Owners:	Prepared by:
Ms. Leslie Hall Barr 4009 Asbury Place Mt. Juliet, TN 37122	Toni Waynick Rutgerson Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Ms. Leslie Hall Barr 4009 Asbury Place Mt. Juliet, TN 37122	Parcel ID: 098090A11200CO

AFFIDAVIT OF HEIRSHIP (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes the affiant, Leslie Hall Barr, Administratrix of the Estate of David Charles Hall, 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. David Charles Hall, also known as David C. Hall, (the "decedent") died intestate on January 19 2018, as evidenced by a copy of his death certificate attached hereto as *Exhibit A*.
2. The decedent was divorced at the time of his death.
3. Decedent's solvent Estate was probated as Case No. 18P-355 in the Probate Court for Davidson County, Tennessee on March 22, 2018.
4. At the time of his death, the decedent owned an interest in real property located at 612 Moon Cove, Hermitage, TN 37076 ("Property"), and being more particularly described in deed of record as Book 11117, Page 520, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description:

   > BEING Lot No. 163 on the Plan of Lakeshore, Phase 2-B, as of record in Plat Book 7900, Page 599, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.
   >
   > Being the same property conveyed to David C. Hall* and Peggy U. Hall**, Unmarried, Joint Tenancy with Right of Survivorship, by deed from Michael W. Rucker and wife, Kelly Rucker, of record as Book 11117, Page 520, Register's Office for Davidson County, Tennessee.
   >
   > *David C. Hall and David Charles Hall are one and the same person.
   > **Peggy U. Hall and Peggy Ann Hall are one and the same person.

   This is improved property known as: ***612 Moon Cove, Hermitage, TN 37076***

   Bill Garrett Davidson County
   Batch# 104261 AFFIDAVITH
   06/13/2018 03:44:30 PM 5 pgs
   Fees: $27.00 Taxes: $0.00
   20180613-0056951

5. Peggy U. Hall, also known as Peggy Ann Hall, died on October 20, 2006, as evidenced by a copy of her death certificate attached hereto as *Exhibit B*, vesting David C. Hall with fee simple ownership of the property by virtue of being the surviving joint tenant.
6. Leslie Hall Barr is the sole heir at law of the decedent.
7. A Release from the Bureau of TennCare is attached hereto as *Exhibit C*.

8. At the decedent's death, title to the property vested in Leslie Hall Bar, as sole heir at law of the decedent's estate, by operation of law.

Further, affiant sayeth naught.

Leslie Hall Barr

LESLIE HALL BARR,
Administratrix of the Estate of David Charles Hall

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 LESLIE HALL BARR, Administratrix of the Estate of David Charles Hall, 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 12th day of June, 2018.

Notary Public
My Commission Expires: _____

TONI RUTGERSON STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON
MY COMMISSION EXPIRES: MAY 26, 2020

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 June 13, 2018, personally appeared before me, Rebecca R. Waynick, 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

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON
MY COMMISSION EXPIRES: JUNE 25, 2019

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 002801

DECEDENT

1. DECEDENT'S LEGAL NAME: DAVID CHARLES HALL
2. SEX: MALE
3. DATE OF DEATH: 01/19/2018
4. TIME OF DEATH (Use 24 hr): 14:16
5a. AGE: 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 06/01/1941
7. BIRTHPLACE: ELIZABETHTOWN, KENTUCKY
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 612 MOON COVE
8c. CITY OR TOWN: HERMITAGE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: DIVORCED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: ENTERTAINER
11b. KIND OF BUSINESS/INDUSTRY: MUSIC
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: HERMITAGE
13d. STREET AND NUMBER: 612 MOON COVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37076
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

TYPE/PRINT IN PERMANENT BLACK INK

MAILING ADDRESS (Street and Number or P.O. Box No., City or Town, State, Zip Code)

PARENTS

18. FATHER'S NAME: STALEY HALL
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY BASHAM

INFORMANT

20a. INFORMANT'S NAME: LESLIE BARR
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 4009 ASBURY PLACE, MOUNT JULIET, TENNESSEE 37122

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: MIDDLE TN CREMATION CENTER
21c. LOCATION: MOUNT JULIET, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ TRACEY BOND
22b. LICENSE NUMBER: 3930
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: BOND MEMORIAL CHAPEL, 1098 WESTON DR, MOUNT JULIET, TENNESSEE 37122
23b. LICENSE NUMBER: 1041

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III
25. DATE FILED: 01/23/2018

CERTIFIER

26. CERTIFIER
26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE

27a. CERTIFIER: ▶ /s/ STACY FAITH DAVIS
27b. LICENSE NUMBER: 027614
27c. DATE SIGNED: 01/23/2018
27d. NAME AND ADDRESS: STACY FAITH DAVIS 301 21ST AVE N, NASHVILLE, TENNESSEE 37203

[redacted]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN
32. IF FEMALE: N/A

33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK?
34d. PLACE OF INJURY
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

PH-1659 (Rev. 8/2017) RDA 10112

09828152

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 24 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 8 2 8 1 5 2
Date Issued

CERTIFICATION OF VITAL RECORD

201806130056951

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT B

TYPE/PRINT: 06015897

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Peggy Ann Hall
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 20, 2006
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Dec. 23, 1943
7. BIRTHPLACE (City and State or Foreign Country): Marianna, FL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check Only One): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 612 Moon Cove
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Paralegal
12b. KIND OF BUSINESS/INDUSTRY: Department of Veteran Affairs
13a. RESIDENCE STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 612 Moon Cove
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 5

PARENTS

17. FATHER'S NAME (First, Middle, Last): Alvin Emil Ulrich
18. MOTHER'S NAME (First, Middle, Maiden Surname): Irene Regina Flemmer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Leslie Barr
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2899 Lyncrest Drive Nashville, TN 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, Crematory, or other place): Williams Funeral Home Crematory
20c. LOCATION City or Town, State: Columbia, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5814
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel 1098 Weston Drive, Mt. Juliet, TN 37122
22b. LICENSE NUMBER OF FUNERAL HOME: 1041

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): October 23, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 11294
25c. DATE SIGNED (Month, Day, Year): 10.23.06
26a. 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 as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Lester Porter III, 4230 Harding Rd. #707, Nashville, TN 37205

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): [redacted]

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

FH-1899 (REV. 6/98)

BIRTH NO.

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued: OCT 23 2006

THE GREAT SEAL OF THE STATE OF TENNESSEE — AGRICULTURE COMMERCE — 1796

CERTIFICATION OF VITAL RECORD

EXHIBIT C

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

5/8/2018

TONI RUTGERSON
LEGAL COUNSEL
P O BOX 17116
NASHVILLE, TN 37217

RE: DAVID HALL
Last Four Of SSN [redacted]

Dear TONI RUTGERSON:

The Division of TennCare releases its claim against the probate estate of the above decedent for the marked reason:

X T.C.A. §71-5-116(c) (2) - Based upon a review of the information you provided, we do not find long-term TennCare benefits paid by the State of Tennessee on behalf of the decedent

____ T.C.A. §71-5-116(c) - The decedent is survived by a spouse; therefore, the claim is deferred. TennCare reserves the right to assert a claim upon the death of the surviving spouse.

____ T.C.A. §71-5-116(c) - The decedent was under the age of fifty-five at the time of death; therefore, the estate recovery claim is waived.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Note this release only applies to decedent's probate estate and does not apply to trusts or any assets held in trust. For trust inquires, please contact us by phone for referral to TennCare's Office of the General Counsel.

Sincerely,

Jangela J. Howard