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) 876-2594
Fax: (615) 876-4292
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

Bill Garrett Davidson County
Batch# 38701 AFFIDAVITH
12/18/2017 10:47:00 AM 15 pgs
Fees: $77.00 Taxes: $0.00
20171218-0128536

NEW OWNERS:

Donna Sue Day
127 Hogin Road
Dickson, TN 37055

Map & Parcel No: 07416001700

SEND TAX NOTICE TO:

Donna Sue Day
127 Hogin Road
Dickson, TN 37055

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiants, Barbara Faye (McKennon) Murphy and Donna Sue (McKennon) Day, 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 Counties, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of their own free will and based upon their personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Stella Eloise McKennon died testate on 18 May 2017.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime to George Williamson McKennon, who died 08 January 2017, as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The decedent died leaving two biological children: Barbara Faye (McKennon) Murphy and Donna Sue (McKennon) Day. The decedent never gave birth or adopted any other child or children.

4. At the time of her death, the decedent owned a house and lot described as follows to wit:

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

Being the same property conveyed to George Williamson McKennon and wife, Stella Eloise McKennon, by deed from Jeffery A. Lefevers and wife, LaGina M. Lefevers, of record in Book 10472, Page 176, Register's Office for Davidson County, Tennessee. George Williamson McKennon having died on 08 January 2017.

This is improved property known as 5011 Bonnameade Drive, Hermitage, Tennessee.

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

REFERENCE is made to prior title recorded in Book 10472, Page 176, Register's Office for Davidson County, Tennessee.

5. Donna Sue Day received one hundred percent (100%) interest in the real estate described above by virtue of being the recipient of said property under the Last Will and Testament of Stella Eloise McKennon, deceased. (See Exhibit "D").

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "E", the decedent never received any long term 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 5011 Bonnameade Drive, Hermitage, Davidson County, Tennessee, after the death of

Stella Eloise McKennon, in Donna Sue Day, beneficiary under the Last Will and Testament of Stella Eloise McKennon.

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.

Further, Affiants saith not.

Dated this 14th day of December, 2017.

Barbara Faye Murphy

BARBARA FAYE MURPHY, CHILD

SWORN TO AND SUBSCRIBED before me on this the 14th day of December, 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

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Barbara Faye Murphy

BARBARA FAYE MURPHY, CHILD

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **BARBARA FAYE MURPHY**, 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 14th day of December, 2017.

Howard M. Skipworth

NOTARY PUBLIC

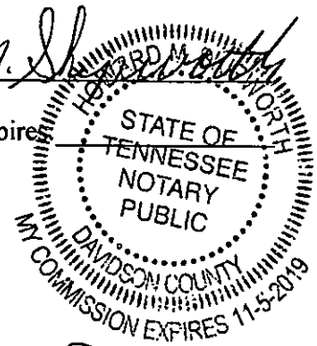
My Commission expires:

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

DONNA SUE DAY, CHILD

SWORN TO AND SUBSCRIBED before me on this the 14th day of December, 2017.

NOTARY PUBLIC
My Commission expires:



STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

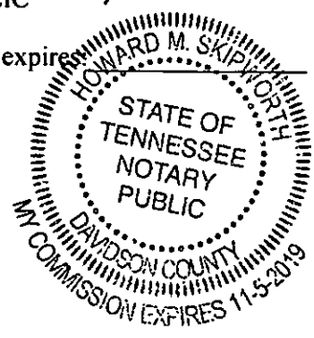
DONNA SUE DAY, CHILD

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **DONNA SUE DAY**, 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 14th day of December, 2017.

NOTARY PUBLIC

My Commission expires:



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): Stella Eloise McKenzie
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 18, 2017
4. TIME OF DEATH (Hours): 6:30 PM
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 29, 1930
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): Skyline Madison Campus
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson County

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: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 3718 Plantation Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076-1837
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death):
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☑ 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): Bailey Adcock
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Callis

DISPOSITION

20a. INFORMANT'S NAME: Faye Murphy
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5011 Bonnemeade Dr, Hermitage, TN 37076-1807

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mary Katherine Moore
22b. LICENSE NUMBER: 5994
22c. SIGNATURE OF EMBALMER: ▶ Allison Chelsea Klotz
22d. LICENSE NUMBER: 4856
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ DKhamisa RR
25. DATE FILED (Month, Day, Year): 5/31/17

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: ▶ R Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 5/31/17
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive heart failure
Due to (or as a consequence of): b. Atherosclerotic cardiovascular disease
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): c.
Due to (or as a consequence of): d.
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 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

WIDOWED

09312168

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
Date Issued: JUN 13 2017
No. 3093121688

EXHIBIT A

CERTIFICATION OF VITAL RECORD

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): George Williamson McKennon
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 08, 2017
4. TIME OF DEATH (Hours): 05:38
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 18, 1925
7. BIRTHPLACE (City and State or Foreign Country): Columbia, Tennessee

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): 3718 Plantation Dr
8c. CITY OR TOWN: Hermitage
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): Stella Adcock
11a. DECEDENT'S USUAL OCCUPATION: Plasterer
11b. KIND OF BUSINESS/INDUSTRY: Construction
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 3718 Plantation Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076-1837
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): Unknown
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bertie Unknown

DISPOSITION

20a. INFORMANT'S NAME: Faye Murphy
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5011 Bonnameade Dr, Hermitage, TN 37076-1807
21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☑ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, Tennessee
273VA
22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Katherine Moore
22b. LICENSE NUMBER: 5994
22c. SIGNATURE OF EMBALMER: Ryan Padgett
22d. LICENSE NUMBER: 5535
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: DWilliamson MR
25. DATE FILED (Month, Day, Year): 1/11/17

CERTIFIER

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

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.
27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: 48948
27c. DATE SIGNED (Month, Day, Year): 1/11/17
27d. NAME AND ADDRESS: Laura Marsh, MD, 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.	Lung Cancer unknown type	
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.		
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 ☐ 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-1559 (Rev. 10/2011) RDA 1399

08987637

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 11 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 Issued

0 8 9 8 7 6 3 7

CERTIFICATION OF VITAL RECORD

EXHIBIT B

EXHIBIT "C"

Land in Davidson County, Tennessee being Lot No. 467 on the Plan of Hermitage Hills, Section 5, as of record in Book 3300, Page 1 and 2 Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete and accurate legal description.

LAST WILL AND TESTAMENT

OF

STELLA ELOISE MCKENNON

I, **STELLA ELOISE MCKENNON**, of 3718 Plantation Drive, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1
PROVISIONS RELATIVE TO FIDUCIARIES

1.1 **Definition**. The term "fiduciaries" means the executor, executrix, trustee, personal representative or guardian serving at any time under my will and includes successors.

1.2 **Bond**. No bond is required of any fiduciary appointed under this will or by a court.

1.3 **Waiver of Inventory and Appraisals**. I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.

1.4 **Resignation**. The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.

EXHIBIT "D"

ARTICLE 2
DEFINITIONS

2.1 **My Spouse**. My beloved husband is **GEORGE WILLIAMSON MCKENNON**.

2.2 **My Children**. I have two children: **DONNA SUE DAY** and **BARBARA FAYE MURPHY**.

2.3 **Singular and Masculine Usage**. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 3
FIDUCIARIES

3.1 **Executors**. I appoint **BARBARA FAYE MURPHY**, as personal representative of my will. If **BARBARA FAYE MURPHY** ceases to qualify or fail to serve, then my daughter, **DONNA SUE DAY**, shall act alone as my executrix.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 **Debts, Funeral and Administration Expenses**. My executrix is to pay all burial expenses, the expenses of my last illness, and the administration expenses of my estate.

4.2 **Income Tax Treatment of Administration Expenses**. My executrix may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating adjustments between the income and principal are to be made because of such decision.

4.3 **Taxes**.

(a). Defined. The terms "taxes" means any transfer tax assessed because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). **Payment**. My executrix is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executrix is to pay the taxes from my Remainder Estate.

ARTICLE 5
DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

5.1 If my husband does not survive me, and if owned by me at my death, I give the item or items listed after each respective name:

1. To my daughter, **DONNA SUE DAY**, Mamo's table and lamp on chest.

2. To my daughter, **BARBARA FAYE MURPHY**, the Curio and China cabinet in kitchen.

5.2 I give all of the remaining personal property that I own at my death to my residuary estate.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 I devise the real property located at 5011 Bonnameade Drive, Hermitage, Tennessee to my daughter, Donna Sue Day.

6.2 I devise the real property located at 3718 Plantation Drive, Hermitage, Tennessee to my daughter, Barbara Faye Murphy.

ARTICLE 7
RESIDUARY ESTATE

7.1 All the rest, residue and remainder of my estate, real, personal and mixed of every nature and wheresoever situated, including lapsed legacies and devises,

remainders, reversions, expectancies, income collected during the period of administration, I give, devise and bequeath to my beloved children, **DONNA SUE DAY** and **BARBARA FAYE MURPHY**, absolutely in fee simple.

ARTICLE 8
DEALING WITH FIDUCIARIES

8.1 **Dealing with Executor**. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part of the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered, or loaned to the executor.

8.2 **Income During Administration**. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same person, and in the same proportions, as might be made if the administration were completed.

8.3 **Power to Disclaim**. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.

8.4 **Indemnity of Fiduciary**. I want my fiduciary to exercise its discretion without fear of incurring a liability or expense. Therefore, unless it acts capriciously or arbitrarily, my estate must indemnify the fiduciary for each monetary expense (including attorney fees) which it incurs or expends, or which arises from the exercise of discretion.

ARTICLE 9
SIMULTANEOUS DEATH

5.1 If my spouse and I die simultaneously, or under circumstances which make it difficult or impossible to determine who died first, it shall be presumed conclusively for all purposes of my will that I survived my spouse.

ARTICLE 10

Should any beneficiary under this will, in any manner, directly or indirectly attack or contest this will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

ARTICLE 11
SIGNATURE

This will consists of six (6) pages (each of which I have signed or initialed) covering Articles 1 through 11 inclusive. I now sign this as my Will on this the 4th day of April, 2016, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have set my hand this 4th day of April, 2016.

Stella Eloise McKennon
STELLA ELOISE MCKENNON

This is page five on my will SEM
Initials

SIGNED, DECLARED and **PUBLISHED** by the said **STELLA ELOISE MCKENNON,** as and for her last Will, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date written.

NAME	**ADDRESS**
Laurena Rager	3720 Plantation Dr. Hermitage, TN 37076
Ericaugh Rager	3720 Plantation Dr. Hermitage, TN. 37076

This is page six of my Will SEM 4-4-16
Initials & date

AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, Personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence **STELLA ELOISE MCKENNON**, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testatrix's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testatrix's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.

Laurissa Rager
WITNESS

3720 Plantation Dr.
ADDRESS

Hermitage, TN 37076
CITY/STATE/ZIP

E Vaughn Rager
WITNESS

3720 Plantation Dr.
ADDRESS

Hermitage TN. 37076.
CITY/STATE/ZIP

Subscribed and sworn to before me
This 4th day of April 2016.

Bonni K. Skipworth
NOTARY PUBLIC

BONNI K. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-7-2019

My Commission Expires: _____

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

10/30/2017

HOWARD M SKIPWORTH
LEGAL COUNSEL
PO BOX 489
JOELTON, TN 37080

RE: STELLA MCKENNON
Last Four Of SSN 0752

Dear HOWARD M 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

EXHIBIT "E"