Owners:	Prepared by:
Mr. James Floyd Whittenburg, Jr. 334 Faith Lane Sparta, TN 38583	Toni Waynick Rutgerson Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Mr. James Floyd Whittenburg, Jr. 334 Faith Lane Sparta, TN 38583	Parcel ID: 094 01 0 293.00

Bill Garrett Davidson County
Batch# 7878 DEEDQC
10/03/2017 02:59:31 PM 5 pgs
Fees: $27.00 Taxes: $0.00



20171003-0101383

QUITCLAIM DEED AND AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

KNOW ALL PERSONS by these presents that we, Donald Glen Whittenburg and James Floyd Whittenburg, Jr., being all the heirs at law of Floyd Whittenburg, also known as James Floyd Whittenburg, Sr., deceased, for adequate consideration, the receipt of which is hereby acknowledged, have bargained and sold and by these presents do remise, release and forever quitclaim unto James Floyd Whittenburg, Jr., his heirs and assigns, all right, title and interest owned by the undersigned in a certain tract or parcel of improved land in Davidson County, Tennessee, being more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 111 on the Plan of Shelby Village No. II, as of record in Book 1835, Page 48, Register's Office for said County, and described as follows:
>
> Beginning at a point in the southerly margin of Eastside Avenue, at the corner of Lots Nos. 111 and 112; thence with the line between said lots, southeasterly 111.9 feet to a concrete monument at the corner of Lot No. 113; thence with the line between Lots Nos. 111 and 113, southeasterly 66.5 feet to a corner of Lot No. 109; thence with the line between Lots Nos. 109 and 111, northerly 81.1 feet to a concrete monument at the corner of Lot No. 110; thence with the line between Lots Nos. 110 and 111, northwesterly 100.6 feet to the southerly margin of Eastside Avenue; thence with the margin of same, southwesterly 57.3 feet to the point of beginning.
>
> Being the same property conveyed to Floyd Whittenburg and Peggy Darlene Melton by deed from Sheila Kaye Diedrich, of record as Instrument No. 20020611-0070904, Register's Office for Davidson County, Tennessee.

This is improved property known as:
1420 EASTSIDE AVENUE
NASHVILLE, TN 37206

This quitclaim is made for the express purpose of vesting said James Floyd Whittenburg, Jr. with fee simple ownership interest in and to the herein-described property.

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

The undersigned grantors who are the only heirs at law of James Floyd Whittenburg, Sr.,

deceased, being first duly sworn according to law, declare as follows:

1. The property described herein was vested in our father, Floyd Whittenburg (also known as James Floyd Whittenburg, Sr.) and Peggy Darlene Melton, as tenants in common.
2. Our father, James Floyd Whittenburg, Sr., died on August 21, 2016. (*See Exhibit A).* No Last Will and Testament has been found, and no estate was probated.
3. A TennCare release has been obtained and is attached hereto as *Exhibit B.*
4. Our father was divorced at the time of his death.
5. There were (2) children born to our father, James Floyd Whittenburg, Jr. and Donald Glen Whittenburg.
6. Our father never had (nor adopted) any other children except those hereinabove named.
7. Upon the death of our father, the property described herein was vested in his two (2) children, Donald Glen Whittenburg and James Floyd Whittenburg, Jr., per stirpes, by operation of law.
8. The undersigned grantors desire to (and do herein) convey our interest in the subject property to James Floyd Whittenburg, Jr. so that he alone will be the owner of the property.

Affiants further sayeth naught.

Donald Glen Whittenburg

DONALD GLEN WHITTENBURG

STATE OF Tennessee
COUNTY OF Cumberland

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared DONALD GLEN WHITTENBURG, the within named bargainor and 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 he executed the foregoing instrument for the purposes therein contained as his 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 21st day of August, 2017.

CANDY SMITH STATE OF TENNESSEE NOTARY PUBLIC CUMBERLAND COUNTY

Notary Public
My Commission Expires: 5/10/2019

[ADDITIONAL ATTESTED SIGNATURE ON FOLLOWING PAGE]

JAMES FLOYD WHITTENBURG, JR.

STATE OF Tennessee
COUNTY OF Cumberland

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared JAMES FLOYD WHITTENBURG, JR., 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 he executed the foregoing instrument for the purposes therein contained as his 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 21st day of August, 2017.

Notary Public

SANDY SMITH
STATE OF TENNESSEE NOTARY PUBLIC
CUMBERLAND COUNTY
My Commission Expires 3/10/2021

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 22 August, 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

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

MY COMMISSION EXPIRES:
JUNE 25, 2019

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual value or consideration, whichever is greater, for this transfer is -0-.

AFFIANT

Subscribed and sworn to before me on this 29th day of September, 2017.

NOTARY PUBLIC

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

MY COMMISSION EXPIRES:
JUNE 25, 2019

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

MY COMMISSION EXPIRES:
JUNE 25, 2019

EXHIBIT A

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): James Floyd Whittenburg Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 21, 2016
4. TIME OF DEATH (Hours):
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 6, 1928
7. BIRTHPLACE (City and State or Foreign Country): Byrdstown, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK. NAME OF DECEDENT. (For use by Physician or Jurisdiction)

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): 334 Faith Lane
8c. CITY OR TOWN: Sparta
8d. COUNTY OF DEATH: Cumberland

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): N/A
11a. DECEDENT'S USUAL OCCUPATION: Merchant
11b. KIND OF BUSINESS/INDUSTRY: Retail Booksales

12. SOCIAL SECURITY NUMBER: [redacted]-4103
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Cumberland
13c. CITY OR TOWN: Sparta
13d. STREET AND NUMBER: 334 Faith Lane
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 38583
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): Carlos Whittenburg
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ada Neal

DISPOSITION

20a. INFORMANT'S NAME: Jimmy Whittenburg
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 334 Faith Lane Sparta, TN 38583
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): CMFH & Crematory
21c. LOCATION - City or Town and State: Crossville, TN 38555
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Frank B. Bohannon
22b. LICENSE NUMBER: 3554
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Bilbrey Funeral Home, Inc., 76 E. Adams St., Crossville, Tennessee 38555
23b. LICENSE NUMBER OF FUNERAL HOME: 657

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Traci Kennedy, DR
25. DATE FILED (Month, Day, Year): SEP 0 8 2016

CERTIFIER

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 CERTIFYING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Mandy J Halford, MD
27b. LICENSE NUMBER: 44459
27c. DATE SIGNED (Month, Day, Year): 9/5/2016
27d. NAME AND ADDRESS: Mandy Halford, MD 70 E Adams St Crossville, TN 38555

MEDICAL PARAMEDICAL

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. Cerebrovascular Accident, large subacute Ischemic CVA of (L) Parietal Lobe
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. Severe Protein Calorie Malnutrition
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.
Anemia, hypertension, recent laparoscopic cholecystectomy, diabetes mellitus
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 1369

08747038

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.

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 7 4 7 0 3 8
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT
B

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

7/11/2017

TONI WAYNICK RUTGERSON
LEGAL COUNSEL
PO BOX 17116
NASHVILLE, TN 37217

RE: JAMES WHITTENBURG, SR.
Last Four Of SSN 4103

Dear TONI WAYNICK 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