Owner: Mary Ruth Smith & James Smith

Send Tax Notice To: 5202 Georgia Avenue
Nashville, TN 37209

Map & Parcel No.: 091 11 0 205.00

Karen Y Johnson Davidson County
Batch# 153669 AFFIDAVITH
10/24/2018 09:16:46 AM 10 pgs
Fees: $52.00 Taxes: $0.00
20181024-0105249

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, after being duly sworn, states as follows:

1. James Walter Smith, Jr. ("Decedent"), a resident of Davidson County, State of Tennessee, who died on January 13, 2018, as evidenced by a copy of the death certificate attached as Exhibit A, held as tenants in common in the following described real estate:

> Lots Nos. 1105 and 1107 of Block No. 156 in plan No. 1 West Nashville as of record in Book No. 57, pages 74 and 75 of R.O.D.Co. Tenn. Said Lots, Nos. 1105 and 1107 front 25 feet each on the northly side of Gerogia Ave. and run back between parallel lines 150 feet to an alley, in the rear.
>
> Being the same property conveyed to J.W. Smith and wife, Ruth Smith by deed from R.W. Ballard and wife Vonnie Thomas Ballard, of record in Book 784, Page 279, Register's Office Davidson County. The said J.W. Smith and wife, Ruth Smith, having since died intestate and William C. Smith, Mary Ruth Smith and James W. Smith, Jr., being the only heirs at law of J.W. Smith and Ruth Smith.
>
> Being the same undivided one-third interest in the property conveyed to Mary Ruth Smith and James W. Smith, Jr by Warranty Deed from William C. Smith and wife, Virginia Smith, of record in Instrument Number 197412174875657, in the Register's Office of Davidson County.

2. The undersigned received One-Hundred Percent (100%) interest in the real estate described above by bequest in Decedent's Last Will and Testament, attached as Exhibit B.

3. Further, the undersigned is the Decedent's sole Heir- at- law.

4. A copy of the TennCare Release is attached as Exhibit C.

FURTHER AFFIANT SAITH NOT.

Dated this 23rd of October, 2018

Mary Ruth Smith

Mary Ruth Smith, Affiant

ACKNOWLEDGMENT

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

On this 23rd day of October, 2018, personally appeared **Mary Ruth Smith**, to me known to be the person described in and who executed the foregoing instrument, and I acknowledge that such person executed the same as such of his own free act and deed.

NOTARY PUBLIC

My Commission Expires: May 03, 2021

NORA EL-CHAER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Exhibit A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 001037

DECEDENT

1. DECEDENT'S LEGAL NAME: JAMES W SMITH JR
2. SEX: MALE
3. DATE OF DEATH: 01/13/2018
4. TIME OF DEATH (Approx.): 09:42 AM
5a. AGE: 94
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 02/19/1923
7. BIRTHPLACE: NASHVILLE, TENNESSEE
8a. PLACE OF DEATH: HOSPICE FACILITY
8b. FACILITY NAME: THE RESIDENCE/ALIVE HOSPICE
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: NEVER MARRIED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: MANUFACTURER
11b. KIND OF BUSINESS/INDUSTRY: SELF EMPLOYED
12. SOCIAL SECURITY NUMBER: 410-26-6335
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 5202 GEORGIA AVENUE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
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

PARENTS

18. FATHER'S NAME: JAMES W SMITH SR
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RUTH GREER

20a. INFORMANT'S NAME: MARY RUTH SMITH
20b. RELATIONSHIP TO DECEDENT: SISTER
20c. MAILING ADDRESS: 5202 GEORGIA AVENUE, NASHVILLE, TENNESSEE 37209

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: WOODLAWN MEMORIAL PARK
21c. LOCATION: NASHVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ MICHAEL PAUL ILLOBRE
22b. LICENSE NUMBER: 5352
22c. SIGNATURE OF EMBALMER: /e/ Michael Paul Illobre
22d. LICENSE NUMBER: 5353
23a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME AND CREMATORY, 6962 CHARLOTTE PIKE, NASHVILLE, TENNESSEE 37209-4208
23b. LICENSE NUMBER: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III
25. DATE FILED: 01/15/2018

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/ ROBERT J BERKOMPAS
27b. LICENSE NUMBER: 017891
27c. DATE SIGNED: 01/15/2018
27d. NAME AND ADDRESS: ROBERT J BERKOMPAS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 37203

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. CLOSED HEAD INJURY	
DUE TO (OR A CONSEQUENCE OF)	b. GROUND LEVEL FALL	
DUE TO (OR A CONSEQUENCE OF)	c. SYNCOPE	
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: 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-1659 (Rev. 8/2017) RDA 10112

09811492

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.

JAN 18 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

0 9 8 1 1 4 9 2
Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit B

LAST WILL AND TESTAMENT

OF

JAMES WALTER SMITH

I, **James Walter Smith**, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all former wills and codicils to wills heretofore made by me.

FIRST: I direct that those in charge of my estate pay my funeral and burial expenses from the first money coming into their hands, and I direct that they not be required to file with the Court a detailed inventory of the assets of my probate estate, nor be required to file a detailed final accounting of the receipts and disbursements.

SECOND: I give, will, devise and bequeath all my property, real, personal and mixed, wheresoever the same may be located, to by sister, Mary Ruth Smith.

FIFTH: I hereby nominate, designate and appoint my sister, Mary Ruth Smith as Executrix of this my Last Will and Testament and direct that she not be required to make bond.

IN WITNESS WHEREOF, I have hereunto set my hand and signed each of the 2 pages of this my Last Will and Testament, this 2 day of December, 1993 at Nashville, Tennessee.

James Walter Smith

JAMES WALTER SMITH - TESTATOR

ATTESTATION CLAUSE

Signed, signified, published and declared by the Testator, as and for his Last Will and Testament, in the presence of us, the undersigned attesting witnesses, who, at his request and direction, and in his sight and presence and in the sight and presence of each other, have hereunto set our hands as such witnesses the day and date above written.

WITNESSES

(Signature) _____

(Address) 4800 Charlotte Ave.
Nashville, TN 37209

(Signature) Belinda C. Dixon

(Address) 4800 Charlotte Ave.
Nashville, TN 37209

This instrument prepared by:
Richard R. Hedgepath, Attorney
4800 Charlotte Avenue
Nashville, Tennessee 37209

AFFIDAVIT OF WITNESSES TO PROVE WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Richard R. Hedgepath AND Belinda C. Dixon, of legal age and after being duly sworn and according to law, depose and say:

1. That they witnessed the execution of the Last Will and Testament of **James Walter Smith** dated this 2nd, day of December, 1993, to which this affidavit is attached, and that this affidavit is being made at the request of the Testator, and in accordance with Tennessee Code Annotated 32-2-110.

2. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testator and in his sight and presence, and in the sight and presence of each other, at the place and on the date recited in said Last Will and Testament.

3. That the Testator signed said paper-writing as and for his Last Will and Testament in their sight and presence.

4. That at the time they witnessed said Last Will and Testament, the Testator was, in their opinion, of sound mind and disposing memory.

WITNESS

Belinda C. Dixon
WITNESS

Sworn to and subscribed before me this 2nd day of December, 1993, at Nashville, Tennessee.

NOTARY PUBLIC

My Commission Expires: 1-22-95

Exhibit C

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

10/15/2018

CLEVELAND BAIN
LEGAL COUNSEL
4800 CHARLOTTE AVENUE
NASHVILLE, TN 37209

RE: JAMES SMITH JR
Last Four Of SSN 6335

Dear CLEVELAND BAIN:

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