Owner:	Prepared by:
Ms. Brenda Shelton 2348 Revere Place Nashville, TN 37214	Toni Waynick Rutgerson Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Ms. Brenda Shelton 2348 Revere Place Nashville, TN 37214	Parcel ID: 096 09 0A 712.00

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Bill Garrett Davidson County
Batch# 82896 AFFIDAVITH
04/19/2018 02:26:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20180419-0037073

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes the affiant, Brenda Shelton, Executrix of the Estate of Minnie E. Robertson, being first duly sworn according to law, and being of lawful age, and pursuant to T.C.A. § 30-2-712, hereby swears to the following of her own free will and based upon her personal knowledge and familiarity:

1. Minnie E. Robertson, also known as Minnie Robertson, (the "decedent") died testate on October 5, 2016, as evidenced by a copy of her death certificate attached hereto as *Exhibit A*.
2. The decedent was divorced at the time of her death.
3. Decedent's Last Will and Testament was probated as Case No. 17P794 in the Probate Court for Davidson County, Tennessee on May 18, 2017.
4. At the time of her death, the decedent owned an interest in real property located at 712 Kent Road, Nashville, TN 37214 ("Property"), and being more particularly described in deed of record as Instrument No. 20060613-0070394, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description:

   BEING Lot No. 712 on the plan of Emery Place Condominiums, of record in Book 6250, page 719, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more completer and accurate description.

   Being the same property conveyed to Minnie Robertson* by deed from Wallace A. Workman and wife, Gail R. Workman of record as Instrument No. 20060613-0070394 in the Register's Office for Davidson County.

   *Minnie Robertson and Minnie E. Robertson are one and the same person.

   This is improved property known as:
   712 KENT ROAD
   NASHVILLE, TN 37214

5. Brenda Shelton is the sole residuary distributee under the Last Will and Testament of the decedent.
6. A Release from the Bureau of TennCare is attached hereto as *Exhibit B*.
7. The solvent Estate was closed on 3/26/2018, as evidenced by a copy of the Order Closing Estate Without Detailed Accounting attached hereto as *Exhibit C*.
8. At the decedent's death, title to the property vested in Brenda Shelton, as sole residuary

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beneficiary under the decedent's estate, by operation of law.

Further, affiant sayeth naught.

Brenda Shelton

BRENDA SHELTON,
Executrix of the Estate of Minnie E. Robertson

STATE OF TENNESSEE
COUNTY OF WILSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared BRENDA SHELTON, Executrix of the Estate of Minnie E. Robertson, the within named affiant, 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 29 day of January, 2018.

Taylor Guthans

Notary Public
My Commission Expires: January 4, 2021

TAYLOR GUTHANS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires Jan. 4, 2021

CERTIFICATION

I, Toni Rutgerson, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Toni Rutgerson

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this day of April 19, 2018, 2018, personally appeared before me, the undersigned, a notary public for this county and state, Toni Rutgerson, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

REBECCA R. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES: JUNE 25, 2019

REBECCA R. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES: JUNE 25, 2019

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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): Minnie E. Robertson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 05, 2016
4. TIME OF DEATH (Enter): 04:15
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): February 06, 1930
7. BIRTHPLACE (City and State or Foreign Country): Kehoe, Kentucky

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): 712 Kent Rd
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson County (TN)

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: Church Administration
11b. KIND OF BUSINESS/INDUSTRY: Ministry

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson County (TN)
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 712 Kent Rd
13e. INSIDE CITY LIMITS? ☑ Yes ☐ No
13f. ZIP CODE: 37214-3545
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): Hubert Worthington
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Sadie Burge

INFORMANT

20a. INFORMANT'S NAME: Brenda Shelton
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2348 Revere Pl, Nashville, TN 37214-2151

DISPOSITION

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: ▶ Sherrod Kimmins
22d. LICENSE NUMBER: 6686

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: ▶ DRamsey DR
25. DATE FILED (Month, Day, Year): 10/11/16

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: ▶ Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year):
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):
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. Atherosclerotic Cardiovascular Disease — 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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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)

RDA 1369

TH-1959 (Rev. 10/2011)

08852234

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.

OCT 11 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 8 5 2 2 3 4
Date Issued

CERTIFICATION OF VITAL RECORD

201804190037073

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

8/3/2017

TONI RUTGERSON
LEGAL COUNSEL
PO BOX 17116
NASHVILLE, TN 37217

RE: MINNIE ROBERTSON
Last Four Of SSN [redacted]

Dear TONI RUTGERSON:

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,

Jamyela J. Howard

Copy

Exhibit C

FILED

2018 MAR 26 AM 9:49

THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)

THE ESTATE OF MINNIE E. ROBERTSON
Deceased.

Docket No. 17P-794

BRENDA SHELTON,
Executrix.

ORDER TO CLOSE ESTATE WITHOUT DETAILED ACCOUNTING

Based on examination of the Statement in Lieu of Final Accounting and the entire file, the Court finds the following:

1. Petitioner is the qualified Personal Representative of this Estate;
2. The Estate is solvent;
3. The Estate is fully administered;
4. Each claim filed against the Estate has been paid. All other debts have been paid;
5. This estate has been properly distributed; and,
6. The Residuary Distributee and legatee of this Estate agrees to close the Estate without a detailed accounting.
7. The Personal Representative and Residuary Distributee of this Estate approve the discounted fee of $2,725.20 and payment of expenses of $319.50 (for an aggregate amount of $3,044.70) to Toni Waynick Rutgerson, Attorney at Law, for her services as attorney for this Estate, as indicated by their signatures on the Statement in Lieu of Final Accounting.

Based on these findings, the Court ORDERS an attorney's fee of $ 2,725.20, which is reasonable and necessary, and expenses in the amount of $ 319.50 (for an

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Copy

aggregate amount of $ 3,044.70) are hereby awarded to Toni Waynick Rutgerson for her services as attorney for the Estate of Minnie E. Robertson, consistent with the approval of the Personal Representative and Residuary Distributee contained in the Statement In Lieu of Final Accounting.

The Court FURTHER ORDERS the Estate closed without a detailed accounting, discharges the Personal Representative and her surety, if any, and directs no copy of this final Order to be sent to the Distributee and Legatee or the Personal Representative.

ENTERED THIS 26 DAY OF March, 2018.

JUDGE RANDY KENNEDY

APPROVED FOR ENTRY:

TONI WAYNICK RUTGERSON, #032469
Attorney for Executrix for the
Estate of Minnie E. Robertson
200 Nashboro Blvd
P.O. Box 17116
Nashville, TN 37217
(615) 885-5707

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was served via first-class U.S. Mail, postage prepaid to the following, this the 30th day of January, 2018.

Ms. Brenda Shelton
2348 Revere Place
Nashville, TN 37214

Mr. Ryan Shelton
606 Stonefield Court
Mt. Juliet, TN 37122

Ms. Leslie Shelton Powers
439 Parrish Hill
Mt. Juliet, TN 37122

Toni Waynick Rutgerson

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