Owners:	Prepared by:
Ms. Brenda Gayle Clinton 3716 Norman Drive Nashville, TN 37211	Toni Waynick Rutgerson Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Ms. Brenda Gayle Clinton 3716 Norman Drive Nashville, TN 37211	Parcel ID: 133 07 0 069.00

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Bill Garrett Davidson County
Batch# 2352 AFFIDAVIT
09/19/2017 02:27:30 P

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes the affiant, Brenda Gayle Clinton, Executrix of the Estate of William O. Hobby, being first duly sworn according to law, and being of lawful age, and pursuant to T.C.A. § 30-2-712, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. William O. Hobby (the "decedent") died testate on February 21, 2017, as evidenced by a copy of his death certificate attached hereto as *Exhibit A*.
2. The decedent was divorced at the time of his death.
3. Decedent's Last Will and Testament was probated as Case No. 17P406 in the Probate Court for Davidson County, Tennessee on March 23, 2017.
4. At the time of his death, the decedent owned an interest in real property located at 3716 Norman Drive, Nashville, TN 37211 ("Property"), and being more particularly described in deed of record as Book 7963, Page 604, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description:

> LAND in Davidson County, Tennessee, being Lot No. 21 on the Plan of Norma Heights Subdivision, recorded in Book 1835, Page 36, 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 William O. Hobby, a single person, by deed from Thomas H. Harrison and wife, Ethel Mai Harrison, of record as Book 7963, Page 604, Register's Office for Davidson County, Tennessee.

This is improved property formerly known as:
3716 NORMAN DRIVE
NASHVILLE, TN 37211

This property is now known as:
3716 NORMA DRIVE
NASHVILLE, TN 37211

5. Brenda Gayle Clinton is the sole beneficiary and residuary distributee under the Last Will and Testament of the decedent.
6. A Release from the Bureau of TennCare is attached hereto as *Exhibit B*.
7. The solvent Estate was closed on August 15, 2017, as evidenced by a copy of the Order Closing Estate Without Detailed Accounting attached hereto as *Exhibit C*.
8. At the decedent's death, title to the property vested in Brenda Gayle Clinton, as sole

beneficiary under the decedent's estate, by operation of law.

Further, affiant sayeth naught.

BRENDA GAYLE CLINTON,
Executrix of the Estate of William O. Hobby

STATE OF TENNESSEE
COUNTY OF WILSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared BRENDA GAYLE CLINTON, Executrix of the Estate of William O. Hobby, the within named affiant, 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 foregoing 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 3rd day of August, 2017.

TONI RUTGERSON STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

Notary Public
My Commission Expires: MY COMMISSION EXPIRES: MAY 26, 2020

CERTIFICATION

I, Toni Rutgerson, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Toni Rutgerson

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this day of 8/3, 2017, personally appeared before me, Rebecca R. Waynick, a notary public for this county and state, Toni Rutgerson, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

Rebecca R. Waynick

MY COMMISSION EXPIRES: JUNE 25, 2019

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF

MY COMMISSION EXPIRES: JUNE 25, 2019

201709190096002

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (Incl. Suffix, Last, Middle): William Odell Hobby
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 21, 2017
4. TIME OF DEATH: 11:41 pm
5. AGE (Last Birthday): 68
6. UNDER 1 YEAR: Months / Days
7. UNDER 1 DAY: Hours / Minutes
8. DATE OF BIRTH (Month, Day, Year): September 10, 1948
9. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

10a. PLACE OF DEATH (Check only one)
10b. IF DEATH OCCURRED IN A HOSPITAL: Inpatient / ER/Outpatient / DOA
10c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility / Nursing home/Long term care facility / Decedent's home / Other (Specify)

10d. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
10e. CITY OR TOWN: Nashville
10f. COUNTY OF DEATH: Davidson

11. MARITAL STATUS: Married / Married, but separated / Widowed / Divorced / Never married / Unknown
12. SURVIVING SPOUSE (If wife, give name prior to first marriage)
13a. DECEDENT'S USUAL OCCUPATION: Maintenance
13b. KIND OF BUSINESS/INDUSTRY: Metro Water

14. SOCIAL SECURITY NUMBER: [redacted]1171
15a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
15b. COUNTY: Davidson
15c. CITY OR TOWN: Nashville

15d. STREET AND NUMBER: 3716 Nonna Drive
15e. INSIDE CITY LIMITS?: Yes / No
15f. ZIP CODE: 37211
15g. MILITARY SERVICE (Veteran or Armed Forces)?: Yes / No

16. EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
17. DECEDENT OF HISPANIC ORIGIN (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "Not Spanish/Hispanic/Latino" box if decedent is not Spanish/Hispanic/Latino)
18. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

16: 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

17: No, not Spanish/Hispanic/Latino / Yes, Mexican, Mexican American, Chicano / Yes, Puerto Rican / Yes, Cuban / Yes, other Spanish/Hispanic/Latino (Specify) / Unknown

18: White / Black or African American / American Indian or Alaska Native (Name of 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

19. FATHER'S NAME (First, Middle, Last): John Hobby
20. MOTHER'S MAIDEN NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruby Cooper

21a. INFORMANT'S NAME: Brenda Clinton
21b. RELATIONSHIP TO DECEDENT: Sister
21c. MAILING ADDRESS (Street or R.F.D., City, State, Zip Code): 25 Ocean Front Ct. North, Antioch, TN 37013

22a. METHOD OF DISPOSITION: Burial / Cremation / Donation / Entombment / Removal from state / Other (Specify)
22b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Cremation Center
22c. LOCATION – City or Town and State: Mt. Juliet, Tennessee

23a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR DIRECTOR: Hall Bond
23b. LICENSE NUMBER: 3930
23c. NAME OF EMBALMER: No Embalming
23d. LICENSE NUMBER OF EMBALMER:
23e. NAME AND ADDRESS OF FUNERAL SERVICE FACILITY: Bond Memorial Chapel - 1038 Weston Drive, Mt. Juliet, Tennessee 37122
23f. LICENSE NUMBER OF FUNERAL SERVICE FACILITY: 1041

24a. REGISTRAR'S SIGNATURE: William K. Hair Jr. DR
24b. DATE FILED (Month, Day, Year): 3/2/2017

25. DECEDENT'S CASE WAS REFERRED TO MEDICAL EXAMINER: Yes / No
26. CERTIFIER (Check only one): PHYSICIAN – To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. / MEDICAL EXAMINER – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

27a. SIGNATURE OF CERTIFIER: G. a Frad
27b. LICENSE NUMBER: [illegible]
27c. DATE SIGNED (Month, Day, Year): 3/1/17
27d. NAME AND ADDRESS: [illegible]

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 entering the underlying cause. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia
Sequentially list Conditions, if any, leading to the immediate cause. Enter 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. due to (or as a consequence of)
Approximate Interval: Onset to death

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 within 1 year of death / Unknown if pregnant within the past year / Not applicable – Male
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 (e.g., Home; Farm; Street; Factory; Office Bldg.; etc.)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PHI/SSI (Rev. 10/2011)

09029031

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 raised embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

FEB 28 2017

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

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

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

3/8/2017

TONI RUTGERSON
LEGAL COUNSEL
PO BOX 17116
NASHVILLE, TN 37217

RE: WILLIAM HOBBY
Last Four Of SSN: 1171

Dear TONI RUTGERSON:

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,

Jangela J. Howard

COPY

THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)

2017 AUG 15 AM 11:47

MARY J. RIERSON, CLERK

BY

THE ESTATE OF WILLIAM O. HOBBY
Deceased.

Docket No. 17P406

BRENDA GAYLE CLINTON,
Executrix.

ORDER TO CLOSE ESTATE WITHOUT DETAILED ACCOUNTING

Based on examination of the Statement in Lieu of Final Accounting and the entire file, the Court finds the following:

1. Petitioner is the qualified Personal Representative of this Estate;
2. The Estate is solvent;
3. The Estate is fully administered;
4. Each claim filed against the Estate has been paid. All other debts have been paid;
5. This estate has been properly distributed; and,
6. The Residuary Distributee and legatee of this Estate agrees to close the Estate without a detailed accounting.
7. The Personal Representative and Residuary Distributee of this Estate approve the fee of $3,360.30 and payment of expenses of $435.22 (for an aggregate amount of $3,795.52) to Toni Waynick Rutgerson, Attorney at Law, for her services as attorney for this Estate, as indicated by their signatures on the Statement in Lieu of Final Accounting.

Based on these findings, the Court ORDERS an attorney's fee of $ 3,360.30, which is reasonable and necessary, and expenses in the amount of $ 435.22 (for an aggregate amount of $ 3,795.52) are hereby awarded to Toni Waynick

Rutgerson for her services as attorney for the Estate of William O. Hobby, consistent with the approval of the Personal Representative and Residuary Distributee contained in the Statement In Lieu of Final Accounting.

The Court FURTHER ORDERS the Estate closed without a detailed accounting, discharges the Personal Representative and her surety, if any, and directs no copy of this final Order to be sent to the Distributee and Legatee or the Personal Representative.

ENTERED THIS 15 DAY OF Aug., 2017.

JUDGE RANDY KENNEDY

APPROVED FOR ENTRY:

TONI WAYNICK RUTGERSON, #032469
Attorney for Executrix for the
Estate of William O. Hobby
200 Nashboro Blvd
P.O. Box 17116
Nashville, TN 37217
(615) 885-5707

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was served via first-class U.S. Mail, postage prepaid to the following, this the 3rd day of August, 2017.

Ms. Brenda Clinton
125 Ocean Front Circle North
Antioch, TN 37013

Ms. Katina Hobby Greer
3716 Norma Drive
Nashville, TN 37211

Ms. Wanda Lynn Hobby
1716 Rosa Parks Blvd.
Nashville, TN 37207

Toni Waynick Rutgerson