. 610 Ws Due Ws G 102 Madison, TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases, 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. Acute myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Cardio pulmonary arrest
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? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

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

BIRTH NO

PH-1659
REV 1/89

EXHIBIT
tabbies
C

FILED
JUN 01 2017
By RICHARD R. ROOKER Clerk
Deputy

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

IN THE MATTER OF:	)	
	)	
The Estate of Annie Vantrease Hall,	)	**Docket No.:** 17P867
Deceased	)	
	)	
Sloane Spencer Sharpe,	)	
Petitioner	)	

ORDER ADMITTING WILL TO PROBATE AND GRANTING LETTERS TESTAMENTARY

Based on an examination of the Petition, the decedent's last will and the sworn testimony of Petitioner, the Court finds the following:

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

B. Decedent died on January 20, 2015 at the age of One Hundred Three (103);

C. Decedent left a will dated December 10, 1974, which was signed and witnessed;

D. The person nominated to serve as Executor has waived her right to serve as Personal Representative and has consented to Petitioner serving as Personal Representative and agreed to waive bond, filing an inventory, and filing interim accountings.

E. Decedent owned property at decedent's death subject to a Court-supervised administration by this Court.

F. The estimated Gross Estate for Tennessee Inheritance Tax purposes is less than $5,000,000.00

Based on these findings, the Court orders the following:

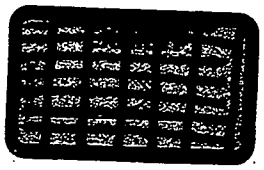
1. Decedent's will dated December 10, 1974, be admitted to probate.
2. The Personal Representative Oath be accepted and letters testamentary will be issued to Sloane Spencer Sharpe;
3. All bonds are excused;
4. Probate began more than twelve months after the decedent's death. Notice to creditors is waived pursuant to T.C.A. § 30-2-306(f); and notice will be issued to the Department of Revenue as required in T.C.A. § 67-8-406;
5. The requirement of inventory is waived;
6. The requirement of interim accounting is waived;
7. The Personal Representative shall file the affidavit certifying the sending of a copy of the letters testamentary to each beneficiary within sixty (60) days of the date of this Order; and
8. Status reports are due annually.

Entered _____, 2017.

APPROVED FOR ENTRY:

Elizabeth L. Adams (BPR #024287)
The Adams Law Firm, P.C.
Attorney for Petitioner
7100 Hardwood Lane
College Grove, TN 37046
Phone: (615) 293-5598
Email: eadams@adamslaw-tn.com

SHORT WILL



FILED

2017 MAY 19 PM 12:18

RICHARD R. ROOKER, CLERK

Last Will and Testament

I, Annie Vantrease Hall of 508 N. Marthonna, Madison, in the County of Davidson, State of Tennessee, being of sound mind and memory and considering the uncertainty of this frail and transitory life, do therefore make, ordain, publish and declare this to be my last WILL AND TESTAMENT.

FIRST, I order and direct that my Co-Executrix hereinafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be. D.C.

SECOND, After the payment of such funeral expenses and debts, I give, devise, and bequeath

All of my estate, both real and personal, to my husband, Harold B. Hall.

In the event that my husband above named, should predecease me, then all of my estate, both real and personal, to be divided equally between our two daughters, Sonya E. Hall and Lucy Hall Spencer.

LASTLY, I make, constitute and appoint Sonya E. Hall and Lucy Hall Spencer to be Co-Executrix of this, my last will and Testament, hereby revoking all former wills by me made To serve without bond.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal the 10th day of December, in the year of our Lord, one thousand nine hundred Seventy Four.

Annie Vantrease Hall Seal

This instrument was on the day of the date thereof, signed, published and declared by the said testator Annie Vantrease Hall to be her last Will and Testament in the presence of us who at her request have subscribed our names thereto as witnesses in her presence and in the presence of each other and who do hereby certify that at the time of the execution of said will, the testator was of sound and disposing mind and memory and understanding and under no restraint.

Marie W. Butterworth

Sandra L. McKinnon

EXHIBIT
tabbies
D

FILED
JUN 01 2017
RICHARD RROCKETT, Clerk
By [illegible] Deputy

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

IN THE MATTER OF:	)	
	)	
The Estate of Lucy Hall Spencer, Deceased	)	**Docket No.:** 17P86
	)	
	)	
Sloane Spencer Sharpe, Petitioner	)	

ORDER FOR INTESTATE ADMINISTRATION

Based on an examination of the Petition and the sworn testimony of Petitioner on _____, 2017 the Court finds the following:

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

B. Decedent died on December 4, 2016 at the age of seventy one (71);

C. Decedent left no will;

D. Petitioner is the daughter of the decedent and is the person entitled to serve because those persons with a right to serve have all waived their right in favor of Petitioner;

E. Decedent owned property at decedent's death which is subject to a Court-supervised administration by this Court; and

F. Each person who is an heir at law of the estate is an adult and each has consented to the Administrator being excused from bond, filing an inventory, and filing interim accountings as evidenced by each heir at law's signed, acknowledged Agreement to Waive Bond, Inventory and Interim Accountings attached as Exhibit B.

Based on these findings, the Court orders the following:

1. After administering the oath, letters of administration will be issued to Sloane Spencer Sharpe;

2. All bonds are excused;

3. Notice by publication will be given to the creditors of the estate as required in T.C.A. § 30-2-306;

4. The requirement of inventory is waived;

5. The requirement of interim accounting is waived;

6. The Administrator shall file the affidavit certifying the sending of a copy of the Letters of Administration to each heir at law within sixty (60) days of the date of this Order;

7. Status reports are due annually.

Entered 8 1, , 2017.

APPROVED FOR ENTRY:

Elizabeth L. Adams

Elizabeth L. Adams (BPR #024287)
Attorney for Petitioner
7100 Hardwood Lane
College Grove, TN 37046
Phone: (615) 293-5598
Fax: (615) 791-6096
Email: eadams@adamslaw-tn.com