Bill Garrett Davidson County
Batch# 42424 AFFIDAVITH
12/28/2017 12:26:13 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20171228-0131936

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

Record and return to:
Same as preparer

ADDRESS NEW OWNER:
Robert Louis Graf, Jr
701 General George Patton Rd
Nashville, TN 37221

SEND TAX BILLS TO:
same

MAP-PARCEL NUMBERS:
142 09 0F 701.00

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. My full name is Edward L. Hiland. I am acquainted with the family of the decedent, Cathy Lynn Crowder Graf.
2. Cathy Lynn Crowder Graf (the "decedent") died December 12, 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 16P2121.
4. The decedent died married to Robert Louis Graf, Jr, whose address is 701 General George Patton Rd, Nashville, TN 37221.
5. At the time of her death, the decedent had three children whose names and addresses are:
   Robert Louis Graf, III, 500 Green Acres Dr, Franklin, TN 37208;
   Amy Elizabeth Boomer, 2532 Malpaso Point, Colorado Springs, CO 80922;
   Cathryn Christian Graf, 1704 5th Ave North, Nashville, TN 37208.
6. No other children were born or adopted by the decedent.
7. At the time of her death, the decedent held a fee simple interest in certain tract(s) or parcels(s) of real property located at 701 General George Patton Rd, Nashville, TN 37221 in Davidson County, Tennessee, Tax Parcel 142 09 0F 701.00, more particularly described as:

Unit No. 701, together with the Carport designated No. 701-C, in River Plantation, Section VIII, Phase II, a Condominium, a Horizontal Property Regime, located on Sawyer Brown Road, General George Patton Road and Old Harding Pike, Nashville, Davidson County, Tennessee, as shown on the plat of River Plantation, Section VIII, Phase II, Condominium Apartments, recorded in Book 6900, pages 514, 515, 516 and 517 and Book 8123, page 690, as amended in Book 6900, page 654, et seq., Register's Office for Davidson County, Tennessee, and described in a Master Deed recorded in Book 7417, pages 396, et seq., Register's Office for Davidson County, Tennessee, to which reference is hereby made. The easements, restrictive covenants, conditions and regulations imposed upon and relating to the apartments, property, co-owners and tenants of River Plantation, Section VIII, Phase II, Condominium Apartments, contained in the Master Deed and By-Laws appended thereto, recorded in Book 7417, pages 396-438, Register's Office for Davidson County, Tennessee, are incorporated in this deed by reference and made a part hereof the same as though copied herein. This conveyance is also subject to the Covenants Conditions and Restrictions for the River Plantation, Sections 8-11 Umbrella Association, Inc. of record in Book 7389, page 924, Register's Office for said County.

Being the same property conveyed to Robert L. Graf, Jr., and wife, Cathy C. Graf by deed from Haury and Smith Contractors, Inc. of record in Book 8754, page 923, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Cathy C. Graf by quitclaim deed from Robert L. Graf, Jr. of record in Book 9220 Page 146, Register's Office for Davidson County, Tennessee.

8. Title to the above described real property passed to Robert Louis Graf, Jr. by the terms of the decedent's last will and testament properly probated in the Probate Court for Nashville, Davidson County Tennessee under docket number 16P2121.
9. There is a debt or encumbrance remaining that will become the responsibility of Robert Louis Graf, Jr. 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 subject real property 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

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



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): Cathy Lynn Graf
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 12, 2016
4. TIME OF DEATH (Approx.): 1821
5a. AGE-Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 1, 1949
7. BIRTHPLACE (City and State or Foreign Country): Lawrenceburg, 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): Alive Hospice
8c. CITY OR TOWN: Nashville
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): Robert Graf
11a. DECEDENT'S USUAL OCCUPATION: Elementary Teacher
11b. KIND OF BUSINESS/INDUSTRY: Education
12. SOCIAL SECURITY NUMBER:
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 701 General George Patton Rd
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37221
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): Robert A. Crowder
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ladye M. Weatherman

20a. INFORMANT'S NAME: Robert Graf
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 701 Gen. George Patton Rd, Nashville TN 37221

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): West Harpeth Crematory
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ► Jonie Bridgeman
22b. LICENSE NUMBER: 1e907
22c. SIGNATURE OF EMBALMER: ►
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

12-16-16

REGISTRAR

24. REGISTRAR'S SIGNATURE: ► William R Bowers Jr DR
25. DATE FILED (Month, Day, Year): 12/15/2016

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: 48448
27c. DATE SIGNED (Month, Day, Year): 12/15/16
27d. NAME AND ADDRESS: Laura Thorpe 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 histology	
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)

TH-1659 (Rev. 10/2011) RDA 1399

08939707

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.

DEC 15 2016

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 3 9 7 0 7

Date Issued

CERTIFICATION OF VITAL RECORD

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

ED
2017 NOV 30 AM 9:07
RICHARD P ROOKS, C.P.A.
D.C.

Bill Haslam
Governor

Larry B. Martin
Commissioner

11/17/2017

EDWARD HILAND
LEGAL COUNSEL
20 ACADEMY PLACE
NASHVILLE, TN 37210

RE: CATHY GRAF
Last Four Of SSN 6455

Dear EDWARD 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