Bill Garrett Davidson County
Batch# 121587 AFFIDAVITH
07/27/2018 03:56:08 PM 15 pgs
Fees: $77.00 Taxes: $0.00
20180727-0073663

This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2594
Fax: (615) 876-4292
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

NEW OWNERS:

Rocky Edwards
224 Roberta Drive
Hendersonville, TN 37075

Map & Parcel No: 07006004001

SEND TAX NOTICE TO:

Rocky Edwards
224 Roberta Drive
Hendersonville, TN 37075

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Rocky Edwards, being first duly sworn according to law, and being of lawful age and residing for the past 30 or more years in and around Davidson Counties, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of his own free will and based upon his personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Carlene Edwards died testate on 25 August 2013.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime to John Chance Edward, who died 28 June 1991, as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The decedent died leaving one living biological child: Rocky Edwards. The decedent was predeceased by her only other child, Jackie C. Edwards, who died 31 August 2007. The decedent never gave birth or adopted any other child or children.

4. At the time of her death, the decedent owned a house and lot described as follows to wit:

SEE EXHIBIT "C"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being a portion of the property conveyed to John C. Edwards and wife, Carlene Edwards, by deed from Roy Shaw, a widower, of record in Book 3429, Page 583, Register's Office for Davidson County, Tennessee. John C. Edwards A/K/A John Chance Edwards having died on 28 June 1991.

This is improved property known as 1120 West Trinity Lane, Nashville, Tennessee.

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 3429, Page 583, Register's Office for Davidson County, Tennessee.

5. Rocky Edwards received one hundred percent (100%) interest in the real estate described above by virtue of being the recipient of said property under the Last Will and Testament of Carlene Edwards, deceased. A copy of the Last Will and Testament of Carlene Edwards is attached as Exhibit "D".

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "E", the decedent never received any long term aid from the Bureau of Tenncare.

7. As evidenced by the Inheritance Tax Closing Letter from the Tennessee Department of Revenue attached hereto as Exhibit "F", the decedent owed no inheritance tax.

7. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

8. This Affidavit will confirm the vesting of title to the real property located at 1120 West Trinity Lane, Nashville, Davidson County, Tennessee, after the death of Carlene Edwards, in Rocky Edwards, beneficiary under the Last Will and Testament of Carlene Edwards.

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to the beneficiary.

Further, Affiants saith not.

Dated this 29th day of March, 2018.

Rocky Edwards

ROCKY EDWARDS, Personal Representative

SWORN TO AND SUBSCRIBED before me on this the 29th day of March

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-5-2019

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Rocky Edwards

ROCKY EDWARDS, Personal Representative

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **ROCKY EDWARDS**, the within named person, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 29th day of March, 2018.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-5-2019

NOTE TO REGISTER:
Upon recording, please return the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
6408 Clarksville Pike
Joelton, TN 37080

STATE OF TENNESSEE
Office of Vital Records

1305315

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)
Carlene Edwards	Female	August 25, 2013

4. TIME OF DEATH (24-hour)	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)
8:50AM	84					July 9, 1929	Nashville, Tennessee

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) _____

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Alive Hospice	Nashville	Davidson

NAME OF DECEDENT (For use by Physician or Institution)

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		Parts Clerk	Detroit Allied Bearing

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]	Tennessee	Davidson	Nashville

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1120 West Trinity Lane	☒ Yes ☐ No	37218	☐ 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)
James Claborn Pewitt	Mattie Stinson

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Rocky Edwards	son	224 Roberta Drive, Hendersonville, TN 37075

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) _____	Spring Hill Cemetery	Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ Thomas W. Bowers	3049	▶ Randolph R. Nash	6178

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216	1046

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ Larry B Keely Jr DR	Aug 30, 2013

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)
▶ [signature]	44169	8/29/13

27d. NAME AND ADDRESS: P. Moll 1718 Patterson Street, Nashville, TN 3721[illegible]

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. End-stage severe COPD
Due to (or as a consequence of):
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
b. Acute on chronic respiratory failure
Due to (or as a consequence of):
c. Carcinomatosis of Breast
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	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-1659 (Rev. 9/2011) RDA 1399

COPYGUARD CAPTURE™ ANTI-FRAUD PROTECTION

6158044

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.

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6158044

AUG 30 2013

Date [redacted]

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

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

JUL 11 1991

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9103151

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOHN CHANCE EDWARDS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JUNE 28, 1991
4. SOCIAL SECURITY NUMBER (of Deceased): 411-32-0227
5a. AGE – LAST BIRTHDAY (Years): 64
5b. UNDER 1 YEAR – MONTHS / DAYS / HOURS / MIN.
5c. UNDER 1 DAY
6. DATE OF BIRTH (Month, Day, Year): DEC. 18, 1926
7. BIRTHPLACE (City and State or Foreign Country): ROBERTSON COUNTY, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metro General Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CARLENE PEWITT
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): MECHANIC
12b. KIND OF BUSINESS/INDUSTRY: AUTOMOBILE
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN, OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1120 W. TRINTY LANE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes
15. RACE – American Indian, Black, White, etc. (Specify): WHITE AMERICAN
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+)

NAME OF DECEDENT For use by physician or funeralist

PARENTS

17. FATHER'S NAME (First, Middle, Last): ISMEL EDWARDS
18. MOTHER'S NAME (First, Middle, Maiden Surname): FRANCES BEASLEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. CARLENE EDWARDS
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1120 W. TRINTY LANE, NASHVILLE, TN. 37218

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SPRINGHILL CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ TIMOTHY M. GARRETT
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2943
21c. SIGNATURE OF EMBALMER: ▶ JEFF CROY
21d. LICENSE NUMBER OF EMBALMER: 3867
22a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT, P.O. BX 444, GOODLETTSVILLE, TENN. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): July 10 1991

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶ Gretel C. Harlan, M.D.
26b. LICENSE NUMBER: 8872
26c. DATE SIGNED (Month, Day, Year): 7/5/91
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Gretel C. Harlan, M.D. 84 HERMITAGE AVE., NASHVILLE, TN. 37210

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ATHEROSCLEROTIC HEART DISEASE — Approximate Interval Between Onset and Death

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. 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: Hypertensive Cardiovascular Disease

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street a[illegible]

[redacted]

PH-1659
REV. 1/88

06 002 (Rev. 10/80)

EXHIBIT "C"

BEGINNING in the center of West Trinity Lane, formerly Young's Lane, at the northwest corner of the property conveyed to James R. Blessing and wife, by deed from Roy Hamilton and wife, of record in Book 1306, page 142, Register's Office for said County, being the corner of Lots Nos, 13 and 14; thence with the line between said two lots, and along Blessing's westerly line, southwardly 250 feet to the northeastern corner of the property conveyed to L.C. Carney, and wife, by deed from Roy Shaw, and wife, of record in Book 3066, page 466, said Register's Office; thence with said Carney's northerly line, westwardly 100 feet to the easterly margin of a 25 foot private road, as set out in deed to Leon C. Carney and wife, from Mai Litchford Shaw, and husband, of record in Book 2796, page 468, said Register's Office; thence with the easterly margin of said 25 foot private road, northwardly 250 feet to the center of said West Trinity Lane; thence with same, eastwardly 100 feet to the beginning.

INCLUDED BUT EXCLUDED
Property taken by Metropolitan Government by Order of Possession recorded in Book 8493, Page 520 and Book 8493, Page 523, Register's Office for said County.

LAST WILL AND TESTAMENT

OF

CARLENE EDWARDS

I, **CARLENE EDWARDS**, of 1120 West Trinity Lane, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1

PROVISIONS RELATIVE TO FIDUCIARIES

1.1 **Definition**. The term "fiduciaries" means the executor, executrix, trustee, or guardian serving at any time under my will and includes successors.

1.2 **Bond**. No bond is required of any fiduciary appointed under this will or by a court.

1.3 **Waiver of Inventory and Appraisals**. I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.

1.4 **Resignation**. The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.



FILED
2017 MAR 30 AM 11: 1
RICHARD W. ROCKER, CLERK
DC

ARTICLE 2
DEFINITIONS

2.1 **My Spouse**. My beloved husband, predeceased the making of this my Last Will and Testament.

2.2 **My Children**. I have one living child, **ROCKY EDWARDS**. I have one deceased child, **JACKIE C. EDWARDS**.

2.3 **Singular and Masculine Usage**. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 3
FIDUCIARIES

3.1 **Executors**. I appoint **ROCKY EDWARDS**, as executor of my will. If **ROCKY EDWARDS** ceases to qualify or fail to serve, then my grandson, **MICHAEL E. EDWARDS**, shall act alone as my executor.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 **Debts, Funeral and Administration Expenses**. My executor is to pay all burial expenses, the expenses of my last illness, and the administration expenses of my estate.

4.2 **Income Tax Treatment of Administration Expenses**. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating adjustments between the income and principal are to be made because of such decision.

4.3 **Taxes**.

(a). Defined. The terms "taxes" means any transfer tax assessed

because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). **Payment**. My executor is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executor is to pay the taxes from my Remainder Estate.

ARTICLE 5
DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

5.1 If enough money and items are available at my death, I bequeath to each of the following the amount or item set forth opposite his or her respective name:

1. To my grandson, **CHRISTOPHER E. EDWARDS**, fifteen thousand and 00/100 ($15,000.00) dollars.

2. To my grandson, **MICHAEL S. EDWARDS**, fifteen thousand and 00/100 ($15,000.00) dollars.

3. To my granddaughter, **BROOKE EDWARDS**, my automobile.

4. To my daughter-in-law, **PAMELA EDWARDS**, and my granddaughter, **BROOKE EDWARDS**, my jewelry, share and share alike.

5.2 I give all of the remaining personal property that I own at my death to my son, **ROCKY EDWARDS**.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 I devise all the real property that I own at my death to my son, **ROCKY EDWARDS**.

This is page three of my Will C.E.
Initials

ARTICLE 7
RESIDUARY ESTATE

7.1 All the rest, residue and remainder of my estate, real, personal and mixed of every nature and wheresoever situated, including lapsed legacies and devises, remainders, reversions, expectancies, income collected during the period of administration, I give, devise and bequeath to my beloved son, **ROCKY EDWARDS**, absolutely in fee simple.

ARTICLE 8
DEALING WITH FIDUCIARIES

8.1 **Dealing with Executor**. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part of the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered, or loaned to the executor.

8.2 **Income During Administration**. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same person, and in the same proportions, as might be made if the administration were completed.

8.3 **Power to Disclaim**. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.

8.4 **Indemnity of Fiduciary.** I want my fiduciary to exercise its discretion without fear of incurring a liability or expense. Therefore, unless it acts capriciously or arbitrarily, my estate must indemnify the fiduciary for each monetary expense (including attorney fees) which it incurs or expends, or which arises from the exercise of discretion.

ARTICLE 9

Should any beneficiary under this will, in any manner, directly or indirectly attack or contest this will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

ARTICLE 10
SIGNATURE

This will consists of five (5) pages (each of which I have signed or initialed) covering Articles 1 through 10 inclusive. I now sign this as my Will on this the 6th day of April, 2009, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have set my hand this 6th day of April, 2009.

Carlene Edwards
CARLENE EDWARDS

SIGNED, DECLARED and **PUBLISHED** by the said **CARLENE EDWARDS**, as and for her last Will, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date written.

NAME	**ADDRESS**
/Howard M. Shipworth	P. O. Box 489 Jaelton, Tn. 37080
Boyd Lisle Blackwell	193 Bobb Dr. Jaelton TN 37080

AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence **CARLENE EDWARDS**, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testatrix's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testatrix's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.

Howard M. Shipworth
WITNESS

P. O. Box 489
ADDRESS

Dalton, Tn 37080
CITY/STATE/ZIP

Brenda Estelle Blackwell
WITNESS

195 Bobb Dr
ADDRESS

Joe Town Tn 37080
CITY/STATE/ZIP

Subscribed and sworn to before me
this 6th day of April 2009.

Bonnie K. [illegible]
NOTARY PUBLIC

BONNIE K. SHIPWORTH
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY
My Commission Expires NOV. 7, 2011

My Commission Expires:

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

12/26/2017

HOWARD SKIPWORTH
LEGAL COUNSEL
P O BOX 489
JOELTON, TN 37080

RE: CARLENE EDWARDS
Last Four Of SSN 9202

Dear HOWARD SKIPWORTH:

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,

Angela J. Howard



N0019001 8137037180105

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

January 8, 2018

ESTATE OF CARLENE EDWARDS
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	442200806
Date of Death:	August 25, 2013
County:	DAVIDSON
SSN:	XXX-XX-9202

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF CARLENE EDWARDS
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

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