This instrument prepared by:
Edward L. Hiland
20 Academy Place
Nashville, TN 37210

Record and return to:
Same as preparer

Bill Garrett Davidson County
Batch# 42424 AFFIDAVITH
12/28/2017 12:26:13 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20171228-0131935

ADDRESS NEW OWNER:
Niki A...
3160 Country Meadow Road
Antioch, TN 37013

SEND TAX BILLS TO:
same

MAP-PARCEL NUMBERS:
150 07 0 113.00

AFFIDAVIT OF HEIRSHIP

The undersigned affiant, Edward L. Hiland, pursuant to Tenn.Code Ann. § 30-2-712, upon his own personal knowledge and first being duly sworn, deposes and says under oath:

1. I am Edward L. Hiland. I am acquainted with the family of the decedent, Ifeanyi Justin Arinze.
2. Ifeanyi Justin Arinze (the "decedent") died June 1, 2016, a resident of Davidson County, Tennessee. A copy of decedent's death certificate is attached hereto as Exhibit A.
3. The decedent died intestate and the decedent's estate has been administered in the Circuit Court for Davidson County, Tennessee, Docket number 16P1031.
4. The decedent died unmarried.
5. At the time of his death, the decedent had one child whose name and address is: Niki Kelechi Arinze, 3160 Country Meadow Road, Antioch, TN 37013.
6. No other children were born or adopted by the decedent.
7. At the time of his death, the decedent held a fee simple interest in certain tract(s) or parcels(s) of real property located at 3160 Country Meadow Road, Antioch, TN 37013 in Davidson County, Tennessee, Tax Parcel 150 07 0 113.00, more particularly described as:

> Being Lot No. 101 on the Plan of the Country, Section 4-A, as of record book 5200, pages 138 and 139, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 101 fronts 70.38 feet on the northwesterly margin of Country Meadow Road and extends back 205.38 feet on the southerly line and

242.94 feet on the northerly line, which is a broken line, to a dead line in the rear which measures 57.42 feet thereon.

Being the same property conveyed to Mark F. Howell and wife, Diane M. Howell by deed from Randall Phillips Builders, Inc. of record in Book 5549, page 282, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Ifeanyi Justin Arinze by deed from Mark F. Howell and wife, Diane M. Howell of record in Book 5852, page 479, Register's Office for Davidson County, Tennessee.

8. Title to the above described real property passed to Niki Kelechi Arinze by the laws of intestate succession.
9. There are no debts or encumbrances remaining that are or might become a lien on the decedent's interest in the above described real property.
10. TennCare Release Letter issued by the Tennessee Bureau of TennCare is attached to this affidavit as Exhibit B.
11. The actual consideration or value, whichever is greater, for this transfer is $0. This conveyance is made to quiet title to the heir at law of the decedent's estate and is exempt from tax by Tenn. Code Ann. § 67-4-409(a).

Further Affiant saith not.

Executed this 27th day of December, 2017.

Edward L. Hiland

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, Edward L. Hiland with whom I am personally acquainted, and who upon oath stated to me that the facts contained in the foregoing instrument are true and correct, and who signed the foregoing instrument in my presence, and who acknowledged that he executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 27th day of December, 2017.

Jessica L. Caldwell
Notary Public
My commission Expires: 7-8-2019

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): Dr Ifeanyi Justin Arinze
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 01, 2016
4. TIME OF DEATH (Actual): 1:14 PM
5a. AGE-Last Birthday (Years): 74
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 18, 1942
7. BIRTHPLACE (City and State or Foreign Country): Eziowelle, Nigeria

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): 3160 Country Meadow Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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: Professor
11b. KIND OF BUSINESS/INDUSTRY: Education

12. SOCIAL SECURITY NUMBER: -8700
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch

13d. STREET AND NUMBER: 3160Country Meadow Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

Arinze Ifeanyi
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): Joseph Nwankwu Arinze
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bernadette Ekwoanya Mgbafor

DISPOSITION

20a. INFORMANT'S NAME: Niki Kelechi Arinze
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3160Country Meadow Rd.AntiochTN
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Arinze Compound
21c. LOCATION - City or Town and State: Eziowelle, Nigeria

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR: Richard A. Lewis
22b. LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER: Patrick Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis&WrightF.D.2500Clarksville Hwy.,Nashville,TN37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812
24. REGISTRAR'S SIGNATURE: Andrea Bowles, DR
25. DATE FILED (Month, Day, Year): June 13, 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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: Erin M. Carney
27b. LICENSE NUMBER: 50160
27c. DATE SIGNED (Month, Day, Year): June 02, 2016
27d. NAME AND ADDRESS: Erin M Carney, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC16-1282

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. Pending further studies	
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 ☒ 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. 9/2011)
RDA 1399

8511560

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8511560
Date Issued: JUN 13 2016

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

2017 JUL 11 AM 9:40
RICHARD R. ROOKER, CLERK
D.C.

Bill Haslam
vernor

Larry B. Martin
Commissioner

7/6/2017

EDWARD L. HILAND
LEGAL COUNSEL
20 ACADEMY PLACE
NASHVILLE, TN 37210

RE: IFEANYI ARINZE
Last Four Of SSN 8700

Dear EDWARD L. HILAND:

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