Bill Garrett Davidson County
Batch# 107778 AFFIDAVITH
06/25/2018 10:07:36 AM 12 pgs
Fees: $62.00 Taxes: $0.00
20180625-0060870

# AFFIDAVIT OF HEIRSHIP

This instrument was prepared by information furnished by the parties herein.

No Warranty of Title either expressed or implied, see Disclaimers

| New Owner | Send Tax Bills to: | Map and Parcel |
|---|---|---|
| Christy Lancaster | Same | 086 07 0 023.00 |
| 1132 Jacksons Views Rd | | |
| Hermitage TN 37076 | | |

In Re: a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 62 on the Plan of Jackson's Retreat, Phase 1, Section Two, of record in Plat Book 5200, Pages 334 and 335, Amended in Book 5972, Page 96, Register's Office for said County, to which reference is hereby made for a more complete description.

Margaret Lucille Winter died in Nashville, Davidson County, Tennessee on May 10, 2017 and her death is evidenced by the attached Death Certificate.

This is improved property known as 1132 Jacksons View Rd, Hermitage, Davidson County, Tennessee 37076.

***COMES NOW,*** **Cassie Mether**, of the late Margaret Lucille Winter after first being duly sworn according to law, attests and states as follows:

1. Affiant is the Grand Daughter, Cassie Mether, and has maintained close and personal contact with said Margaret Lucille Winter for more than thirty years her lifetime.

2. Margaret Lucille Winter died testate in Nashville, Davidson County, Tennessee on May 10, 2017, and her death is evidenced by the attached Death Certificate (Exhibit A). The property referenced in this Affidavit of Heirship as more particularly described herein above passes to the referenced heirs through intestate succession in the same manner as it would in the Last Will and Testament of Margaret Lucille Winter, attached hereto as (Exhibit B)

3. TennCare Release, Exhibit "C".

4. At the time of Margaret Lucille Winter death, she, was survived by the following persons: John Winter and William Parrish,, and one child who had pre-deceased her being Deborah Kay Winter Lancaster Gordon, (died on April 25, 2015) as evidenced by the attached Exhibit Death Certificate, and no other person. The deceased (Margaret Lucille Winter) was not re-married,

remaining a widow, having only the three children born to her. The decedent Margaret Lucille Winter had no adoptive children.

5. Her deceased (Margaret Lucille Winter) daughter, being Deborah Kay Winter Lancaster Gordon, are heirs to the estate of Margaret Lucille Winter, was survived by her husband Randy Eugene Gordon and her only two children born to her, being Christy Michelle Lancaster and Christopher Michael Lancaster. Margaret Lucille Winters had no other children born to her or adopted by her. Christopher Michael Lancaster having pre-deceased his mother (Deborah Kay Winter Lancaster Gordon) on November 19, 2008 reverting his portion of the estate back to his mother at his death. Christopher Michael Lancaster, was not married and had no children born to him or adopted by him.

6. The only lawful heirs to the Estate of the late Margaret Lucille Winter are John Winter, William Parrish, Christy Michelle Lancaster.

7. The above-described real property passed to John Winter, William Parrish and Christy Michelle Lancaster upon the death of Margaret Lucille Winter on May 10, 2017. NOTE: The property referenced herein passes to the three heirs noted above by the Tennessee laws of intestate succession in the same manner as described within the Last Will and Testament of Margaret Lucille Winter.

8. All interest in the real property above described are vested in John Winter, William Parrish, Christy Michelle Lancaster, in fee simple.

9. **FURTHER AFFIANT SAITH NOT.**

The affiant is further advised under TCA 30 2 712 that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him/her to be false, or about which he/she does not have sufficient knowledge to justify his/her making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more.

**I, Cassie Mether, do hereby swear and affirm the above to be true and correct to the best of my knowledge.**

**IN WITNESS WHEREOF, I have executed this instrument on the** 1st 3+ **day of** ~~May~~ June, **2018.**

Cassie Mether

**Cassie Mether**

State of TENNESSEE
County of Davidson

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named **Cassie Mether**, the affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 3+ 1st day of June ~~May~~, 2018.

Connie Jolley White Co. Clerk

Notary Public at Large.

My Commission Expires Sept 1 2018

CONNIE JOLLEY WHITE COUNTY CLERK WHITE COUNTY

**We the undersigned heirs at law, do hereby swear to and affirm the above to be true and accurate to the best of our knowledge.**

**William Winter**

**Christy Michelle Lancaster**

**John Winter**

**By Christy Michelle Lancaster, as Attorney in Fact**

**IN WITNESS WHEREOF, I have executed this instrument on the _____ day of _____, 2018.**

**Cassie Mether**

State of TENNESSEE
County of Davidson

Personally appeared before me, the undersigned with authority, a Notary Public in and for the within named **Cassie Mether**, the affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 31st day of May, 2018.

Notary Public at Large.

My Commission Expires_

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

**We the undersigned heirs at law, do hereby swear to and affirm the above to be true and accurate to the best of our knowledge.**

**William Parrish**

**Christy Michelle Lancaster**

**John Winter**

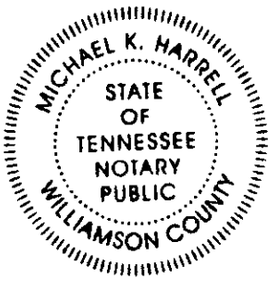
**By Christy Michelle Lancaster, as Attorney in Fact**

State of Tennessee )
County of Davidson )

Sworn to and subscribed before me this 31 day of May, 2018

Michael K. Harrell
Notary Public at Large.

My Commission Expires 2-25-19




**Disclaimers**

Preparer of this instrument is NOT a Closing Agent under Section 6045 of the Internal Revenue Code, as Amended by the Tax Reform Act of 1986, or Otherwise Amended, in Relation to the Real Property Conveyed Herein.

Preparer of this Instrument Was Provided ALL Information by the First Party and/or prepared this Instrument based on the prior Deeds and Releases of record. Preparer has not performed a title search on the Real Property and makes NO Representations Concerning the Accuracy of Such Information in Relation to the Real Property Conveyed Herein.

Preparer of this Instrument Makes NO Warranties as to the Merchantability or Status of Title in Relation to the Real Property Conveyed Herein.

This Instrument Prepared By:

Athens Title & Escrow LLC
Michael J Mills, Attorney at Law
5115 Maryland Way
Brentwood, Tennessee 37027
Tel. 615-377-0736

# STATE OF TENNESSEE
## Office of Vital Records

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

| | | | |
|---|---|---|---|
| 1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Margaret Lucille Winter | | 2. SEX: Female | 3. DATE OF DEATH (Month, Day, Year): May 10, 2017 |
| 4. TIME OF DEATH (Hour.): 4:15 pm | 5a. AGE-Last Birthday (Years): 81 | 5b. UNDER 1 YEAR: Months / Days | 5c. UNDER 1 DAY: Hours / Minutes | 6. DATE OF BIRTH (Month, Day, Year): April 7, 1938 | 7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee |

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): 1132 Jacksons View Road | 8c. CITY OR TOWN: Hermitage | 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: Caregiver | 11b. KIND OF BUSINESS/INDUSTRY: Medical |
| 12. SOCIAL SECURITY NUMBER: 414-58-9217 | 13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee | 13b. COUNTY: Davidson | 13c. CITY OR TOWN: Hermitage |
| 13d. STREET AND NUMBER: 1132 Jacksons View Road | 13e. INSIDE CITY LIMITS: ☒ Yes ☐ No | 13f. ZIP CODE: 37076 | 14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No |

MARGARET WINTER
NAME OF DECEDENT (For use by Physician or Medical Examiner)

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

| | |
|---|---|
| 18. FATHER'S NAME (First, Middle, Last): Millard Arterburn | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Louise Perry |
| 20a. INFORMANT'S NAME: Cassie Mether | 20b. RELATIONSHIP TO DECEDENT: Granddaughter |
| 20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 194 Derby Lane, Sparta, Tennessee 38583 | |
| 21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____ | 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mt. Juliet Memorial Gardens |
| 21c. LOCATION - City or Town and State: Mt. Juliet, Tennessee | |
| 22a. SIGNATURE OF FUNERAL DIRECTOR: Allen Bond | 22b. LICENSE NUMBER: 3650 |
| 22a. SIGNATURE OF EMBALMER: Kenyon B. Gibbs | 22d. LICENSE NUMBER: 3247 |
| 23a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel - 1098 Weston Drive, Mt. Juliet, Tennessee 37122 | 23b. LICENSE NUMBER OF FUNERAL HOME: 1041 |
| 24. REGISTRAR'S SIGNATURE: Dyleen Abernathy DR | 25. DATE FILED (Month, Day, Year): |

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: 52952 | 27c. DATE SIGNED (Month, Day, Year): 5/15/17 |
| 27d. NAME AND ADDRESS: Sasha Bowers, M.D. 1716 Patterson Street, Nashville, TN 37203 | | |

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. ISCHEMIC HEART DISEASE UNSPECIFIED | |
| 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 | Due to (or as a consequence of): 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) |

PH-1658 (Rev. 10/2011) RDA 1299

09228547

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.

MAY 16 2017

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

0 9 2 2 8 5 4 7

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit B

# LAST WILL AND TESTAMENT OF MARGARET LUCILLE WINTER

COPY

I, Margaret Lucille Winter, a resident of Mount Juliet, Wilson County, Tennessee, do publish and declare this to be my Last Will and Testament, hereby revoking all prior testamentary instruments.

## I. PAYMENT OF DEBTS AND TAXES

I direct that all my matured debts, funeral expenses, expenses of my last illness and for the administration of my Estate, and any estate or inheritance taxes that may be imposed by reason of my death, be paid out of my residuary estate by my Executor without proration among the several beneficiaries.

## II. APPOINTMENT OF EXECUTOR

(A) I appoint my daughter, Debora Gordon, to serve as Executrix of this my Last Will and Testament. In the event Debora Gordon is unable or unwilling to serve in said capacity, then I appoint my grand-daughter, Cassie Mether, to serve as Alternate Executrix hereunder.

(B) I direct that no bond or other security shall be required of any of the above-named fiduciaries for the faithful performance of their duties, and further waive the need for the filing of any inventory or accounting with the Court.

Margaret Winter
MARGARET LUCILLE WINTER

(C) My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

## III. BEQUEST OF ALL PROPERTY (REAL AND PERSONAL PROPERTY AND RESIDUARY ESTATE)

(A) I give and bequeath to my children, John Winter, William Parrish and Debora Gordon, all property owned by me at the time of my death, of every kind and description, and wheresoever situated, including any and all real property, in equal shares, *per stirpes*. In the event any of said beneficiaries shall predecease me with no issue surviving, then I direct that said deceased beneficiary's share of my estate shall be equally divided between the surviving beneficiaries.

(B) I direct that my two sons, John Winter and William Parrish, shall retain a life estate in my property located at 258 W Division Street, Mount Juliet, Tennessee, 37122, and said life estate shall continue until the death of my last surviving son. Upon the death of my last surviving son, or at such time one or both of my sons no longer desire to live on the property, for any reason, I direct that the property shall be sold and distributed in accordance with paragraph (A). For as long as my sons live on the property, they shall be equally responsible for the payment of property taxes and maintenance costs with respect to the real property.

(C) If there shall be any disagreement among my beneficiaries regarding the distribution of my Estate, then I direct that my Executor shall, in their discretion, choose the manner and method of distribution (including distributions in cash or in kind) and such manner and method so chosen by my Executor shall be binding upon all beneficiaries.

Margaret Winter

**MARGARET LUCILLE WINTER**

(D) In the event that I shall prepare a handwritten list directing the distribution of certain items of a purely, personal and/or sentimental nature to be given to designated individuals, and in the further event that said handwritten list shall be found or discovered with my Will, then I direct my Executor to utilize and follow said list in the distribution of any specific bequests as set forth therein.

## IV. ORDER OF DEATH PRESUMPTION

If any beneficiary and I die under circumstances in which the order of our deaths cannot be factually determined, it must be presumed that I survived the beneficiary.

## V. MISCELLANEOUS

Whenever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable, where appropriate, to all genders.

Margaret Winter
**MARGARET LUCILLE WINTER**

IN WITNESS WHEREOF, I, **MARGARET LUCILLE WINTER**, have hereunto subscribed my name to this, my Will, contained in four (4) pages, including attached Affidavit of Witnesses, on each of which I have subscribed in my name in the sight and presence of the undersigned attesting witnesses, who at my request and in my sight and presence, and in the sight and presence of each other, have subscribed their names as attesting witnesses in the City of Mt. Juliet, County of Wilson, State of Tennessee, this the 30th day of September, 2014, and pursuant to Tennessee Code Annotated Section 32-2-110, I request the attesting witnesses to make the Affidavit which is attached to this Will.

Margaret Winter
**MARGARET LUCILLE WINTER**

**WITNESSES:**

Kelley Lane

Jocelin Batt

## AFFIDAVIT

**STATE OF TENNESSEE )**
**COUNTY OF WILSON )**

We, the undersigned attesting witnesses, after first being duly sworn according to law, make oath or affirm as follows:

1. That **MARGARET LUCILLE WINTER** signed the foregoing Last Will and Testament on the date shown on the Will, and at the time of such signing, she informed us that she signed it as her Last Will and Testament.

2. That **MARGARET LUCILLE WINTER** signed this Last Will and Testament when we were both in her sight and presence. Contemporaneously with the signing, she requested us to sign the Will as her attesting witnesses, which we did in her sight and presence and in the sight and presence of each other.

3. That **MARGARET LUCILLE WINTER** is more than eighteen (18) years of age, and we are both more than eighteen (18) years of age.

4. In our judgment, **MARGARET LUCILLE WINTER** is legally competent to make this Last Will and Testament.

**WITNESS**

**WITNESS**

Sworn to or affirmed and subscribed before me this the 30th day of September, 2014.

**NOTARY PUBLIC**

My Commission Expires: 7/3/17

RHETT C. CHANDLER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

**MARGARET LUCILLE WINTER**

**PAGE FIVE AND FINAL PAGE OF THE LAST WILL AND TESTAMENT OF MARGARET LUCILLE WINTER**

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**

5/16/2018

MICHAEL MILLS
REPRESENTATIVE
5115 MARYLAND WAY
BRENTWOOD, TN 37027

RE: MARGARET WINTER
Last Four Of SSN 9217

Dear MICHAEL MILLS:

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