This Instrument Prepared by Richard A. Northcutt, Attorney, 1060 Roach Hollow Rd., Woodbury, TN 37190

Send Tax Bills To:
Melissa W. Batey
5104 Baker Rd.
Murfreesboro, TN 37129

Map: 129110A25500

Karen Johnson Davidson County
Batch# 187965 **AFFIDAVITH**
01/24/2019 03:12:32 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20190124-0007144

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

The undersigned, being duly sworn, deposes, says and makes Affidavit as follows:

The decedent, **Sally Ellen Weatherford**, age 70, died on December 9, 2018, a resident of Davidson County, State of Tennessee, as evidenced by a copy of her Certificate of Death attached as **Exhibit A.**

The decedent held a fee simple interest in the following described real estate:

See attached Exhibit B for legal description of real estate.

The attached description of the property is taken from the vesting deed, and said deed is hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

At the time of her death, **Sally Ellen Weatherford** was the sole owner in fee simple of the herein above described property.

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

REFERENCE is made to prior title recorded in **Instrument #201009170074069,** in the Register's Office for Davidson County, Tennessee.

The undersigned received one hundred (100%) percent interest in the real estate described above by virtue of being the only surviving statutory and testamentary heir of **Sally Ellen Weatherford** who died unmarried and without issue. The estate of the deceased was not probated.

The Tenncare release is attached as **Exhibit C.**

There are no taxes, 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 or beneficiaries.

Melissa W. Batey

MELISSA W. BATEY, Affiant
Address: 5104 Baker Rd.,
Murfreesboro, TN 37129

STATE OF TENNESSEE
COUNTY OF RUTHERFORD

Personally appeared before me, a Notary Public, the within named Melissa W. Batey, the Affiant, with whom I am personally acquainted or whose identity was proved to me on the basis of satisfactory evidence to be the person described in the foregoing Affidavit, and after being duly sworn, deposes and says, that the facts averred in the above Affidavit are true to the best of her knowledge, information, and belief, and that the said Melissa W. Batey executed the foregoing instrument for the purposes therein contained as her free act and deed.

This January 2, 2019.

Richard A. Northcutt

My Commission Expires Oct. 5, 2020 NOTARY PUBLIC

RICHARD A. NORTHCUTT
STATE OF TENNESSEE NOTARY PUBLIC
CANNON COUNTY

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 068031

DECEDENT

1. DECEDENT'S LEGAL NAME: SALLY ELLEN WEATHERFORD
2. SEX: FEMALE
3. DATE OF DEATH: 12/09/2018
4. TIME OF DEATH (Approx.): 05:55 AM
5a. AGE: 70
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 09/24/1948
7. BIRTHPLACE: MURFREESBORO, TN
8a. PLACE OF DEATH: HOSPICE FACILITY
8b. FACILITY NAME: ALIVE HOSPICE - MURFREESBORO
8c. CITY OR TOWN: MURFREESBORO
8d. COUNTY OF DEATH: RUTHERFORD
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: GRAPHIC DESIGNER
11b. KIND OF BUSINESS/INDUSTRY: GRAPHIC DESIGN
12. SOCIAL SECURITY NUMBER: [redacted]2449
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 255 CANA CIRCLE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37205
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: BACHELOR'S DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

TYPE/PRINT IN PERMANENT BLACK INK — MAKE CERTAIN ALL ITEMS ARE COMPLETED

PARENTS

18. FATHER'S NAME: ROBERT WEATHERFORD
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: JEAN WESTERFIELD

INFORMANT

20a. INFORMANT'S NAME: MELISSA BATEY
20b. RELATIONSHIP TO DECEDENT: SISTER
20c. MAILING ADDRESS: 5104 BAKER ROAD, MURFREESBORO, TN 37129

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: WOODFIN FUNERAL CHAPEL CREMATORY
21c. LOCATION: MURFREESBORO, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ RONNIE LUTHER GANDY
22b. LICENSE NUMBER: 3645
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODFIN FUNERAL CHAPEL, INC., 1488 LASCASSAS PIKE, MURFREESBORO, TN 37130
23b. LICENSE NUMBER: 179

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
25. DATE FILED: 12/11/2018

CERTIFIER

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

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: /s/ KRISTEN SLADEK COLLER
27b. LICENSE NUMBER: 038920
27c. DATE SIGNED: 12/10/2018
27d. NAME AND ADDRESS: KRISTEN SLADEK COLLER 1718 PATTERSON ST. NASHVILLE, TN 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.

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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE — APPROX. INTERVAL: ONSET TO DEATH: YEARS
DUE TO (OR A CONSEQUENCE OF)
b.
DUE TO (OR A CONSEQUENCE OF)
c.
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?: YES
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. 6/2017)

RDA 10112

10238086

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 3 8 0 8 6
Date Issued 12-11-18

CERTIFICATION OF VITAL RECORD

EXHIBIT B

Sally E. Weatherford , unmarried
255 Cana Circle
Nashville, TN 37205

LEGAL DESCRIPTION

A certain condominium apartment in Davidson County, Tennessee, being Unit No. 255, created under Title 66, Chapter 27, Section 101, et seq., as amended, Tennessee Code Annotated, and as established by the Master Deed for the Cloister at St. Henry, Phase 1B, of record in Book 6237, Page 665, of the Register's Office for Davidson County, Tennessee together with the undivided percentage interest in the common elements appurtenant to said unit, as set forth in said Master Deed, reference is hereby made to the Plat for the Cloister at St. Henry, Phase 1B, attached as Exhibit "B" to said Master Deed for property identification.

BEING the same property conveyed to James H. Spalding, Trustee of the Charles H. Williams Irrevocable Trust by deed from Lorean Branscum, of record in Instrument 20041123-0140390, dated November 22, 2004, Register's Office for said County.

This conveyance is subject to all terms and provisions of the Restrictions and By-Laws of record in Book 6237, Page 665 and amended in Book 6834, Page 449; Book 6042, Page 650 and amended in Book 6519, Page 187; Book 7590, Page 273; and Instrument 20020109-0003376, said Register's Office.

This conveyance is made subject to: (1) 2010 taxes, which have been prorated and assumed by the Grantees; (2) All matters appearing on the Plan of record in Book 6237, Page 665; (3) Sanitary Sewer Easement and/or Storm Drainage of record in Book 4191, Page 157; and (4) Terms and Conditions of Ground Lease by and between James D. Niedergeses, Bishop of the Dioceses of Nashville and St. Henry's Property Development, Inc. of record in Book 6208, Page 137, said Register's Office.

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

1/14/2019

MELISSA BATEY
REPRESENTATIVE
5104 BAKER RD.
MUFREESBORO, TN 37129

RE: SALLY WEATHERFORD
Last Four Of SSN 2449

Dear MELISSA BATEY:

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