Karen Y Johnson Davidson County
Batch# 138386 AFFIDAVITH
09/10/2018 01:11:13 PM 16 pgs
Fees: $82.00 Taxes: $0.00
20180910-0089522

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) 876-2550
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

NEW OWNERS:

JERRY BURTON BUTTERWORTH
P. O. Box 34
PLEASANT VIEW, TN 37146

LINDA JANE CAMPBELL
8155 JACKMAN ROAD
JOELTON, TN 37080

Map & Parcel No: 01500009100

SEND TAX NOTICE TO:

JERRY BURTON BUTTERWORTH
P. O. BOX 34
PLEASANT VIEW, TN 37146

LINDA JANE CAMPBELL
8155 JACKMAN ROAD
JOELTON, TN 37080

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiant, Linda Jane Campbell, 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 County, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of her own free will and based upon her personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Hendrix Burton Butterworth A/K/A H. B. Butterworth died testate on 1 May 2018.

2. The decedent died leaving no spouse. The decedent was married once during his lifetime to Margaret Christine Butterworth A/K/A Margaret B. Butterworth.

3. The decedent died leaving two biological children: Linda Jane Campbell and Jerry Burton Butterworth.

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

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

Being the property conveyed to H. B. Butterworth and wife, Margaret B. Butterworth by deed from Edd E. Felts and wife, Vallie W. Felts, of record in Book 3033, Page 369, Register's Office Davidson County, Tennessee. Margaret Christine Butterworth having since died on 14 August 2007, as evidenced by Certificate of Death attached hereto as EXHIBIT "C".

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

REFERENCE is made to prior title recorded in Book 3033, Page 369, Register's Office Davidson County, Tennessee.

5. Jerry Burton Butterworth and Linda Jane Campbell each received a fifty percent (50%) undivided interest in the real estate described above by virtue of being the recipient of the real estate by testate estate of Hendrix Burton Butterworth, deceased, as evidenced by the following:

a. Certified copy of Will of Hendrix Burton Butterworth, see EXHIBIT "D"; and
b. Certified copy of Order admitting will to probate, see EXHIBIT "E".

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "F", the decedent did not receive any aid from the Bureau of Tenncare.

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 2715 Morgan Road, Davidson County, Tennessee, after the death of Hendrix Burton Butterworth, in Jerry Burton Butterworth and Linda Jane Campbell, being the beneficiaries under the Will of Hendrix Burton Butterworth.

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 under the Will of Hendrix Burton Butterworth.

Further, Affiants saith not.

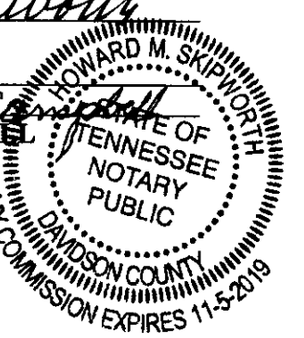
Dated this 29th day of August, 2018.

Linda Jane Campbell
LINDA JANE CAMPBELL

SWORN TO AND SUBSCRIBED before me on this the 29th day of August, 2018.

Howard M Skipworth
NOTARY PUBLIC
My Commission expires:

Linda Jane Campbell
LINDA JANE CAMPBELL



STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **LINDA JANE CAMPBELL**, 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 she executed the foregoing instrument for the purposes therein contained as her 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 August, 2018.

Howard M Skipworth
NOTARY PUBLIC

My Commission expires:



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

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 025748

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: HENDRIX B. BUTTERWORTH					2. SEX: MALE	3. DATE OF DEATH: 05/01/2018
4. TIME OF DEATH (Approx.): 08:00 AM	5a. AGE: 95	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 01/27/1923	7. BIRTHPLACE: NASHVILLE, TENNESSEE	
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 8155 JACKMAN ROAD	8c. CITY OR TOWN: JOELTON	8d. COUNTY OF DEATH: DAVIDSON				
9. MARITAL STATUS: WIDOWED	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION: WELDER	11b. KIND OF BUSINESS/INDUSTRY: MAINTENANCE			
12. SOCIAL SECURITY NUMBER: [redacted]	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE	13b. COUNTY: DAVIDSON	13c. CITY OR TOWN: JOELTON			
13d. STREET AND NUMBER: 8155 JACKMAN ROAD	13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37080	14. WAS DECEDENT EVER IN US ARMED FORCES?: YES			
15. DECEDENT'S EDUCATION: 8TH GRADE OR LESS	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO	17. DECEDENT'S RACE: WHITE				

(NAME OF DECEDENT) (For use by Funeral or Embalmer)

PARENTS

18. FATHER'S NAME: WILLARD BUTTERWORTH	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MAGGIE FINCH

20a. INFORMANT'S NAME: LINDA CAMPBELL	20b. RELATIONSHIP TO DECEDENT: DAUGHTER	20c. MAILING ADDRESS: 8155 JACKMAN ROAD, JOELTON, TENNESSEE 37080

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: JOELTON HILLS MEMORY GARDENS	21c. LOCATION: JOELTON, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ BOBBY WAYNE COOK	22b. LICENSE NUMBER: 6870	22c. SIGNATURE OF EMBALMER: ▶ /e/ ROBERT GREGORY DEGNAN
23a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON AND GARRETT FUNERAL HOME, 3501 OLD CLARKSVILLE PIKE, JOELTON, TENNESSEE 37080-8892		23b. LICENSE NUMBER: 193

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 05/10/2018

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: ▶ /s/ JOHN MARK PENNINGTON	27b. LICENSE NUMBER: 032243	27c. DATE SIGNED: 05/09/2018
27d. NAME AND ADDRESS: JOHN MARK PENNINGTON 2536 HIGHWAY 49, SUITE 110, PLEASANT VIEW, TENNESSEE 37146		

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. PNEUMONIA	
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. DUE TO (OR A CONSEQUENCE OF)	
	c. DUE TO (OR A CONSEQUENCE OF)	
	d. DUE TO (OR A CONSEQUENCE OF)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ALZHEIMER'S DEMENTIA, DYSPHAGIA

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: N/A	
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-1699 (Rev. 8/2017) ROA 10112

10055723

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.

MAY 11 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 5 7 2 3

Date Issued: [redacted]

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

Land in the 14th, formerly the 24th Civil District of Davidson County, Tennessee, described according to a survey made March 12, 1960 by C. J. Carney, Surveyor, as follows:

Beginning at a pin on the south side of Morgan Road about 2000 feet west of Union Hill Road, thence south 2 degrees 30' west 735 feet to a pin; thence south 65 degrees west 132 feet to an iron pin; thence north 2 degrees 3' west 735 feet to a spike near the center of Morgan Road; thence north 65 degrees east 132 feet to the point of beginning, containing two acres.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0784670

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): Margaret Christine Butterworth
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 14, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Aug. 11, 1925
7. BIRTHPLACE (City and State or Foreign Country): Robertson County, TN
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): Skyline Medical Center
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): Hendrix B. Butterworth
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Operator
12b. KIND OF BUSINESS/INDUSTRY: Werthan Bag Co.
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 2715 Morgan Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
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): 12th; College (1-4 or 5+):
NAME OF DECEDENT, Forms by physician or mortician

PARENTS

17. FATHER'S NAME (First, Middle, Last): Will Barnes
18. MOTHER'S NAME (First, Middle, Maiden Surname): Gracie Demonbreun

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Hendrix B. Butterworth
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2715 Morgan Road, Joelton, TN 37080

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): Joelton Hills Memory Gardens
20c. LOCATION-City or Town, State: Joelton, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature] DR
24. DATE FILED (Month, Day, Year): August 23, 2007

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: [signature]
25b. LICENSE NUMBER: 20554
25c. DATE SIGNED (Month, Day, Year): 8/20/07
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): Barett D. Conner, M.D., 3443 Dickerson Pike, Suite 680, Nashville, TN 37207

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Pneumonia	2-3 weeks
DUE TO (OR AS A CONSEQUENCE OF): b.	Interstitial Pneumanitis	2-3 weeks
DUE TO (OR AS A CONSEQUENCE OF): c.	Rheumatoid Arthritis	~ Several yrs.
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [✓] 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. ____ ____
RDA 1399

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.

[redacted]

Tonya Y Foreman
Tonya Y. Foreman
Local Registrar

Date Issued
AUG 23 2007

[redacted]

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**), FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE

FILED
AUG 02 2018
By RICHARD R. ROOKER Clerk & Master

In Re: ESTATE OF
HENDRIX BURTON BUTTERWORTH,
Deceased.

Case No. 18P1255

LINDA JANE CAMPBELL,
PETITIONER.

ORDER ADMITTING WILL TO PROBATE WITHOUT ADMINISTRATION

Based on an examination of the Petition, the decedent's last will, the affidavit of the subscribing witnesses and the sworn oath of Petitioner, on the 2nd day of August, 2018, the Special Probate Master finds the following:

A. Decedent was a resident of Davidson County, Tennessee;

B. Decedent died on May 1, 2018 at the age of ninety-five (95) years;

C. Decedent left a paper writing bearing date of August 14, 1978, which was properly signed and witnessed (the "will"). The will consist of four (4) typewritten pages; and

Based on these findings, the Court orders the following.

1. Decedent's will dated August 14, 1978 be admitted to probate for muniment of title only.

2. No letters testamentary need be issued to Linda Jane Campbell; and

4. No court-supervised administration of the decedent's estate is required.

Entered August 2, 2018.

Special Master

[redacted]

ENTERED, this the _____ day of _____, 2018.

previous page

PROBATE, SPECIAL MASTER

Approved for entry:
HOWARD M. SKIPWORTH & ASSOCIATES

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
E-mail: hmskiplaw@comcast.net

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. **18P1255.**

ESTATE OF HENDRIX BURTON BUTTERWORTH

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 2nd day of August in the year Two Thousand and Eighteen.

RICHARD R. ROOKER CIRCUIT COURT CLERK

RICHARD R. ROOKER, Clerk

Deputy Clerk

14-12155 FILED AUG 02 2018

Last Will and Testament

OF

HENDRIX BURTON BUTTERWORTH

I

I, Hendrix Burton Butterworth, domiciled in Tennessee, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

II

I direct that all of my lawful debts, my funeral expenses and the cost of administration of my estate be paid as soon as practicable after my death. My Executrix, in her sole discretion, may pay from my domiciliary estate, all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions. I further direct that any obligations of mine secured by mortgage on any real estate (whether owned by me jointly or individually) or by pledge of or lien against any of my personal property or life insurance, be considered in full as obligations of my estate.

III

I direct that there shall be paid out of my residuary estate, without apportionment, all estate, inheritance, succession and other taxes (together with any penalty thereon), assessed by reason of my death, imposed by the government of the United States, or any State or territory thereof, or by any foreign government or any political subdivision thereof in respect of all property required to be included in my gross

 Hendrix B. Butterworth

[redacted]

estate for estate or like tax purposes by any such governments whether the property passes under this Will or otherwise, including property over which I have a taxable power of appointment, without contribution by any recipient of any such property.

IV

All the rest, residue and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this will, including all lapsed legacies and devises and all life insurance payable to my estate, (but excluding any property over or concerning which I may have the power of appointment), I bequeath and devise in fee to my wife, Margaret Christine Butterworth. If my said wife, Margaret, shall not survive me, then I bequeath and devise the said property in fee and in equal shares to my daughter, Linda Jane Milliken and my son, Jerry Burton Butterworth, per stirpes.

In the event my children or their issue shall not survive me, I bequeath and devise said property to my wife's niece, Lois Barnes.

V

In the event that my daughter Linda or my son Jerry, does not survive me, and leaves minor children, I direct that the survivor of them hold and manage the property herein conveyed as a trust estate for the benefit of the minor children of my deceased son or daughter. I direct that said Trustee shall manage said trust estate so as to provide for the welfare and maintenance of said minor children as he

or she, in his or her absolute discretion shall deem advisable. I direct my trustee to distribute in fee and pro-rata such property to which each child shall be entitled as each reaches the age of 18.

VI

I authorize my Executrix (including any substitute or successor personal representative) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate or any trust, to exercise any or all the powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly of 1963, Tennessee Code Annotated §35-618 to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers, (as set out in said statute on the date of execution of this Will) are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

VII

I appoint my wife, Margaret Christine Butterworth to be the Executrix of this my Last Will and Testament. I direct that no bond be required of said Executrix for the faithful performance of her duties. If the Executrix herein named shall predecease me or shall fail for any reason to qualify as Executrix hereunder (or having qualified, shall die or resign), then in such event I appoint my daughter, Linda Jane Milliken to act as sole Executrix of my estate without bond and in such capacity she shall possess and exercise all powers and authority herein conferred.

I vest my Executrix with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such time and

price and upon such terms and conditions as she may determine to do every other act and thing necessary or appropriate to the administration of my estate.

VIII

In the event my wife, Margaret, and I shall die under such circumstances that there is not sufficient evidence to determine the order of our deaths, then it shall be presumed that she survived me; and my estate shall be administered and distributed, in all respects, in accordance with such presumption.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this My Last Will and Testament, consiting of this and three preceding typewritten pages and, for the purposes of identification, I have signed each such page in the presence of the persons witnessing it on this 14 day of August, 1978, at Nashville, Tennessee.

Hendrix B Butterworth
TESTATOR

Peggy J. Moseley Witness residing at Nashville, Tennessee

Richard D. Riggs Witness residing at Antioch, Tennessee

Michael Mostow Witness residing at Nashville, Tenn

 Hendrix B Butterworth
Hendrix B. Butterworth

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

AFFIDAVIT

We, the undersigned, being first duly sworn, make oath that the foregoing Last Will and Testament was signed by Hendrix Burton Butterworth as and for, and at that time acknowledged, published and declared by him to be his Last Will and Testament, in the sight and presence of us, the undersigned, who at his request and in his sight and presence and in the sight and presence of each other, have subscribed our names as attesting witnesses on the 14th day of August, 1978; and we further make oath that at the time we witnessed said Will, the Testator was, in our opinion, of sound mind and disposing memory.

Witness

Witness

Witness

Sworn to and subscribed
before me this 14th
day of August, 1978.

Notary Public
My Commission Expires: 6/11/80

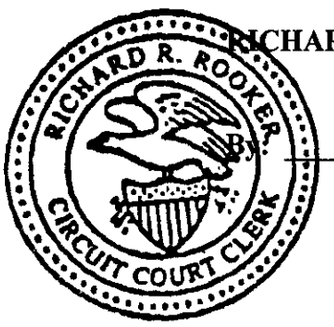
THIS INSTRUMENT PREPARED BY:
Robert J. Olsen, Attorney
Suite 1112 Parkway Towers
Nashville, Tenn. 37219

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 **LAST WILL AND TESTAMENT** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **18P1255.**

ESTATE OF HENDRIX BURTON BUTTERWORTH

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 2nd day of August in the year Two Thousand and Eighteen.



RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk

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

8/7/2018

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

RE: HENDRIX BUTTERWORTH
Last Four Of SSN 5540

Dear HOWARD SKIPWORTH:

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

