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) 876-2550
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

Bill Garrett Davidson County
Batch# 8197 AFFIDAVITH
10/04/2017 10:09:33 AM 23 pgs
Fees: $117.00 Taxes: $0.00
20171004-0101701

NEW OWNERS:

Lisa Michele Binkley
7463 Wilkinson Road
Joelton, TN 37080

Map & Parcel No: 015000027000

SEND TAX NOTICE TO:

Lisa Michele Binkley
7463 Wilkinson Road
Joelton, TN 37080

# AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE )
)
COUNTY OF DAVIDSON )

Comes the Affiant, Thomas Wayne Gill, being first duly sworn according to law, and being of lawful age and residing for the past 30 or more years in and around Davidson County, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear 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", Dora Lorene Gill died testate on 13 January 2017.

2. The decedent died leaving no spouse. The decedent was married once during her lifetime to Thomas Ray Gill.

3. The decedent died leaving one biological child: Thomas Wayne Gill. The decedent gave birth to one other child who died in a vehicle accident in his early teens.

4. At the time of her death, the decedent owned property described as follows to wit:

SEE EXHIBIT "B"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being part of the property conveyed to Thomas R. Gill and wife, Dora C. Gill by Installment Deed from Leroy Morring and wife, Dorothy Morring, of record in Book 6178, Page 880, and Two Lot Subdivision Plat Map of Record in Book 11190, Page 94, Register's Office Davidson County, Tennessee. Thomas R Gill A/K/A Thomas Ray Gill having since died on 15 August 2008, as evidenced by Certificate of Death attached hereto as EXHIBIT "C".

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 11190, Page 94, Register's Office Davidson County, Tennessee.

5. Thomas Wayne Gill received a one hundred percent (100%) interest in the real estate described above by virtue of being the recipient of the real estate by testate estate of Dora Lorene Gill, deceased, as evidenced by the following:

a. Certified copy of Will of Dora Lorene Gill, see EXHIBIT "D"
b. Certified copy of Order to admit will to probate, see EXHIBIT "E"

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "F", the decedent did not receive any aid from the Bureau of Tenncare.

7. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

8. This Affidavit will confirm the vesting of title to the real property located at 7463 Wilkinson Road, Davidson County, Tennessee, after the death of Dora Lorene Gill, in Lisa Michele Binkley, being a beneficiary under the Will of Dora Lorene Gill, and Agreement To Exchange Inherited Real Property attached hereto as Exhibit "G".

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 the beneficiary under the Will of Dora Lorene Gill.

Further, Affiants saith not.

Dated this 13th day of September, 2017.

THOMAS WAYNE GILL

SWORN TO AND SUBSCRIBED before me on this the 13th day of September, 2017.

NOTARY PUBLIC

My Commission expires:

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

THOMAS WAYNE GILL

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 **THOMAS WAYNE GILL**, the within named child, 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 13th day of September, 2017.

NOTARY PUBLIC

My Commission expires:

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

Lisa Michele Binkley
**LISA MICHELE BINKLEY**

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 **LISA MICHELE BINKLEY**, the within named child, 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 13th day of September, 2017.

/ Howard M. Skipworth
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): Dora Lorene Gill
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 13, 2017
4. TIME OF DEATH (Approx.): 10:20 am
5a. AGE-Last Birthday (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 15, 1937
7. BIRTHPLACE (City and State or Foreign Country): Davidson 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): 7431 Wilkerson Road
8c. CITY OR TOWN: Joelton
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: Home Maker
11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Joelton
13d. STREET AND NUMBER: 7431 Wilkerson Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37080
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): Ernest Roland Cundall
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Esther Lorene Hardiman

**DISPOSITION**

20a. INFORMANT'S NAME: T. Wayne Gill
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7441 Wilkinson Road Joelton, TN 37080
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Freudenthal Family Cemetery
21c. LOCATION - City or Town and State: Charlotte, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Bobby Wayne Cook
22b. LICENSE NUMBER: 6870
22c. SIGNATURE OF EMBALMER: ▶ Robert Gregory Degnan
22d. LICENSE NUMBER: 6919
23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home 3501 Old Clarksville Pike Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

10

**REGISTRAR**

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 1/20/17

**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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 1/20/17
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, 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. | Breast cancer | |
| 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 | Due to (or as a consequence of) 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.

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 ☐ Not 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

08989749

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.

JAN 20 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

Date [redacted]

CERTIFICATION OF VITAL RECORD

# EXHIBIT "B"

Land in the 1st Councilmanic District of Davidson County, Tennessee, being Lot Number 2 on the Plat of Gill's Two Lot Subdivision, of record in Book 11190, Page 94, Register of Deeds Office for Davidson County, Tennessee, to which reference is hereby made for a more comprehensive legal description. See Exhibit "B1" for photographic copy of Plat of Gill's Two Lot Subdivision.

IRON PIN SET THIS SURVEY
IRON PIN FOUND
RIGHT-OF-WAY/PROPERTY LINE
BOUNDARY LINE
OHE OVERHEAD ELECTRIC LINES
8" W WATER LINE

100 25 0 50 100 200
SCALE: 1"= 100'

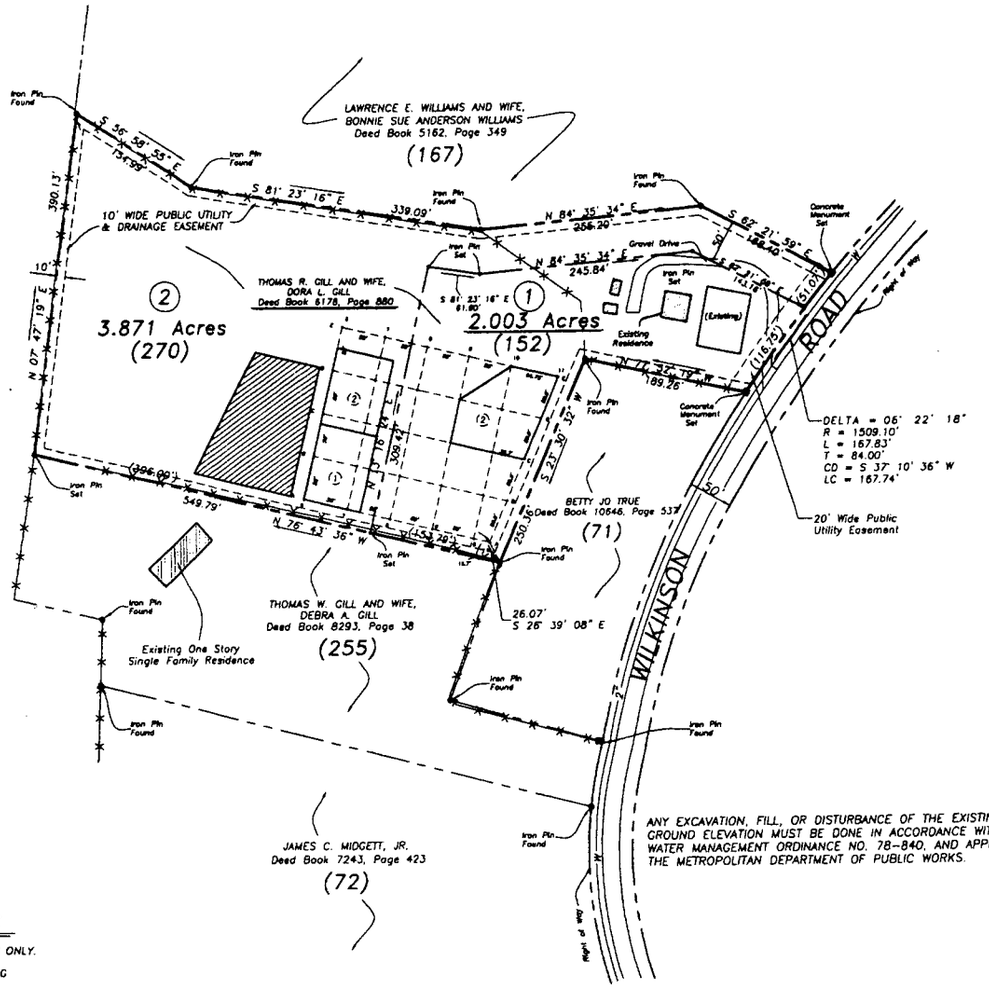
## DISPOSAL FIELD AREA DESIGN NOTES:

| Lot No. | Max. # Bdrms. | Disp.field Areas | Disposal Field Area Available (Sq. Ft.) | Disposal Field Area Required (Sq. Ft.) | Type of System | Restricted Trench Depth | System Size (Sq.Ft./Bdrm) | Pump Required? |
|---|---|---|---|---|---|---|---|---|
| | | 1 | *Exist. | Exist. | Exist. | N/A | Exist. | No |
| 1 | 3 | 2 | 8,320 | 3,960 | Conv. | 30" | 330 | Yes |
| | | 1 | 5,720 | 5,280 | Conv. | 30" | 330 | No |
| 2 | 4 | 2 | 5,720 | 5,280 | Conv. | 30" | 330 | No |

*THE AREA INDICATED AS "EXISTING" ON THE PLAT IS BELIEVED TO BE INVOLVED IN THE SEPTIC SYSTEM SERVING THIS RESIDENCE.

SHALL HEREBY BE MADE A PART OF THIS RECORDING. WIDTH SHALL BE 20 FEET, EXCEPT WHERE SIDE BUILDING SETBACKS ON CORNER LOTS ARE 15 FEET. WHERE THE WIDTH OF THE EASEMENT SHALL BE REDUCED TO 15 FEET FOR THE LENGTH OF THE BUILDING ENVELOPE ONLY, THEN RETURN TO A 20 FOOT WIDTH.

INDIVIDUAL WATER SERVICES ARE REQUIRED FOR EACH LOT.




ANY EXCAVATION, FILL, OR DISTURBANCE OF THE EXISTING GROUND ELEVATION MUST BE DONE IN ACCORDANCE WITH STORM WATER MANAGEMENT ORDINANCE NO. 78-840, AND APPROVED BY THE METROPOLITAN DEPARTMENT OF PUBLIC WORKS.

## HEALTH DEPARTMENT NOTES:

1. THIS SUBDIVISION HAS BEEN APPROVED FOR SINGLE FAMILY RESIDENCES ONLY.
2. THE AREA SHOWN THUS ▨ IS TO BE USED FOR THE BUILDING SITE SUBJECT TO COMPLIANCE WITH ZONING REGULATIONS.
3. THE AREAS FOR THE NECESSARY SEWAGE SOIL ABSORPTION SYSTEM ARE SHOWN THUS: ① OR EXISTING ②
   THE INITIAL SYSTEM IS TO BE INSTALLED WITHIN THE BOUNDARIES OF AREA #1, AND AREA #2 IS TO BE HELD IN RESERVE FOR FUTURE USE IF NECESSARY.
4. THE AREAS INDICATED FOR THE INSTALLATION OF THE SEWAGE SOIL ABSORPTION SYSTEMS ARE TO REMAIN UNDISTURBED, IN THEIR NATURAL CONDITION. NO CUT, FILL, DRIVEWAY, OR WATER LINE INSTALLATION IS TO BE ALLOWED WITHIN THESE AREAS. CUTTING OR EXCAVATING SOIL WITHIN 25 FEET OF THE OUTLINED SEWAGE DISPOSAL AREAS MAY VOID HEALTH DEPARTMENT APPROVAL.
5. DEPENDING UPON HOUSE LOCATION, AND FINISH FLOOR ELEVATION, IT MAY BE NECESSARY TO INSTALL A PUMP. IF A PUMP IS REQUIRED, CONTACT [illegible] HEALTH AT (615) 340-5605 FOR DESIGN SPECIFICATIONS.

PREPARED BY:
BRIGGS ENGINEERING CO., INC.
9000 CHURCH STREET EAST

FRANK V. NEELY
REGISTERED LAND SURVEYOR

I (we) hereby certify that I am (we are) the owner( the property shown hereon as evidenced in Book 6 Page 880, R.O.D.C., Tennessee, and adopt the pl subdivision of the property as shown hereon and de all public ways and easements as noted. No lot o as shown hereon shall again be subdivided, resubdiv altered, or changed so as to produce less area tha hereby established until otherwise approved by the Metropolitan Planning Commission, and under no co shall such lot or lots be made to produce less are prescribed by the restrictive covenants as of record Book N/A, Page N/A, R.O.D.C., Tennessee, runi with the title to said property.

NAME: Thomas R
DATE: 5-18-99
NAME: Dora L. Gill
DATE: 5-18-99

## SURVEYOR'S

I hereby certify that to the belief the hereon shown subd Category II survey, having an of 1'/7,500', and is true an have been placed as indicate right angles or radial to a s

NAME: F. V. Neely
DATE: 5-18-99 Registration No. 1493

EXHIBIT "B"

## METROPOLITAN HEALTH DEPARTMENT APPROVA

Approved by the Metropolitan Health Department of Nashville and Davidson County, Tennessee.

By: G Brent Hagan Date: 5/18/

## COMMISSION'S APPROVAL

Approved by the Metropolitan Planning Commission Nashville and Davidson County, Tennessee.

By: J. Jeff Brumley Date: 6/14

## RECORD

Recorded June 11th 1999, in Book 11190 Page 94, of the Register's Office of Davidson County, Tennessee.

## GENERAL NOTES:

1. THIS SURVEY CONFORMS TO THE GUIDELINES SET FORTH IN THE STANDARDS OF PRACTICE, CHAPTER 0820-3, FOR A GENERAL PROPERTY SURVEY, CATEGORY "II", AND HAS AN UNADJUSTED FIELD RUN TRAVERSE CLOSURE EXCEEDING 1' / 7,500'.
2. MINIMUM BUILDING SETBACKS TO BE DETERMINED BY METRO ZONING ORDINANCES.
3. SUBJECT PROPERTY IS LOCATED IN ZONE "C". ACCORDING TO THE FIRM FLOOD ZONE MAP PREPARED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMEI IN COOPERATION WITH THE FEDERAL INSURANCE ADMINISTRATI FOR THE CITY OF NASHVILLE, TENNESSEE, COMMUNITY PANEL NUMBER 470040 0100 B, DATED JUNE 15, 1982.
4. BEARINGS SHOWN ARE REFERENCED FROM THE DEED OF REC IN DEED BOOK 6178, PAGE 880, OF THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

# GILL'S TWO LOT SUBDIVISION

TAX MAP 15, PARCEL 152
7461 WILKINSON ROAD
THOMAS R. AND DORA L. GILL, OWI
1ST. COUNCILMANIC DISTRICT
[illegible] DAVIDSON COUNTY, TENNESSEE

# STATE OF TENNESSEE
## Office of Vital Records

0804860

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): Thomas Ray Gill
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 15, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): April 22,1936
7. BIRTHPLACE (City and State or Foreign Country): Dickson County, TN
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): Skyline Medical Ceneter
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dora Lorene Cundall
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Fireman
12b. KIND OF BUSINESS/INDUSTRY: Metro Fire Dept.
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 7431 Wilkinson Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37080
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+):

NAME OF DECEDENT. For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Hirman Richard Gill
18. MOTHER'S NAME (First, Middle, Maiden Surname): Susie Pearl Freudenthal

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): T. Wayne Gill
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7441 Wilkinson Road, Joelton, TN 37080

**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): Freudenthal Family Cemetery
20c. LOCATION-City or Town, State: Dickson County, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Maustin L. Starkey DR
24. DATE FILED (Month, Day, Year): August 22, 2008

**CERTIFIER**

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 ☐ SIGNATURE AND TITLE OF PHYSICIAN: Thomas Zimmerman MD
25b. LICENSE NUMBER: 10305
25c. DATE SIGNED (Month, Day, Year): 20 August 2008
35a. 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 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): Suite G-30
Thomas Zimmerman, M.D., Skyline Medical Group,3443 Dickerson Rd., Nashville, TN 37207

**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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the 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.

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

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)

PH-1859 (REV. 6/99)

BIRTH NO.

RDA 1389

---

2734292

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.

AUG 25 2008

Sharon M. Leinbach
STATE REGISTRAR

Date I[redacted]

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

**CERTIFICATION OF VITAL RECORD**

17p1385

**LAST WILL AND TESTAMENT**

**OF**

**DORA LORENE GILL**

FILED
AUG 24 2017
RICHARD R. ROOKER, Clerk
By DA Deputy

I, DORA LORENE GILL, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking all former Wills and Codicils made by me.

I.

I direct that all debts that shall be legally owing by me, my funeral expenses and the expenses of administration of my estate be paid by my Executor as soon as practicable, except as to any debt secured by real estate whether by mortgage or other security instrument, my Executor may pay such debt or permit such real estate to pass subject to such debt. I further direct that all estate, inheritance and other taxes assessed by reason of my death be paid from my estate and that no part thereof be collected from any beneficiary. Such taxes shall be paid by the Executor in respect of all property required to be included in my gross estate for estate, inheritance or other death taxes, whether the property passes under this Will or otherwise, without contribution by any recipient of any such property so includable for tax purposes.



Dora Lorene Gill
DORA LORENE GILL

[redacted]

If at my death I own or have an interest in any property outside my state of domicile, I authorize my Executor in his discretion, to pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceeding which might be required in other jurisdictions.

II.

It is my present intention to execute a memorandum, written entirely in my own handwriting, signed and dated, providing for the specific distribution of certain items of my personal property. If my Executor finds such a memorandum, I expect him to make distribution in accordance with it. If it cannot be found without a period of thirty (30) days or to the extent if it is found that I have additional personal property, I give such effects in accordance with the provisions of Paragraph V, below.

III.

If at my death my husband, THOMAS RAY GILL, shall have predeceased me, I then give, devise and bequeath all my right, title and interest in certain improved real property located at 7461 Wilkinson Road, Joelton, Tennessee 37080, and consisting of Parcel 152 of Tax Map 15 for Davidson County, Tennessee, to LISA MICHELLE BINKLEY, to be hers absolutely.



Dora Lorene Gill
DORA LORENE GILL

IV.

If my husband, THOMAS RAY GILL, survives me, I direct my Executor to divide all the rest, residue and remainder of the property which I might own at the time of my death following the specific gifts and bequests mentioned, whether the same be real, personal or mixed, tangible or intangible, of whatsoever nature and wherever located, including all property which I might acquire or become entitled to after the execution of this Will, and which remains after the payment of my debts, expenses, and taxes incident to my death, into two (2) distinct shares, hereinafter designated as Share A and Share B. Share B shall be that portion of my estate described and dealt with in Paragraph IV below.

Share A is the smallest fractional share of the assets of my Estate that qualify for the marital deduction as will be sufficient to result in the lowest federal estate tax being imposed upon my estate, after allowing for the unified credit, and any other allowable credits and deductions. In establishing such fraction, the values and amounts, whether of assets or deductions, finally determined for federal estate tax purposes shall control. I direct that there shall not be allocated to the foregoing Share A any asset or proceeds of any asset which does not fully qualify for the marital deduction allowable in determining the federal estate tax payable with respect to my estate or with respect to which any estate or death taxes are paid to any other political entity or any of its



Dora Lorene Gill
DORA LORENE GILL

possessions or subdivisions or any tax credit or deductions shall be available because it shall be subject to both federal estate and income tax except to the extent that assets of my estate other than the foregoing are not sufficient. For purposes of funding of Share A, my Executor shall first utilize the death benefits derived from any life insurance policies on my life, to the extent that any such policies might be so designated or earmarked for such a specific purpose by their respective designations of beneficiaries; provided, however, that unless and until such designation of beneficiaries shall be specifically made on any such policy, the life insurance proceeds derived from any policy insuring against my death shall not otherwise be usable for this purpose.

If my husband, THOMAS RAY GILL, survives me, I give such Share A to my son, THOMAS WAYNE GILL of Joelton, Tennessee, as Trustee in a separate Trust, for the use and benefit of my husband, THOMAS RAY GILL, during his lifetime, for his adequate health, maintenance, support and related expenses as being in the sole discretion of the Trustee appear to be appropriate. In the event my son, THOMAS WAYNE GILL, should die, decline to serve, or become incapacitated, I nominate and appoint FOSTER E. HUDSON of Brentwood, Tennessee as the successor Trustee of this Trust, to serve the same as if originally designated by me.



Dora Lorene Gill
DORA LORENE GILL

The Trustee will collect the income from the property comprising the Marital Trust estate and will pay or use for the benefit of my husband during his lifetime so much of the net income (and principal, if income is insufficient or if, in the sole estimation of the Trustee, such an encroachment is in the best interests of my husband) of the Trust as the Trustee considers necessary under the terms governing the Trust and the then present circumstances of my husband. The Trustee periodically shall add to the principal of the Trust any net income not currently distributed.

Upon the death of my husband, the Trustee shall distribute the remaining principal of the Trust together with any undistributed income, to my son, THOMAS WAYNE GILL, to be his absolutely.

I finally direct that the Trustee not be required to post bond for the faithful completion and performance of his duties. In the administration of the Trust, the Trustee shall have the benefit of using his discretion and judgment, given the provisions creating the Trust.

V.

All of the rest, residue and remainder of the property which I may own at the time of my death following the specific gifts and bequests mentioned, whether the same be real, personal or mixed, tangible or intangible, of whatsoever nature and wherever located, including all property



Dora Lorene Gill
DORA LORENE GILL

which I may acquire or become entitled to after the execution of this Will, and which remains after the payment of my debts, expenses and any taxes incident to my death, I give, devise and bequeath to my husband, THOMAS RAY GILL, to be his exclusively; provided, however, that if he does not survive me or dies within thirty (30) days after my death, I give, devise and bequeath my entire estate and all which remains after the payment of debts, expenses and any taxes incident to my death to my son, THOMAS WAYNE GILL, to be his absolutely.

VI.

I hereby nominate and appoint my husband, THOMAS RAY GILL, Executor of this my Last Will and Testament and direct that he not be required to post bond for the faithful performance of his duties. In the event he should predecease me, fail to qualify or otherwise cease to serve, I appoint my son, THOMAS WAYNE GILL of Joelton, Tennessee the alternate Executor of this my Last Will and Testament, and further direct that he also not be required to post bond for the faithful performance of his duties. In the administration of my estate, I direct that the Executor shall have all the rights and powers set forth in Section 35-3-101, et seq., Tennessee Code Annotated, which provisions are hereby incorporated by specific reference.



Dora Lorene Gill
DORA LORENE GILL

IN WITNESS WHEREOF, I have hereunder subscribed my name to this, my Last Will and Testament, at Brentwood, Tennessee, on the 3rd day of Feb., 2000, and have requested the attesting witnesses to make the Affidavit set out below.

Dora Lorene Gill
Testatrix

ATTEST TO EXECUTION OF WILL:

David Hooper
2413 Fairhaven Drive
Franklin, TN 37069

Kimberly Hartge
109 Westpark Drive, #310
Brentwood, TN 37027



Dora Lorene Gill
DORA LORENE GILL

AFFIDAVIT OF ATTESTING WITNESSES

We, the undersigned witnesses to the foregoing Last Will and Testament to which this is attached, being more than eighteen (18) years of age and having no interest in said estate, do depose and make affidavit that DORA LORENE GILL on the 3 day of February, 2000, produced the said Last Will and Testament and acknowledged it to be her Last Will and Testament and signed the same in our sight and presence, and we, at her request and in her sight and presence signed said Last Will and Testament in the sight and presence of each other, and at said time we considered DORA LORENE GILL to be of sound mind and disposing memory and knew her to be eighteen (18) years of age or older.

WITNESSES:

David Hargis
213 Bethlaven Drive
Franklin, TN. 37069

Kimberly Hargis
109 Westpark Drive, #310
Brentwood, TN 37027

Sworn to and subscribed before me this 3rd day of February, 2000.

Dee Lee Anglin
Notary Public

My Commission Expires: 5-25-2003

PAGE 8 OF MY LAST WILL AND TESTAMENT

Dora Lorene Gill
DORA LORENE GILL

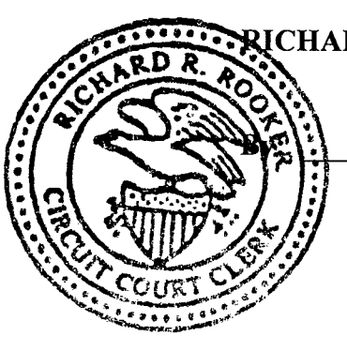
# STATE OF TENNESSEE

**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-1385**.

**ESTATE OF DORA LORENE GILL**

**IN TESTIMONY WHEREOF,** I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 24th day of August in the year Two Thousand and Seventeen.

**RICHARD R. ROOKER,** Clerk




Deputy Clerk

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

In Re: ESTATE OF
**DORA LORENE GILL,**
**Deceased.**

**THOMAS WAYNE GILL,**
**PETITIONER.**

FILED
AUG 24 2017
RICHARD R. ROOKER, Clerk
By _____ Deputy

Case No. 17P1385

# 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 the 24th day of August, 2017, the Special Master finds the following:

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

B. Decedent died on January 13, 2017 at the age of seventy-nine (79);

C. Decedent left a paper writing bearing date of February 3, 2000, which was properly signed and witnessed (the "will"). The will consist of seven (7) typewritten pages.

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

Based on these findings, the Court orders the following.

1. Decedent's will dated February 3, 2000 be admitted to probate for muniment of title only.

2. No letters testamentary need be issued to Thomas Wayne Gill;

[redacted]

~~3. Notice to TennCare is waived; and~~ (SP)

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

**ENTERED**, this the 24th day of August, 2017.

**PROBATE, SPECIAL MASTER**

Approved for entry:
HOWARD M. SKIPWORTH & ASSOCIATES

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
E-mail: hmskiplaw@comcast.net

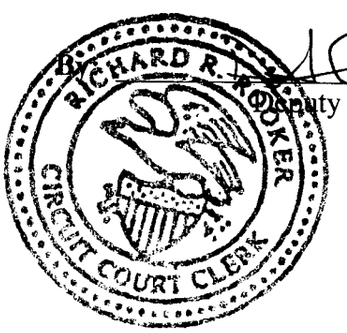
# STATE OF TENNESSEE

**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-1385**.

**ESTATE OF DORA LORENE GILL**

**IN TESTIMONY WHEREOF,** I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 24th day of August in the year Two Thousand and Seventeen.

**RICHARD R. ROOKER,** Clerk




By: _____ Deputy Clerk

**AGREEMENT**

**TO**

**EXCHANGE INHERITED REAL PROPERTY**

This agreement made 13 September 2017, by and between Thomas Wayne Gill, whose address is 7441 Wilkinson Road, in the city of Joelton, County of Davidson, State of Tennessee 37080, and Lisa Michele Binkley, whose address is 7463 Wilkinson Road, in the City of Joelton, County of Davidson, State of Tennessee 37080.

1. In consideration of the exchange of like property by Thomas Wayne Gill, herein agreed to be made, Lisa Michele Binkley agrees to exchange and convey to Thomas Wayne Gill real property located at 7461 Wilkinson Road, City of Joelton, County of Davidson, State of Tennessee, and more fully described as follows:

Land in the 1st Councilmanic District of Davidson County, Tennessee, being Lot Number 1 on the Plat of Gill's Two Lot Subdivision, of record in Book 11190, Page 94, Register of Deeds Office for Davidson County, Tennessee, to which reference is hereby made for a more comprehensive legal description.

2. In consideration of the exchange of like property by Lisa Michele Binkley, herein agreed to be made, Thomas Wayne Gill agrees to exchange and convey to Lisa Michele Binkley real property located at 7463 Wilkinson Road, City of Joelton, County of Davidson, State of Tennessee, and more fully described as follows:

Land in the 1st Councilmanic District of Davidson County, Tennessee, being Lot Number 2 of Gill's Two Lot Subdivision, of record in Plat Book 11190, Page 94, Register of Deeds Office for Davidson County, Tennessee, to which reference is hereby made to Plat for a more comprehensive legal description.



Being a portion of the property conveyed to Thomas R. Gill and wife, Dora L. Gill, by deed from Leroy Morring and wife, Dorothy Morring of record in Book 6178, Page 880.

3. The parties herein, each of whom is a beneficiary under the Last Will and Testament of Dora Lorene Gill, deceased, agree, as set out hereinabove; that the propertiey being exchanged is like property, similarly situated, with similar values; therefore, no monetary amount will change hands for this exchange.

Executed on the day and year first written above.

Lisa Michele Binkley

LISA MICHELE BINKLEY, BENEFICIARY

OF 7461 WILKINSON ROAD

Thomas Wayne Gill

THOMAS WAYNE GILL, BENEFICIARY

OF 7463 WILKINSON ROAD

**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**

7/14/2017

HOWARD SKIPWORTH
LEGAL COUNSEL
P.O BOX 489
JOELTON, TN 37080

RE: DORA GILL
Last Four Of SSN 3004

Dear HOWARD 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,

Jangela J. Howard



