Bill Garrett Davidson County
Batch# 104964 AFFIDAVITH
06/15/2018 09:58:25 AM 8 pgs
Fees: $42.00 Taxes: $0.00
20180615-0057673

This instrument prepared by:
J. Randall Hooper
Julie Cornell
109 Westpark Drive, Suite 300
Brentwood, TN 37027

Record and return to:
Same as preparer

Address of New Owner:
Robert B. Harper
Mark W. Harper
5037 Timberhill Drive
Nashville, TN 37211

Send Tax Bills to:
New Owner

Map/Parcel:
146 12 0 017.00

AFFIDAVIT OF HEIRSHIP

The undersigned affiants, Deborah Harper, Robert B. Harper and Mark W. Harper, pursuant to Tenn. Code Ann. § 30-2-712, upon their own personal knowledge and first being duly sworn, depose and say under oath:

1. We, Robert B. Harper and Mark W. Harper, are the sole children, living or deceased, of Decedent, Ruth Alice Harper. I, Deborah Harper, am the daughter-in-law of Decedent and have known the Harper family for thirty-nine (39) years.

2. Decedent died on January 7, 2018, a resident of Nashville, Davidson County, Tennessee. A copy of Decedent's death certificate is attached to this affidavit as Exhibit A.

3. Decedent died intestate. Administration of Decedent's estate is unnecessary.

4. Decedent died a widow. Decedent's spouse, Oscar Gene Harper, died on February 27, 1984, a resident of Nashville, Davidson County, Tennessee. Oscar Gene Harper's estate was administered in the Probate Court, now the Seventh Circuit Court, for Davidson County, Tennessee, Docket No. 74674.

5. Decedent had two (2) children, whose names and addresses are:

Robert B. Harper, 120 Surrey Park Court, Johns Creek, GA 30097
Mark W. Harper, 5037 Timberhill Drive, Nashville, TN 37211

No other children were born to or adopted by Decedent. All of Decedent's children are living. None of Decedent's children is a minor or other person under a disability.

6. At death, Decedent owned a fee simple interest in a certain tract of real property located at 5037 Timberhill Drive, Nashville, TN, Map/Parcel 146 12 0 017.00, more particularly described as:

Being Lot No. 363 on the Map of Section Five, Crieve Hall Estates, as of record in Book 2133, page 91, Register's Office for said County, to which plan reference is here made for a more complete and accurate description.

This conveyance is made subject to restrictions of record in Book 2277, page 110, Register's Office for Davidson County, Tennessee, and the plan of record in Book 2133, page 91, which shows an Owner's Certificate, certain easements and set-back lines.

Being the same property conveyed to Oscar G. Harper and wife, Ruth Alice Harper, by deed from Central Mortgage Company, a Tennessee corporation, of record in Book 2333, Page 593, Register's Office for Davidson County, Tennessee.

7. Title to the above described real property passed solely to Decedent upon the death of Decedent's spouse, Oscar G. Harper, who is the same person as Oscar Gene Harper, as the surviving tenant by the entireties. Title to the above described real property passed to Robert B. Harper and Mark W. Harper, upon the death of Decedent by the laws of intestate succession.

8. 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.

9. The TennCare Release Letters issued by the Tennessee Bureau of TennCare for Decedent and Decedent's spouse are attached to this Affidavit as Exhibits B and C. The Inheritance Tax Consent to Transfer for Real Property issued by the Tennessee Department of Revenue for Decedent's spouse is attached to this Affidavit as Exhibit D.

10. The actual consideration or value, whichever is greater, for this transfer is $0. This conveyance is made to implement a testamentary devise to the Decedent's heirs and is exempt from tax by Tenn. Code Ann. § 67-4-409(a).

Further affiants saith not.

Executed this 1 day of June, 2018.

Robert B. Harper

Deborah Harper

State of Georgia
County of Fulton

Before me, the undersigned Notary Public, personally appeared Robert B. Harper and Deborah Harper, with whom I am personally acquainted or proved to me upon satisfactory evidence, 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 they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 1 day of June, 2018.

Notary Public

My Commission Expires: 9/14/21

JASON ALEXIS
Notary Public - State of Georgia
Douglas County
My Commission Expires Sep 14, 2021

Executed this 4 day of June, 2018.

Mark W. Harper

State of Tennessee
County of Williamson

Before me, the undersigned Notary Public, personally appeared Mark W. Harper, 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 4th day of June, 2018.

Notary Public

My Commission Expires: 09/07/2021

ALLISON THORBURN
STATE OF TENNESSEE NOTARY PUBLIC
MY COMM. EXP. SEPT. 7, 2021
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 002290

DECEDENT

1. DECEDENT'S LEGAL NAME: RUTH ALICE JOHNSON HARPER
2. SEX: FEMALE
3. DATE OF DEATH: 01/07/2018
4. TIME OF DEATH (Approx.): UNKNOWN
5a. AGE: 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 10/16/1927
7. BIRTHPLACE: AUGUSTA, GEORGIA
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: SOUTHERN HILLS MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: NURSE
11b. KIND OF BUSINESS/INDUSTRY: HEALTHCARE
12. SOCIAL SECURITY NUMBER: 259-32-6470
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 5037 TIMBERHILL DRIVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: ASSOCIATE DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (First used by Funeral Director)

PARENTS

18. FATHER'S NAME: UNKNOWN
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ALICE LEA JOHNSON

20a. INFORMANT'S NAME: MARK HARPER
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 5037 TIMBERHILL DRIVE, NASHVILLE, TENNESSEE 37211

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: WOODLAWN MEMORIAL PARK
21c. LOCATION: NASHVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ ASHLEY ANN LUER
22b. LICENSE NUMBER: 16204
22c. SIGNATURE OF EMBALMER: ▶ /s/ Dawn Renee' Everett
22d. LICENSE NUMBER: 8024
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TENNESSEE 37204-0407
23b. LICENSE NUMBER: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III
25. DATE FILED: 01/22/2018

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 AND SIGN WITHIN 48 HOURS

27a. CERTIFIER: ▶ /s/ ASHLEY ROSE
27b. LICENSE NUMBER: 2709
27c. DATE SIGNED: 01/10/2018
27d. NAME AND ADDRESS: ASHLEY ROSE SOUTHERN HILL MEDICAL CENTER, NASHVILLE, TENNESSEE 37211

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) 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

		Approximate Interval: Onset to Death
a.	INFLUENZA WITH PNEUMONIA	1 WK
	DUE TO (OR A CONSEQUENCE OF)	
b.	ACUTE RESP DISTRESS SYNDROME	2 DAYS
	DUE TO (OR A CONSEQUENCE OF)	
c.		
	DUE TO (OR 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? NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO
32. IF FEMALE:

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-1699 (Rev. 8/2017) RDA 10112

09828123

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

09828123
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

Bill Haslam
Governor

Larry B. Martin
Commissioner

5/30/2018

JULIE CORNELL
LEGAL COUNSEL
109 WESTPARK DR. STE 300
BRENTWOOD, TN 37027

RE: RUTH HARPER
Last Four Of SSN 8470

Dear JULIE CORNELL:

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

[redacted]

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

5/30/2018

JULIE CORNELL
LEGAL COUNSEL
109 WESTPARK DR. STE 300
BRENTWOOD, TN 37027

RE: OSCAR HARPER
Last Four Of SSN 9546

Dear JULIE CORNELL:

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.

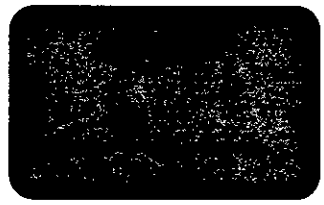
____ T.C.A. §71-5-116(c) - The decedent was under the age of fifty-five at the time of death; therefore, the estate recovery claim is waived.

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,

Dangela J. Howard



TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX CONSENT TO TRANSFER
FOR REAL PROPERTY

NOTICE: THIS ELECTRONIC DOCUMENT IS AN OFFICIAL STATE RECORD. PLEASE PRINT AND RETAIN A COPY FOR YOUR RECORDS.

NAME OF DECEDENT: Oscar Harper

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: xxx-xx-9546

APPLICATION DATE: 05/23/2018

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property described below now in your custody, or standing on your records in the name of the captioned decedent.

Description of Real Property:

County: DAVIDSON

Address: 5037 Timberhill Dr.

City: Nashville

State: TN

Zip: 37211

Map: 146120017.00

Parcel:

FMV: $329,400.00