THIS INSTRUMENT PREPARED BY:
LARRY D. CANTRELL
ATTORNEY AT LAW, P.C.
2016 – 8TH AVENUE SOUTH
NASHVILLE, TN 37204 -2202

SEND TAX BILLS TO:
JESSE STEWART ROBINSON
8018 CHARLOTTE PIKE
NASHVILLE, TN 37209

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PER T.C.A. §30 – 2 – 712

Karen Y Johnson Davidson County
Batch# 147960 **AFFIDAVITH**
10/02/2018 12:20:43 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20181002-0097683

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Phillip Arnold Robinson, a resident of Davidson County, State of Tennessee, who died April 7, 2018 as evidenced by a copy of the Certificate of Death is attached as **Exhibit A**, held a:

Fee simple interest in the following described real estate:

Land in Davidson County, Tennessee, as described in **Deed Book 3538, Page 123,** Register's Office for Davidson County, Tennessee. The description from the said Deed is hereby incorporated into and made a part of this document by reference as fully as if copies herein verbatim.

At the time of his death, **Phillip Arnold Robinson** was the sole owner of the herein listed property by virtue of having inherited the above listed parcel from his father **Jesse Will Robinson**, as evidenced by an Affidavit of Inheritance (Real Estate) duly recorded in the Register's Office for Davidson County, Tennessee **Instrument 20090106 – 0001191** dated January 6, 2009.

SUBJECT TO any and all Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title (the last recorded deed) recorded in **Deed Book 3538, Page 123**, in the Register's Office of Davidson County, Tennessee.

The undersigned **Jesse Stewart Robinson** received a one hundred (100%) interest in the real estate described above by virtue of:

Being the sole and only heir of the intestate estate of **Phillip Arnold Robinson** said Estate was duly probated in the Seventh Circuit (Probate Division) of Davidson County, State of Tennessee, **Case No. 18P – 833.**

The release from Tennessee TennCare is attached as **Exhibit B.**

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

JESSE STEWART ROBINSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and aforesaid, personally appeared **Jesse Stewart Robinson**, the within named bargainor, 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 present, 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 the 2ND day of OCTOBER, 2018.

Notary Public

My Commission Expires: July 6, 2020

KIMBERLY HANAFUSA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES JULY 6, 2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 019293

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: PHILLIP ARNOLD ROBINSON
2. SEX: MALE
3. DATE OF DEATH: 04/07/2018
4. TIME OF DEATH (Approx.): 02:15
5a. AGE: 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 12/12/1953
7. BIRTHPLACE: NASHVILLE, TENNESSEE
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 6018 CHARLOTTE PIKE
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: DIVORCED
10. SURVIVING SPOUSE (name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: MUSICIAN
11b. KIND OF BUSINESS/INDUSTRY: ENTERTAINMENT
12. SOCIAL SECURITY NUMBER: 410-66-0001
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 6018 CHARLOTTE PIKE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

Name of decedent (For use by Funeral Director or Institution)

PARENTS

18. FATHER'S NAME: JESSE WILL ROBINSON
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: CHRISTINE CROWDER
20a. INFORMANT'S NAME: JESSE S ROBINSON
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 6018 CHARLOTTE PIKE, NASHVILLE, TENNESSEE 37221

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: NASHVILLE FUNERAL AND CREMATION
21c. LOCATION: NASHVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ JONATHAN SCOTT KEENE
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TENNESSEE 37203-7505
23b. LICENSE NUMBER: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III
24. DATE FILED: 04/09/2018

CERTIFIER

25. CERTIFIER
25a. PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
25b. 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: /e/ ERIN M CARNEY, M.D.
27b. LICENSE NUMBER: 50160
27c. DATE SIGNED: 04/09/2018
27d. NAME AND ADDRESS: ERIN M CARNEY, M.D., 850 R. S. GASS BLVD., NASHVILLE, TENNESSEE 37216

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. PENDING	
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

28a. WAS AN AUTOPSY PERFORMED?
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: PENDING INVESTIGATION
31. DID TOBACCO USE CONTRIBUTE TO DEATH?
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-1050 (Rev. 8/2017) RDA 10112

EXHIBIT A

10080988

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 II
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

100809881

Date Issued: APR 12 2018

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

5/10/2018

LARRY D CANTRELL
LEGAL COUNSEL
2016 8TH AVENUE SOUTH
NASHVILLE, TN 372042202

RE: PHILLIP ROBINSON
Last Four Of SSN 0001

Dear LARRY D CANTRELL:

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

EXHIBIT B