Instrument Prepared By:
Thomas B. Luck
200 Nashboro Blvd.
Nashville, TN 37217

Bill Garrett Davidson County
Batch# 122721 AFFIDAVITH
07/31/2018 03:00:30 PM 9 pgs
Fees: $47.00 Taxes: $0.00
20180731-0074712

AFFIDAVIT OF HEIRSHIP

Affiant, Morris P. Anderson, Jr., after first being duly sworn, states that he is an adult citizen of Davidson County, Tennessee, whose Date of Birth is 10/20/1955. He is the son of Morris P. Anderson, Sr. and Barbara Anderson and is the Petitioner in the Estate of Barbara Anderson, Davidson County Circuit (Probate Division) Docket Number 18P1103, wherein by order dated July 12, 2018, the Last Will and Testament of Barbara Anderson was recorded for muniment of title to real estate only (Exhibit B). Morris P. Anderson, Sr. and Barbara Anderson had one other child: Mary M. Ponder. Morris P. Anderson, Sr. predeceased Barbara Anderson (Exhibits C and D). A TennCare Release is attached as Exhibit E.

Affiant states that the heirs and beneficiaries of Barbara Anderson are Morris P. Anderson, Jr. and Mary M. Ponder, in equal shares.

This Affidavit of Heirship is freely given pursuant to T.C.A. §30-2-712 to help establish and reflect the heirship with respect to the real property owned by Barbara Anderson and particularly to confirm vesting of title to Morris P. Anderson, Jr. and Mary M. Ponder certain real property in Davidson County, Tennessee, more particularly described as follows: *Exhibit A*.

Sworn to this 27th day of July, 2018.

Morris P. Anderson, Jr.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public in and for the above jurisdiction, the within named Morris P. Anderson, Jr. with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, who after being first duly sworn, states on his oath that the foregoing information is true to the best of his knowledge, information, and belief.

Witness my hand and seal, this 27th day of July, 2018.

NOTARY PUBLIC
My commission expires: January 6, 2020

THOMAS B. LUCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT A

Land in Davidson County, Tennessee, being Lot No. 153 on the Plan of Priest Lake Park, Section 4, as of record in Book 4460, Page 15, Register's Office for said County, to which plan reference is here made for description.

Being the same property conveyed to United Builders, Inc. by deed from Randall Phillips, Trustee, of record in Book 4546, Page 260, Register's Office for said County. Made subject to the restrictions of record in Book 4505, Page 774; and to easements, setback lines, conditions of owner's certificate, etc., as shown in the plan of record in Book 4460, Page 15, said Register's Office.

Being the same property conveyed to Morris P. Anderson and Wife, Barbara M. Anderson by deed from United Builders, Inc., of record in Book 4587, Page 676, Register's Office for said County.

Morris P. Anderson died on April 21, 2007, leaving Barbara M. Anderson as the sole owner as surviving tenant by the entirety.

The above being commonly known as: 3859 Priest Lake Drive, Nashville, TN 37217

CERTIFICATION
I do hereby make oath that I am 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.

STATE OF TENNESSEE
COUNTY OF Davidson
On this 31st day of July, 2018, personally appeared before me, a notary public for this county and state, Rebecca Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

CAITLIN MARIE SMITH
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY
MY COMMISSION EXPIRES SEPTEMBER 1, 2021

EXHIBIT B

FILED
JUL 12 2018
RICHARD R. ROOKER, Clerk
By: Deputy

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION

IN RE:	)	
	)	
ESTATE OF	)	
BARBARA ANDERSON,	)	No. 18P1103
	)	
Deceased.	)	

ORDER OF PROBATE FOR MUNIMENT OF TITLE

This cause is before the court on the Petition filed by Morris Peter Anderson, Jr. for Probate of a Will for Muniment of Title. It appears to the Court that the Decedent died on May 14, 2018 as a resident of Davidson County, Tennessee. Petitioner has produced a paper writing purporting to the original Last Will and Testament of the Deceased, bearing the date of January 22, 2004 and being witnessed by Lori Martin Davis and Tricia D. Cavitt. The Petitioner also has produced a Death Certificate of Morris Peter Anderson, indicating that Morris Peter Anderson, who was the primary beneficiary of the Will, predeceased the Decedent. Under the residuary clause in Article IV of the Will, the Decedent devised to her children, Morris Peter Anderson, Jr. and Mary M. Ponder, certain real property located at 3859 Priest Lake Drive, Nashville, TN 37217 and more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 153 on the Plan of Priest Lake Park, Section 4, as of record in Book 4460, Page 15, Register's Office for said County, to which plan reference is here made for description.
>
> Being the same property conveyed to United Builders, Inc. by deed from Randall Phillips, Trustee, of record in Book 4546, Page 260, Register's Office for said County. Made subject to the restrictions of record in Book 4505, Page 774; and to easements, setback lines, conditions of owner's certificate, etc., as shown in the plan of record in Book 4460, Page 15, said Register's Office.
>
> Being the same property conveyed to Morris P. Anderson and Wife, Barbara M. Anderson by deed from United Builders, Inc., of record in Book 4587, Page 676, Register's Office for said County.

~~Morris P. Anderson died on April 21, 2007, leaving Barbara M. Anderson as the sole owner as surviving tenant by the entirety.~~ (50)

It is therefore, ORDERED, ADJUDGED, AND DECREED:

1. Said instrument is the true, whole, and Last Will and Testament of the Decedent to be recorded for muniment of title to real estate only.
2. It is further ordered that no formal administration of this estate shall be required.
3. It is further ordered that this matter shall be closed without further order.

IT IS SO ORDERED.

Entered 12th day of July, 2018

Scott Pilkinton, Probate Master

APPROVED FOR ENTRY:

Thomas B. Luck, #022897
200 Nashboro Blvd.
Nashville, TN 37217
T: 615-885-9699

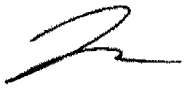
201807310074712

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was sent via first-class U.S. Mail, postage prepaid, to the following, this the 21st day of June, 2018:

Mary M. Ponder
107 Glen Abbey Lane
Debary, FL 32713

Morris Peter Anderson, Jr.
3859 Priest Lake Drive
Nashville, TN 37217



Thomas B. Luck

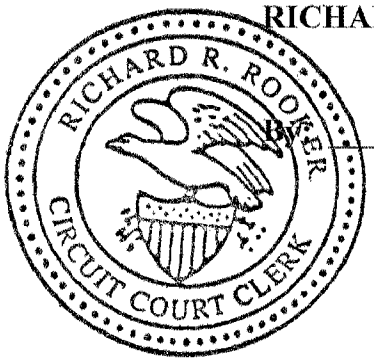
STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **ORDER FOR MUNIMENT OF TITLE** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **18P1103**.

ESTATE OF BARBARA ANDERSON

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 12th day of July in the year Two Thousand and Eighteen.

RICHARD R. ROOKER, Clerk



By: _____
Deputy Clerk

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT C

0702316

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2007 017382

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Morris Peter Anderson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 21, 2007
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]8117
5a. AGE-LAST BIRTHDAY (Yr): 78
5b. UNDER 1 YEAR (MO. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): March [redacted] 1929
7. BIRTHPLACE (City and State or Foreign Country): Stevens Point, Wisconsin
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. 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): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: 081 Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Barbara Hansen
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sales
12b. KIND OF BUSINESS/INDUSTRY: Appliance
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3859 Priest Lake Drive
CENSUS TRACT: 3 - 319
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify if yes:
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+): 4 or 5+

NAME OF DECEDENT (If not the informant) (Type/Print)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Morris Anderson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julia Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Barbara Anderson
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3859 Priest Lake Drive, Nashville, TN 37217

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Whitley, Don
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: Whitley, Don
21d. LICENSE NUMBER OF EMBALMER: 3541
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: marked by Dave
24. DATE FILED (Month, Day, Year): April 24, 2007

CERTIFIER

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date, time, place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 12794
25c. DATE SIGNED (Month, Day, Year): 4-23-07
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):

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Brenda Butka Room B-817 TVC 1301 Medical Center Dr. Nashville TN 37232

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.

SEE INSTRUCTIONS ON OTHER SIDE.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF): b. quadriplegia
DUE TO (OR AS A CONSEQUENCE OF): c. Guillain-Barre
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

Approximate Interval Between Onset and Death: f.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Urinary tract infection

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

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
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 and Number or Rural Route Number, City or Town, State)

PH 1659 (REV. 6/99)

BIRTH NO. [redacted] RDA 1399

10210224

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

1 0 2 1 0 2 2 4

Date Issued JUN 15 2010

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT D

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2018 027536

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: BARBARA M ANDERSON					2. SEX: FEMALE	3. DATE OF DEATH: 05/14/2018
4. TIME OF DEATH (Approx.): 02:35 AM	5a. AGE: 88	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 01/[illegible]/1930	7. BIRTHPLACE: MARINETTE, WISCONSIN	
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 3859 PRIEST LAKE DRIVE	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: HOME MAKER	11b. KIND OF BUSINESS/INDUSTRY: DOMESTIC			
12. SOCIAL SECURITY NUMBER: [illegible]-2324	13a. RESIDENCE: STATE OR FOREIGN COUNTRY: TENNESSEE	13b. COUNTY: DAVIDSON	13c. CITY OR TOWN: NASHVILLE			
13d. STREET AND NUMBER: 3859 PRIEST LAKE DRIVE	13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37217	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				

PARENTS

18. FATHER'S NAME: HENRY E HANSON	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARGARET KLEMAN

20a. INFORMANT'S NAME: MORRIS P. ANDERSON JR	20b. RELATIONSHIP TO DECEDENT: SON	20c. MAILING ADDRESS: 3859 PRIEST LAKE DRIVE, NASHVILLE, TENNESSEE 37217

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: HARPETH HILLS MEMORY GARDENS	21c. LOCATION: NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ BARRY W MILLER	22b. LICENSE NUMBER: 3870	22c. SIGNATURE OF EMBALMER: ▶ /e/ Robert Clinton Romine	22d. LICENSE NUMBER: 6477
23a. NAME AND ADDRESS OF FUNERAL HOME: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TENNESSEE 37221-0242			23b. LICENSE NUMBER: 649

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 05/18/2018

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.

27a. CERTIFIER: ▶ /e/ NEGAR DANIELS	27b. LICENSE NUMBER: 044833	27c. DATE SIGNED: 05/18/2018
27d. NAME AND ADDRESS: NEGAR DANIELS 2000 CHURCH STREET BOX 102, NASHVILLE, TENNESSEE 37236		

MEDICAL CERTIFICATION

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

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. VASCULAR DEMENTIA	
	DUE TO (OR A CONSEQUENCE OF)	
	b. CEREBROVASCULAR ACCIDENT	
	DUE TO (OR A CONSEQUENCE OF)	
	c. ATRIAL FIBRILLATION	
	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: 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)

MAY 18 2018 RDA 10112

10054515

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

1 0 0 5 4 5 1 5
Date Issued

CERTIFICATION OF VITAL RECORD

18P1103

EXHIBIT

E

FILED
2018 JUL 12 AM 9:45

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

6/27/2018

THOMAS LUCK
LEGAL COUNSEL
200 NASHBORO BLVD
NASHVILLE, TN 37217

RE: BARBARA ANDERSON
Last Four Of SSN 2324

Dear THOMAS LUCK:

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,

Jangela J. Howard