This instrument prepared by:
Robert G. Breunig, Esq.
Adams and Reese LLP
424 Church St., Ste. 2700
Nashville, TN 37219

Bill Garrett Davidson County
Batch# 108759 **AFFIDAVITH**
06/25/2018 03:46:42 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20180625-0061176

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes now the Affiant, Susan P. Chambers, and being first duly sworn, makes oath and states the following:

1. That Affiant was the wife of John L. Chambers until his death and is familiar with his family history for purposes of making this Affidavit.

2. That at his death John L. Chambers and Susan P. Chambers were the owners as tenants by the entirety of real property located at 3721 Richland Avenue, Davidson County, Nashville, Tennessee 37205, Map 104-9, Parcel 113, as recorded in Deed Book 8050, Page 258, Register's Office for Davidson County, Tennessee.

3. That John L. Chambers died on November 25, 2017 at age 81. A certified copy of the death certificate of John L. Chambers is attached as Exhibit A. A notification of release from the Bureau of TennCare is attached as Exhibit B. All known claims against the estate were satisfied by the Affiant.

4. That at the death of John L. Chambers, Susan P. Chambers was over eighteen (18) years of age.

5. That Susan P. Chambers is the sole beneficiary of real property of the estate of John L. Chambers.

6. Affiant acknowledges that this Affidavit is made for the purpose of recording that title to the real property located at 3721 Richland Avenue, Nashville, Tennessee 37205 is solely vested in Susan P. Chambers by right of survivorship.

DATED this 20th day of June, 2018.

Susan P. Chambers
AFFIANT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public of said County and State, Susan P. Chambers, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 20th day of June, 2018.

Vicki A. Jones
Notary Public

My Commission Expires:
3/3/20

VICKI A. JONES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 114120

DECEDENT

1. DECEDENT'S LEGAL NAME: JOHN LESLIE CHAMBERS
2. SEX: MALE
3. DATE OF DEATH: 11/25/2017
4. TIME OF DEATH (Actual): UNKNOWN
5a. AGE: 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 02/09/1936
7. BIRTHPLACE: PHILADELPHIA, PENNSYLVANIA
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: CENTENNIAL MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): SUSAN PEARSON
11a. DECEDENT'S USUAL OCCUPATION: ATTORNEY
11b. KIND OF BUSINESS/INDUSTRY: LEGAL
12. SOCIAL SECURITY NUMBER: 265-30-8569
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 3721 RICHLAND AVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37205
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: LESLIE A CHAMBERS
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: IONE WAY

INFORMANT

20a. INFORMANT'S NAME: SUSAN CHAMBERS
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 3721 RICHLAND AVE, NASHVILLE, TENNESSEE 37205

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: NASHVILLE CREMATION SERVICE
21c. LOCATION: NASHVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ SHERROD A KIMMINS
22b. LICENSE NUMBER: 6617
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TENNESSEE 37203-1604
23b. LICENSE NUMBER: 40

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ LORI FERRANTI
25. DATE FILED: 12/05/2017

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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.
27a. CERTIFIER: /s/ DAVID W ALLEN
27b. LICENSE NUMBER: 024480
27c. DATE SIGNED: 12/01/2017
27d. NAME AND ADDRESS: DAVID W ALLEN 2400 PATTERSON STREET SUITE 400, NASHVILLE, TENNESSEE 37203

CAUSE OF DEATH

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). 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	a. METASTATIC LUNG CANCER - AGGRESSIVE	6 MONTHS
	DUE TO (OR A CONSEQUENCE OF)	
	b. ATRIAL FIBRILLATION	1 WK
	DUE TO (OR A CONSEQUENCE OF)	
	c. R PLEURAL EFFUSION	1 MONTH
	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?: 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 3012

09616776

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 05 2017

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

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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 A

rec'd 3/29/18 SC

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

3/23/2018

SUSAN P CHAMBERS
REPRESENTATIVE
3721 RICHLAND AVE
NASHVILLE, TN 37205

RE: JOHN CHAMBERS
Last Four Of SSN 8599

Dear SUSAN P CHAMBERS:

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,

Angela J. Howard