Bill Garrett Davidson County
Batch# 40451 AFFIDAVITH
12/21/2017 11:25:13 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20171221-0130045

SURVIVORSHIP AFFIDAVIT

I, **PEGGY FLYNN HARRIS,** after first being sworn according to law, makes oath and says that:

1. I am a citizen and resident of Cumberland County, Tennessee. I am over the age of eighteen (18) years, and I am personally familiar with the facts set out herein.

2. By virtue of a Warranty Deed dated June 25, 1988, my husband, **ROBERT R. HARRIS**, being one and the same as **ROBERT R. HARRIS, JR.,** and I acquired title to Map and Parcel 118 02 0 274.00 and 118 02 0 276.00, in the SEVENTH CIVIL DISTRICT of Davidson County, Tennessee, which deed is of record at Book 7592, Page 860, Register's Office, Davidson County, Tennessee. Said property is further described as Lots 1 and 3 of the re-subdivision of the northerly part of Lot 32, Plan of James Vaulx Farm of record in Book 3842, Page 163, Register's Office, Davidson County, Tennessee.

3. By virtue of a Warranty Deed dated November 21, 2006, my husband, **ROBERT R. HARRIS**, being one and the same as **ROBERT R. HARRIS, JR.,** and I acquired title to Map 160, Parcels 009 and 011, in the OAK HILL TAX DISTRICT of Davidson County, Tennessee, which deed is of record via Instrument Number: 20061129-0147366, Register's Office, Davidson County, Tennessee. Said property is further described as **Tract 1:** Land in Davidson County, Tennessee, being a 5.4 acre tract of land which is part of the easterly part of a 30.87 acre tract on the plan of Roser Heights Subdivision at Brentwood, Tennessee, as of record in Book 332, page 146, Register's Office, Davidson County, Tennessee. **Tract 2:** Land in Davidson County, Tennessee being a 5.3 acre tract of land which is part of the easterly part of a 30.87 acre tract on the plan of Roser Heights Subdivision at Brentwood, Tennessee as of record in Book 332, page 146, Register's Office, Davidson County, Tennessee.

4. By virtue of a Warranty Deed dated August 19, 1969, my husband, **ROBERT R. HARRIS**, being one and the same as **ROBERT R. HARRIS, JR.,** and I acquired title to Map 131.4, Parcel 158, in the USD TAX DISTRICT of Davidson County, Tennessee, which deed is of record at Book 4358, Page 903, Register's Office, Davidson County, Tennessee. Said property is further described as Being the easterly 44.15 feet front and 47.4 feet rear of lot No. 16, and all of lots Nos. 17 and 18, of Block 20 on the Plan of College Park, as of record in Book 843, page 29, Register's Office, Davidson County, Tennessee.

5. My husband, **ROBERT R. HARRIS, JR.**, passed away in Cumberland County, Tennessee, on March 29, 2017, and I acquired title to the property described in the preceding paragraphs as the surviving tenant by the entirety. A copy of the Death Certificate of **ROBERT R. HARRIS, JR.**, is attached as **Exhibit "A"**.

THIS INSTRUMENT PREPARED BY:
PATTON & HYDER, PLLC
645 SOUTH MAIN STREET, SUITE 104
CROSSVILLE, TENNESSEE 38555
(931)787-1333

Map and Parcel 118 02 0 274.00
Map and Parcel 118 02 0 276.00
Map 160, Parcels 009 and 011
Map 131.4, Parcel 158

6. The name and address of a property owner and the person responsible for the payment of real property taxes is:

PEGGY FLYNN HARRIS
8351 Cherokee Trail
CROSSVILLE, TN 38572

7. The Affiant affirms that: (i) she is the surviving spouse of **ROBERT R. HARRIS, JR.**, deceased; (ii) there are no unpaid creditors of **ROBERT R. HARRIS, JR.;** (iii) there are no estate or inheritance taxes due or that will become due on account of the death of **ROBERT R. HARRIS, JR.**; (iv) **ROBERT R. HARRIS, JR.** was not on TennCare at the time of his death, a copy of the TennCare Release is attached as **Exhibit "B"**; and (v) there has been no administration of the Estate of **ROBERT R. HARRIS, JR.** in the State of Tennessee and none is anticipated.

8. This Affidavit is made pursuant to Tennessee Code Annotated §30-2-712.

Further, the Affiant saith not.

This 11th **day of** DECEMBER, **2017.**

PEGGY FLYNN HARRIS

Sworn to and subscribed before me on this 11th **day of** DECEMBER, **2017.**

AMY ALLEN
STATE OF TENNESSEE NOTARY PUBLIC
CUMBERLAND COUNTY

NOTARY PUBLIC
My Commission Expires: 10/04/2021

STATE OF TENNESSEE)
COUNTY OF CUMBERLAND)

Before me, the undersigned authority, a Notary Public in and for said State and County, personally appeared PEGGY FLYNN HARRIS, the within named bargainor with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged the execution of this instrument as her free act and deed for the purposes therein contained.

WITNESS my hand, on the 11th **day of** DECEMBER, **2017.**

AMY ALLEN
STATE OF TENNESSEE NOTARY PUBLIC
CUMBERLAND COUNTY

NOTARY PUBLIC
My Commission Expires: 10/04/2021

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): Robert Raymond Harris Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 29, 2017
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year):
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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: [X] 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): Cumberland House
8c. CITY OR TOWN: Crossville
8d. COUNTY OF DEATH: Cumberland

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Peggy Flynn
11a. DECEDENT'S USUAL OCCUPATION: Real Estate Development
11b. KIND OF BUSINESS/INDUSTRY: Harris Realtors
12. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Cumberland
13c. CITY OR TOWN: Crossville
13d. STREET AND NUMBER: 8351 Cherokee Tr.
13e. INSIDE CITY LIMITS: [ ] Yes [X] No
13f. ZIP CODE: 38572
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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)
[X] 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)
[X] 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)
[X] 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): Robert Raymond Harris Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Linnie Mai Adams

DISPOSITION

20a. INFORMANT'S NAME: Peggy Harris
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 8351 Cherokee Tr. Crossville, TN 38572
21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Crossville City Cemetery
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: ▶ Lonnie Burnett DR
25. DATE FILED (Month, Day, Year): APR 17 2017

CERTIFIER

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

26. CERTIFIER (Check only one):
26a. [X] 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: 42144
27c. DATE SIGNED (Month, Day, Year): 04-13-2017
27d. NAME AND ADDRESS: Stephen Clark MD 30 E. Adams St. Crossville TN 38555

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.	
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. Due to (or as a consequence of):	

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

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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

09169343

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 9 1 6 9 3 4 3

Date Issued: APR 17 2017

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

7/10/2017

SUSAN M. HYDER
LEGAL COUNSEL
645 S MAIN ST STE 104
CROSSVILLE, TN 38555

RE: ROBERT HARRIS JR
Last Four Of SSN (AA)

Dear SUSAN M. HYDER:

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,

Tangela J. Howard