Bill Garrett Davidson County
Batch# 118012 AFFIDAVITH
07/18/2018 12:19:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20180718-0070012

AFFIDAVIT OF HEIRSHIP

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, duly commissioned and qualified, the within named Affiant, Mildred Mitchell (herein "Affiant"), who being first duly sworn, did depose and say:

1. That Affiant declares that I am a resident of the County of Davidson, State of Tennessee, and that I have personal knowledge of the heirs-at-law of **Cleo Hoffman (herein "Decedent").**
2. That Cleo Hoffman was one and same as Cleo Collier Hoffman.
3. That Cleo Hoffman's death certificate is attached hereto and made a part hereof.
4. That Cleo Hoffman's TennCare Release is attached hereto and made a part hereof.
5. That **Decedent** died intestate on **January 30, 2017**, a resident of Davidson County, Tennessee.
6. That **Decedent** was not married at her death, and that her late husband, John D. Hoffman had predeceased her on April 28, 1994.
7. That **Decedent** had the following children during her life:
   a. Norma Sue Bennett, daughter;
   b. John Hoffman, son; and
   c. Carl Hoffman, son
8. That Norma Sue Bennett predeceased the Decedent.
9. That John Hoffman and Carl Hoffman survived the **Decedent.**
10. That at the time of **Decedent's** death, she owned certain real property, to wit:

Land in Davidson County, Tennessee, being described as follows, to-wit:

Being Lot No. 9 and in Block No. 28 in Yarbrough Subdivision of Woodland in the 10th Civil District of said County a plan of which subdivision is recorded in Book 161, Page 104, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more detailed description of said lot.

Being the same property conveyed to John D. Hoffman and wife, Cleo Hoffman, from Sophia M. Neal and husband, A.W. Neal, by Deed of record in Book 1102, Page 56, Register's Office for Davidson County, Tennessee. John D. Hoffman died on April 28, 1994, leaving Cleo Hoffman as the sole surviving tenant by the entirety.

This property has a common address of **2311 Lindell Ave., Nashville, TN 37204**. (Map & Parcel **10514023800**)

Further, Affiant sayeth not.

IN TESTIMONY WHEREOF, I hereunto subscribe my name this 18th day of July 2018.

Sign: Mildred Mitchell
Affiant

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Mildred Mitchell, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that s/he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office, this 18th day of July 2018.

Notary Public
My Commission Expires: _____

KIMBERLY J. THOMPSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 2, 2022

Prepared by:
Cindy S. Smith, P.C., Attorney at Law
P.O. Box 292004, Nashville, TN 37229

Prepared from information provided by the parties without benefit of a title search or title insurance.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Cleo Collier Hoffman	Female	January 30, 2017

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
0:58 am	103					September 16, 1913	Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

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)

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not Institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Lakeshore The Meadows	Nashville	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Secretary	Metro Government

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
408-01-8904	Tennessee	Dickson	Dickson

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
2111 Highway 48, South	☐ Yes ☒ No	37055	☐ Yes ☒ No

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

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Grover C. Porter	Mary Elizabeth Collier

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Carl Hoffman	Son	1583 Kinnard Drive, Franklin, TN 37064

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	Woodlawn Memorial Park	Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ Wendell L. Byrd	2556	▶ David Dial	5170

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211	760

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ Luther Bowles, DR	FEB 3, 2017

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶	23572	02/02/2017

27d. NAME AND ADDRESS
Dr. John Williams MD 2525 Perimeter Pl. Dr., Nashville, TN 37214

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. Alzheimers Disease	n/c
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:

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED

34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1959 (Rev. 10/2011) RDA 1389

09025295

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

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 0 2 5 2 9 5

Date Issued FEB 0 3 2017

CERTIFICATION OF VITAL RECORD

201807180070012

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

2/22/2017

JOHN HOFFMAN
REPRESENTATIVE
2111 HWY 48 SOUTH
DICKSON, TN 37055

RE: CLEO HOFFMAN
Last Four Of SSN 8904

Dear JOHN HOFFMAN:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jamela J. Howard

AFFIDAVIT FOR RECORDING

I, Cindy S. Smith, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law

x _____
Signature

State of TN
County of Davidson

Personally appeared before me, Mary Kathryn Charlton, a notary public for this county and state, Cindy S. Smith, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

_____
Notary Public
My Commission Expires: 7-8-19

MARY KATHRYN CHARLTON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY