Karen Y Johnson Davidson County
Batch# 151427 AFFIDAVITH
10/15/2018 12:17:38 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20181015-0101896

This instrument was prepared by:

Beck & Beck Attorneys
4205 Gallatin Road
Nashville, Tennessee 37216

ADDRESS OF NEW OWNER AS FOLLOWS:

Julian Bobbitt, Jr., Sherri Armstrong,
Rita Parish, Betty Casperson, Ann Elkins,
Tabitha Underwood
619 S. 11th Street
Nashville, TN 37206

SEND TAX BILLS TO:

Same as Owner

MAP & PARCEL: 094 01 0 048.00

AFFIDAVIT OF HEIRSHIP AS TO THE HEIRS OF SANDRA FAYE BOBBITT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, **VALERIE E. BOBBITT** ("Affiant"), after first being duly sworn, states that she is an adult citizen and resides at 1208 Forrest Ave., Nashville, Davidson County, Tennessee, and is over the age of 18 years old. She further states that she was the sister of the decedent **SANDRA FAYE BOBBITT,** and that she has personal knowledge of the following facts:

1. **SANDRA FAYE BOBBITT** (Decedent), died on February 4, 2018, in Nashville, Tennessee and was 76 years of age at the time of her death.

2. The Decedent, **SANDRA FAYE BOBBITT** died intestate.

3. The Decedent,**SANDRA FAYE BOBBITT** was widowed at the time of her death, her husband was **JULIAN B. BOBBITT, SR.,** his date of death being February 25, 2011. A copy of the decedent and her husbands death certificate was filed with this document and is attached hereto.

4. That **SANDRA FAYE BOBBITT AND JULIAN B. BOBBITT, SR.** had (6) children, with one now deceased, so they had (5) living children at the time of their death, their living children's names are:

JULIAN BOBBITT, JR.

SHERRI ARMSTRONG

RITA PARISH

BETTY CASPERSON

ANN ELKINS

(1) Deceased son: **RICKY LEE BOBBITT;** his only issue being:

TABITHA UNDERWOOD, who inherits Ricky Lee Bobbitt's divided share.

5. **JULIAN BOBBITT, JR., SHERRI ARMSTRONG, RITA PARISH, BETTY CASPERSON , ANN ELKINS AND TABITHA UNDERWOOD** are therefore the decedent, **SANDRA FAYE BOBBITT**, heirs at law.

6. That the decedent was not indebted to the State of Tennessee Bureau of Tenncare and a Release was issued by the State of Tennessee Bureau of Tenncare and is attached hereto.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, et seq., Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by **SANDRA FAYE BOBBITT** in Davidson County, Tennessee, or elsewhere and particularly to confirm the vesting of title to her heirs at law by the laws of Intestacy in the State of Tennessee; this property is divided equally between her heirs at law, **JULIAN BOBBITT, JR., SHERRI ARMSTRONG, RITA PARISH, BETTY CASPERSON , ANN ELKINS AND TABITHA UNDERWOOD** as tenants in common, in certain real property in Davidson County, Tennessee described as follows:

MAP & PARCEL: 094 01 0 048.00
619 S. 11th Street, Nashville, TN 37206

IN WITNESS WHEROF, I have hereunto set my hand on this 5th day of October, 2018.

Valerie E. Bobbitt

VALERIE E. BOBBITT, AFFIANT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Melinda G. Rook, a Notary Public in and for said County and State, the within named **VALERIE E. BOBBITT**, affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee this 5th day of October, 2018.

Melinda G. Rooker

NOTARY PUBLIC
My Commission Expires: 05-06-2019



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018.006697

DECEDENT

1. DECEDENT'S LEGAL NAME: SANDRA FAY BOBBITT
2. SEX: FEMALE
3. DATE OF DEATH: 02/04/2018
4. TIME OF DEATH (Approx.): 06:35 PM
5. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 08/08/1941
7. BIRTHPLACE: MACON COUNTY, TENNESSEE
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: SAINT THOMAS MIDTOWN HOSPITAL
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: HOMEMAKER
11b. KIND OF BUSINESS/INDUSTRY: DOMESTIC
12. SOCIAL SECURITY NUMBER: 408-98-0841
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 619 SOUTH 11TH STREET
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37206
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 - Print Name (Last)

TYPE/PRINT IN PERMANENT BLACK INK

PARENTS

18. FATHER'S NAME: DICK TAYLOR BARBER
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LASSIE STOREY

INFORMANT

20a. INFORMANT'S NAME: RITA B. PARISH
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 114 SAVO BAY, HENDERSONVILLE, TENNESSEE 37075

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: SPRING HILL CEMETERY
21c. LOCATION: NASHVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ RACHEL M. KNOTT
22b. LICENSE NUMBER: 5775
22c. SIGNATURE OF EMBALMER: /e/ TIMOTHY ADAM RODGERS
22d. LICENSE NUMBER: 4622
23a. NAME AND ADDRESS OF FUNERAL HOME: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TENNESSEE 37216
23b. LICENSE NUMBER: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III
25. DATE FILED: 02/09/2018

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: /e/ MIHAELA TUDORICA
27b. LICENSE NUMBER: 037266
27c. DATE SIGNED: 02/08/2018
27d. NAME AND ADDRESS: MIHAELA TUDORICA ST. THOMAS MIDTOWN HOSPITAL 2000 CHURCH STREET, NASHVILLE, TENNESSEE 37236

MEDICAL CERTIFICATION

26. 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.	ACUTE NECROTIZING PANCREATITIS	
DUE TO (OR A CONSEQUENCE OF) b.		
DUE TO (OR A CONSEQUENCE OF) c.		
DUE TO (OR A CONSEQUENCE OF) d.		

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

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

PH-1039 (Rev. 8/2017)

RDA 10112

09831434

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

0 9 8 3 1 4 3 4
Date Issued

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

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 211155

1. DECEDENT'S NAME: Julian B Bobbitt
2. SEX: Male
3. DATE OF DEATH: February 25, 2011
4. SOCIAL SECURITY NUMBER: -6715
5a. AGE-LAST BIRTHDAY: 71
6. DATE OF BIRTH: Aug 30, 1939
7. BIRTHPLACE: Nebraska
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. MARITAL STATUS: Married
10. SURVIVING SPOUSE: Sandra Barber
11. USUAL OCCUPATION: Accountant
12. KIND OF BUSINESS/INDUSTRY: Metro Development & Housing Agency
13. RESIDENCE-STATE: Tennessee
13. COUNTY: Davidson
13. CITY, TOWN OR LOCATION: Nashville
13. STREET AND NUMBER OR RURAL LOCATION: 619 South 11th St.
15. INSIDE CITY LIMITS? Yes
16. ZIP CODE: 37206
17. WAS DECEDENT OF HISPANIC ORIGIN? No
18. RACE: White
19. DECEDENT'S EDUCATION: Elementary/Secondary (1-12): 12
20. FATHER'S NAME: Wilbert Bobbitt
21. MOTHER'S NAME: Harriet Eaceman
22a. INFORMANT'S NAME: Sandra Bobbitt
22b. RELATIONSHIP TO DECEASED: Wife
22c. MAILING ADDRESS: 619 S. 11th St. Nashville, TN 37206
23a. METHOD OF DISPOSITION: Burial
23b. PLACE OF DISPOSITION: Spring Hill Cemetery
23c. LOCATION: Nashville, TN
24a. SIGNATURE OF FUNERAL DIRECTOR
24b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6054
24c. SIGNATURE OF EMBALMER
24d. LICENSE NUMBER: 6622
25a. NAME AND ADDRESS OF FUNERAL HOME: 2707 Gallatin Road, Nashville, Tennessee 37216
25b. LICENSE NUMBER OF FUNERAL HOME: 331
26. REGISTRAR'S SIGNATURE:
27. DATE FILED: February 28 2011
28a. 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.
28b. SIGNATURE AND TITLE OF PHYSICIAN
28c. LICENSE NUMBER
28d. DATE SIGNED: 2-28-11
29a. 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.
29b. SIGNATURE AND TITLE OF MEDICAL EXAMINER
29c. LICENSE NUMBER
29d. DATE SIGNED
30. NAME AND ADDRESS OF PERSON OR PHYSICIAN OR MEDICAL EXAMINER: David Noble, MD 1718 Patterson Street Nashville, TN 37203
31. PART I. Enter the disease, 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. Lung Cancer
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
Approximate Interval: Onset and Death
CAUSE OF DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Obstructive Pulmonary Disease
32a. WAS AN AUTOPSY PERFORMED? No
32b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No
33. MANNER OF DEATH: Natural
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK? No
34d. DESCRIBE HOW INJURY OCCURRED
35a. PLACE OF INJURY
35b. LOCATION
BIRTH NO.
FDA 1599

4628317

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 embossed seal of the Department of Health. Alteration or erasure voids this certification.

Issued by authority of T.C.A. 68-3-305 and 68-3-307

Teresa S. Hendricks
STATE REGISTRAR

Jimmy Thomas
Jimmy Thomas, Deputy Local Registrar
Davidson County, Tennessee

FEB 28 2011
Date Issued

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

10/8/2018

CARSON BECK
LEGAL COUNSEL
4205 GALLATIN RD
NASHVILLE, TN 37216

RE: SANDRA BOBBITT
Last Four Of SSN 0841

Dear CARSON BECK:

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,

[redacted]