Bill Garrett Davidson County
Batch# 114538 AFFIDAVITH
07/11/2018 08:38:35 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20180711-0066710

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.

Teresa L Hamlin
AFFIANT

Subscribed and sworn to before me, this 28 day of June, 2018.

KAREN BURNETTE
STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

My commission expires: 5/3/21

ADDRESS OF NEW OWNER:	**SEND TAX BILLS TO:**	**MAP/PARCEL:**
Teresa L. Hamlin 333 Harbor Village Drive Madison, Tennessee 37115	SAME	034-07-0-34

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Affiant, **JULIA STEPPEE**, after first being duly sworn, states that she is an adult citizen and resident of Nashville, Davidson County, Tennessee. She further states that she is familiar with **GENE D. HAMLIN**, having known her for 26 years prior to her death on January 11, 2018. GENE D. HAMLIN was a single person at the time of her death on January 11,2 018 and she had only one (1) child, **TERESA L. HAMLIN**, who is a resident of Madison, Davidson County, Tennessee. Therefore, I state that **TERESA L. HAMLIN** is the sole heir at law and only beneficiary of her mother, **GENE D. HAMLIN** and died on January 11, 2018.

Having known GENE D. HAMLIN and her daughter and sole heir, TERESA L. HAMLIN, for 26 years, I would state that TERESA L. HAMLIN has paid all claims, including funeral expenses of her mother, GENE D. HAMLIN.

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 **GENE D. HAMLIN** 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. 76 on the Plan of Harbor Village, Phase IV of Townhouses Property line Exhibit Revision I, horizontal property regime, as of record in Instrument No. 200306110080857 and amended in Instrument No: 200307230102986, 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 Gene D. Hamlin, by Deed of Record bearing Instrument No: 20041005-0120136, Register's Office for Davidson County, Tennessee. Gene D. Hamlin having died on January 11, 2018, the property then vested in her only heir at law, **TERESA L. HAMLIN**.

Further, Affiant saith not.

Julia Steppee

JULIA STEPPEE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for said County and State, the within named **JULIA STEPPEE** the bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee this 28 day of June, 2018.

Karen Burnette

NOTARY PUBLIC

My Commission Expires: 5/3/21

KAREN BURNETTE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 001216

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT - First, Middle, Surname, Suffix

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
GENE DAVIS HAMLIN			FEMALE	01/11/2018

4. TIME OF DEATH (Approx)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
1739	90					12/12/1927	HARLAN CO., KENTUCKY

8a. PLACE OF DEATH: HOSPICE FACILITY

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
ALIVE HOSPICE	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		HOMEMAKER	OWN HOME

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
411-19-7726	TENNESSEE	DAVIDSON	MADISON

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
333 HARBOR VILLAGE DR.	YES	37115	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
FRANK DAVIS	AXIE ALLEN

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
TERESA L. HAMLIN	DAUGHTER	333 HARBOR VILLAGE DR., MADISON, TENNESSEE 37115

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /s/ MELENA SMITH	5280	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TENNESSEE 37072	927

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /s/ EDWARD G. BISHOP III	01/17/2018

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /s/ ROBERT J BERKOMPAS	017891	01/16/2018

27d. NAME AND ADDRESS: ROBERT J BERKOMPAS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 37203

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). 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. ALZHEIMER'S DEMENTIA	
	DUE TO (OR A CONSEQUENCE OF) b.	
	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?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

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

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

09827793

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.

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

09827793
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

7/3/2018

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

RE: GENE HAMLIN
Last Four Of SSN 7726

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,

Jangelia J. Howard.