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

SEND TAX BILLS TO:
KERRY W. COWELL
1022 McMAHAN AVENUE
NASHVILLE, TN 37216

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

Karen Johnson Davidson County
Batch# 245356 AFFIDAVITH
06/19/2019 11:39:00 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20190619-0059026

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Charles William Cowell, a resident of Davidson County, State of Tennessee, who died November 9, 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 the 13th, formerly the 23rd, Civil District of Davidson County, Tennessee, being part of lot NO. 5 on the plan of the lands of Dr. J.H. Jordan, deceased, marked Exhibit "D", as of record in Plan Book 2, Page 75, Chancery Court at Nashville, described according to a survey made by C.J. carney, Surveyor, October 13, 1952, as follows:

BEGINNING at a point on the southerly margin of Highway No. 12, formerly Hydes Ferry Pike, 180 feet easterly from the intersection of Jordonia Station Drive, said point being in the westerly boundary line of lot No. 6 on said plan; thence with the southerly margin of said Highway, north 87 degrees 09 minutes west 80 feet to the eastern boundary line of lot No. 4 on said plan; thence with the line between said lots Nos. 4 and 5, south 2 degrees 30 minutes east 211 feet; thence south 87 degrees 30 minutes east 80 feet to the southwest corner of lot No. 6; thence with the line between said lots Nos. 5 and 6, north 2 degrees 30 minutes west 210 feet to the beginning.

Being the same property conveyed to Charles W. Cowell by deed from Myrtle G. Walker of record in Book 6438, Page 674, Register's Office for

Davidson County, Tennessee.

At the time of his death, **Charles William Cowell** was the sole owner of the herein listed property.

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

The undersigned **Kerry William Cowell** received a one hundred (100%) interest in the real estate described above by virtue of:

Being the sole and only heir of the testate estate of **Charles William Cowell** said Estate was duly probated in the Seventh Circuit (Probate Division) of Davidson County, State of Tennessee, **Case No. 19P – 96.**

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.

KERRY WILLIAM COWELL

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and aforesaid, personally appeared **Kerry William Cowell** 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 4TH day of JUNE, 2019.

Notary Public

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

My Commission Expires: July 6, 2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 062859

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME (Name of decedent (first, middle, last, suffix))						2. SEX	3. DATE OF DEATH
CHARLES WILLIAM COWELL						MALE	11/09/2018
4. TIME OF DEATH (Appox.)	5a. AGE	5b. UNDER 1 YEAR		5c. UNDER 1 DAY		6. DATE OF BIRTH	7. BIRTHPLACE
		Months	Days	Hours	Minutes		
09:45 PM	83					12/13/1934	NASHVILLE, TN

8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
AZALEA TRACE	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		OWNER	CAPITOL WINDOW CLEANING COMPANY

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
---- ---- 3769	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
3918 BANBURY DRIVE	YES	37207	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
RAYMOND COWELL	KATHERINE BAKER

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
KERRY COWELL	SON	1022 MCMAHAN AVE, NASHVILLE, TN 37216

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	WOODLAWN MEMORIAL PARK	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ TIMOTHY ADAM RODGERS	4621	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216 — 23b. LICENSE NUMBER: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	11/14/2018

CERTIFIER

25. 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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ ROBERT FORTI	020029	11/14/2018

27d. NAME AND ADDRESS: ROBERT FORTI 235 NOAH DRIVE SUITE 300, FRANKLIN, TN 37064

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

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		APPROXIMATE INTERVAL: ONSET TO DEATH
	a. ALZHEIMERS	
	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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	UNKNOWN	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) ROA-10112

EXHIBIT A

10490231

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.

NOV 14 2018

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

/e/ Edward G. Bishop III
Edward G. Bishop III
State Registrar

/e/ John J. Dreyzehner MD
John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10490231
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

1/23/2019

LARRY CANTRELL
LEGAL COUNSEL
2016-8TH AVENUE SOUTH
NASHVILLE, TN 37204

RE: CHARLES COWELL
Last Four Of SSN 9769

Dear LARRY 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