Bill Garrett Davidson County
Batch# 114175 AFFIDAVITH
07/09/2018 03:42:46 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20180709-0066241

This instrument was prepared by: Beck & Beck Attorneys
4205 Gallatin Road
Nashville, Tennessee 37216

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is Ten and 00/100 ($10.00) Dollars.

Scott Eugene White
AFFIANT

Subscribed and ~~sworn~~ to before me, this 22nd day of June, 2018.

Amanda Pedigo
NOTARY PUBLIC

AMANDA PEDIGO STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires July 2, 2018

My commission expires: July 2, 2018

ADDRESS OF NEW OWNER:
Scott Eugene White
Jeffrey Carl White
309 Kemper Drive
Madison, Tennessee 37115

SEND TAX BILLS TO:
SAME

MAP/PARCEL:
42-13

AFFIDAVIT OF HEIRSHIP AS TO THE HEIRS OF CAROL WHITE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Affiants, **SCOTT EUGENE WHITE and JEFFREY CARL WHITE**, after first being duly sworn, state that they are adult citizens and **SCOTT EUGENE WHITE** is a resident of Sumner County, Tennessee, while **JEFFREY CARL WHITE** is a resident Nashville, Davidson County, Tennessee. Affiants are the only children of **CAROL WHITE**, who passed away intestate on June 1, 2018. Carol White's husband, David E. White, predeceased her. Therefore, we state that we, **SCOTT EUGENE WHITE and JEFFREY CARL WHITE**, are the sole heirs at law and

beneficiary of our mother, **CAROL WHITE.**

There was no Estate to administer, Affiants having paid all claims, including funeral expenses.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by **CAROL WHITE** in Davidson County, Tennessee, or elsewhere and particularly to confirm the vesting of title to certain real property in Davidson County, Tennessee described as follows:

> Being Lot No. 152 on the Plan of Kemper Heights, Section Ii, of record in Book 2331, page 104, Register's Office for said County, to which reference is hereby made for a more detailed description.
>
> Being the same property conveyed to David E. White and wife, Carol White, by deed from William E. Hunter, Jr., and wife, Eva Jean Hunter, of record in Book 4896, page 807, Register's Office for Davidson County, Tennessee. David E. White and Carol White were married at the time of his death on November 14, 2005, and the property then vested in Carol White as surviving tenant by the entirety. Carol White having since died testate on June 1, 2018, devising the subject property to her only heirs at law, SCOTT EUGENE WHITE and JEFFREY CARL WHITE.

FURTHER AFFIANTS SAITH NOT.

Scott Eugene White

SCOTT EUGENE WHITE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named **SCOTT EUGENE WHITE**, the bargainor, 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 Nashville, Tennessee this 22nd day of June, 2018.

Amanda Peak

NOTARY PUBLIC

AMANDA PEAK NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY My Commission Expires

My Commission Expires: July 2, 2019

JEFFREY CARL WHITE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named **JEFFREY CARL WHITE**, the bargainor, 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 Nashville, Tennessee this 22nd day of June, 2018.

NOTARY PUBLIC

My Commission Expires: July 2, 2018



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 030937

DECEDENT

1. DECEDENT'S LEGAL NAME: CAROL JEAN WHITE
2. SEX: FEMALE
3. DATE OF DEATH: 06/01/2018

TYPE OR PRINT IN PERMANENT BLACK INK

4. TIME OF DEATH (Approx.): 03:30 PM
5a. AGE: 74
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 02/12/1944
7. BIRTHPLACE: NASHVILLE, TENNESSEE

8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: SAINT THOMAS MIDTOWN HOSPITAL
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: DENTAL
11b. KIND OF BUSINESS/INDUSTRY: ASSISTANT
12. SOCIAL SECURITY NUMBER: 410-70-0393
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: MADISON
13d. STREET AND NUMBER: 309 S. KEMPER DR
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37115
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

NAME OF DECEDENT (First, Middle, Surname, Suffix)

PARENTS

18. FATHER'S NAME: BEN PITTARD
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: HELEN KNOTT

20a. INFORMANT'S NAME: SCOTT WHITE
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 908 EMILY DR, GOODLETTSVILLE, TENNESSEE 37072

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: FOREST LAWN MEMORIAL GARDENS
21c. LOCATION: GOODLETTSVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ ROBERT E FUQUA
22b. LICENSE NUMBER: 6060
22c. SIGNATURE OF EMBALMER: /e/ Michelle Petrino-Givens
22d. LICENSE NUMBER: 4188
23a. NAME AND ADDRESS OF FUNERAL HOME: EASTLAND FUNERAL HOME AND CREMATION SERVICE, 904 GALLATIN RD, NASHVILLE, TENNESSEE 37206
23b. LICENSE NUMBER: 120

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III
25. DATE FILED: 06/06/2018

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: /e/ JACK COGGESHALL
27b. LICENSE NUMBER: 014723
27c. DATE SIGNED: 06/06/2018
27d. NAME AND ADDRESS: JACK COGGESHALL, 2000 CHURCH STREET BOX 102, NASHVILLE, TENNESSEE 37236

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.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. SEPSIS	
DUE TO (OR A CONSEQUENCE OF)	b. ASPIRATION PNEUMONIA	
DUE TO (OR A CONSEQUENCE OF)	c.	
DUE TO (OR A CONSEQUENCE OF)	d.	

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

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: NOT PREGNANT WITHIN PAST YEAR

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

TH-1659 (Rev. 8/2017)

RDA 10112

10059685

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.

JUN 06 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

1 0 0 5 9 6 8 5
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0506351

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): David Edward White
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 14, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): 415-70-2963
5a. AGE-LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): July 30, 1943
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co. Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widow(er) Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Carol Jean Pittard
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machinist
12b. KIND OF BUSINESS/INDUSTRY: Standard Motor Parts
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 309 South Kemper Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oscar Carl White
18. MOTHER'S NAME (First, Middle, Maiden Surname): Helen Boulders

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carol White
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 309 South Kemper Drive, Madison, TN. 37115

DISPOSITION

20a. METHOD OF DISPOSITION: [X] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn Cemetery
20c. LOCATION-City or Town, State: Goodlettsville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: MaryAnn Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: Brandy L. Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 Dickerson Road, Goodlettsville, TN. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Jones
24. DATE FILED (Month, Day, Year): November 18, 2005

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Mark A Wigger
25b. LICENSE NUMBER: M0015826
25c. DATE SIGNED (Month, Day, Year): 11/17/05
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Mark A Wigger 4230 Hardrik Rd. #330 Nash Tn 37205

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

CAUSE OF DEATH

28. PART I. Enter the disease(s), 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 Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Bacterial Pneumonia / Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Ischemic Coronary Artery Disease - S/P Heart Transplant
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
29. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
30. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

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

PREPARED (REV. 07/99)
RDA 1299

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

NOV 18 2005
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

7/6/2018

CARSON W BECK
LEGAL COUNSEL
4205 GALLATIN PIKE
NASHVILLE, TN 37216

RE: CAROL WHITE
Last Four Of SSN 0393

Dear CARSON W BECK:

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,

Janeela J. Howard