This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2594
Fax: (615) 876-4292
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

Karen Johnson Davidson County
Batch# 309544 AFFIDAVITH
11/01/2019 09:45:26 AM 15 pgs
Fees: $77.00 Taxes: $0.00
20191101-0112500

NEW OWNERS:

Lisa A. Kelley
2623 Morgan Road
Joelton, TN 37080

Map & Parcel No: 01500011400

SEND TAX NOTICE TO:

Lisa A. Kelley
2623 Morgan Road
Joelton, TN 37080

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Bonnie J. Arrington, being first duly sworn according to law, and being of lawful age and residing for the past 40 or more years in and around Davidson Counties, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of her own free will and based upon her personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", John W. Wilson died testate on 23 June 2019.

2. The decedent died without a surviving spouse. The decedent was married once during his lifetime to Shirley B. Wilson A/K/A Shirley Ann Wilson, who died 28 November 2006, as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The decedent died leaving two living biological children: Lisa A. Kelley and Michael A. Wilson. The decedent never gave birth or adopted any other child or children.

4. At the time of his death, the decedent owned a house and lot described as follows to wit:

SEE EXHIBIT "C"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being the same property conveyed to John W. Wilson and wife, Shirley B. Wilson, by deed from Donald P. Harrington and wife, Martha A. Harrington of record in Book 10892, Page 148, Register's Office for Davidson County, Tennessee. Shirley B. Wilson having died on 28 November 2006.

This is improved property known as 2623 Morgan Road, Joelton, Tennessee.

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 10892, Page 148, Register's Office for Davidson County, Tennessee.

5. Lisa A. Kelley received one hundred percent (100%) interest in the real estate described above by virtue of being the recipient of said property under the Last Will and Testament of John W. Wilson, deceased. A certified copy of the Last Will and Testament of John W. Wilson is attached as Exhibit "D".

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "E", the decedent never received any long term aid from the Bureau of Tenncare.

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

8. This Affidavit will confirm the vesting of title to the real property located at 2623 Morgan Road, Joelton, Davidson County, Tennessee, after the death of John W. Wilson, in Lisa A. Kelley, beneficiary under the Last Will and Testament of John W. Wilson.

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 the beneficiary.

Further, Affiant saith not.

Dated this 31st day of October, 2019.

Bonnie J. Arrington

BONNIE J. ARRINGTON, AFFIANT

SWORN TO AND SUBSCRIBED before me on this the 31st day of October, 2019.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-5-2019

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Bonnie J. Arrington

BONNIE J. ARRINGTON, AFFIANT

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **BONNIE J. ARRINGTON**, the within named person, 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 presence, 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 31st day of October, 2019.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 11-5-2019

NOTE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
6408 Clarksville Pike
Joelton, TN 37080

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 035219

DECEDENT

1. DECEDENT'S LEGAL NAME: JOHN WESLEY WILSON
2. SEX: MALE
3. DATE OF DEATH: 06/23/2019
4. TIME OF DEATH (Approx.): 03:49 PM
5a. AGE: 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 07/19/1939
7. BIRTHPLACE: COOPERTOWN, TN
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: BUSINESS OWNER
11b. KIND OF BUSINESS/INDUSTRY: MANUFACTURING
12. SOCIAL SECURITY NUMBER: 415-58-8711
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: JOELTON
13d. STREET AND NUMBER: 2623 MORGAN ROAD
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37080
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: ASSOCIATE DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (FIRST, MIDDLE, LAST, SUFFIX)

PARENTS

18. FATHER'S NAME: MARVIN EWING WILSON
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ROSIE LEE BARNES

20a. INFORMANT'S NAME: LISA KELLEY
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 2631 MORGAN ROAD, JOELTON, TN 37080

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: JOELTON HILLS MEMORY GARDENS
21c. LOCATION: JOELTON, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ BOBBY WAYNE COOK
22b. LICENSE NUMBER: 6870
22c. SIGNATURE OF EMBALMER: /s/ ROBERT GREGORY DEGNAN
22d. LICENSE NUMBER: 6919
23a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON AND GARRETT FUNERAL HOME, 3501 OLD CLARKSVILLE PIKE, JOELTON, TN 37080-8892
23b. LICENSE NUMBER: 193

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
25. DATE FILED: 06/26/2019

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: /s/ KRISTIN RUTTERER
27b. LICENSE NUMBER: 049500
27c. DATE SIGNED: 06/26/2019
27d. NAME AND ADDRESS: KRISTIN RUTTERER ST THOMAS MIDTOWN 2000 CHURCH STREET, BOX 102, NASHVILLE, TN 37236

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. SEPSIS	
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: METASTATIC RECTAL CANCER

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:

TH-1659 (Rev. 8-2017) RDA 10112

11236950

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

1 1 2 3 6 9 5 0

Date Issued: JUL

CERTIFICATION OF VITAL RECORD

EXHIBIT "A"

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0607218

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Shirley Ann Wilson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 28, 2006
4. SOCIAL SECURITY NUMBER (of Decedent): 271-38-1812
5a. AGE-LAST BIRTHDAY (Years): 64
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): Aug 20,1942
7. BIRTHPLACE (City and State or Foreign Country): Lancaster, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John Wilson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): US Army Corp of Engineers
12b. KIND OF BUSINESS/INDUSTRY: Government
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 2623 Morgan Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No and, if yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 1

PARENTS

17. FATHER'S NAME (First, Middle, Last): Frank Boggs
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rebecca Jane Qualls

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Wilson
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2623 Morgan Road, Joelton, TN 37080

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Joelton Hills
20c. LOCATION-City or Town, State: Joelton, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P.O. Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): December 21, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Habib MD
25b. LICENSE NUMBER: 34172
25c. DATE SIGNED (Month, Day, Year): 12/18/06
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MYOCARDIAL CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Habib Doss, M.D., 300 20th Ave. N., Suite 301, Nashville, TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, 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. CARDIOPULMONARY ARREST
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. NEUTROPENIA AND INFECTION
DUE TO (OR AS A CONSEQUENCE OF)
c. HODGKIN'S DISEASE
DUE TO (OR AS A CONSEQUENCE OF)
d.
Approximate Interval Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TH-1050 (REV. 6/99)
BIRTH NO.
RDA 1383

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 red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued DEC 21 2006

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE 1796

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

EXHIBIT "C"

Land in the 14th formerly 24th Civil District of Davidson County, Tennessee, being Lots Nos. A-11 and A-12 of an unrecorded plat of subdivision of land located between Union Hill and Joelton Roads, and the Morgan Road at their intersection, according to a survey by C. J. Carney, Surveyor, dated April 6, 1960.

Said Lot No. A-11 fronts 100 feet on the southerly margin of Morgan Road and runs back 261 feet on the westerly line and 228 feet on the easterly line, to a dead line on which it measures 105.5 feet.

Said Lot No. A-12 fronts 100 feet on Morgan Road and runs back 228 feet on the westerly line and 196 feet on the easterly line, to a dead line on which it measures 105.5 feet

19PR15
FILED
OCT 17 2019
By D.C.

LAST WILL AND TESTAMENT

OF

JOHN W. WILSON

I, **JOHN W. WILSON**, of Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1
PROVISIONS RELATIVE TO FIDUCIARIES

1.1 **Definition**. The term "fiduciaries" means the executor, executrix, trustee, or guardian serving at any time under my will and includes successors.

1.2 **Bond**. No bond is required of any fiduciary appointed under this will or by a court.

1.3 **Waiver of Inventory and Appraisals.** I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.

1.4 **Resignation.** The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.

EXHIBIT "D"

ARTICLE 2
DEFINITIONS

2.1 **My Spouse**. My spouse, Shirley B. Wilson, predeceased the making of this will on November 28, 2006.

2.2 **My Children**. I have two children, **MICHAEL A. WILSON** and **LISA A. (WILSON) KELLEY.** I have no deceased children.

2.3 **Singular and Masculine Usage**. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 3
FIDUCIARIES

3.1 **Executor.** I appoint my son, **MICHAEL A. WILSON**, and my daughter, **LISA A. KELLEY**, as Co-Personal Representatives of my will. If one of my children fails to qualify or ceases to serve, then my remaining child shall serve alone as Personal Representative of my estate.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 **Debts, Funeral and Administration Expenses**. My executor is to pay all burial expenses, the expenses of my last illness, and the administration expenses of my estate.

4.2 **Income Tax Treatment of Administration Expenses**. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating adjustments between the income and principal are to be made because of such decision.

4.3 **Taxes**.

(a). Defined. The terms "taxes" means any transfer tax assessed because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). Payment. My executor is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executor is to pay the taxes from my Remainder Estate.

ARTICLE 5
DISTRIBUTION OF TANGIBLE AND INTANGIBLE PERSONAL PROPERTY

5.1 I give all of my house hold furnishing to my two children, share and share alike. In the event my children are unable to agree on the disposition of any item, I direct that either of them may call for a public or private estate sale of all remaining items with the net proceeds divided equally, share and share alike.

5.2 I direct that any automobile owned by me at my death shall be sold and the net proceeds divided equally amongst my children, share and share alike.

5.3 I direct my Personal Representative to pay all final costs, including but not limited to funeral expenses, administrative expenses, and taxes, from my checking account at SunTrust Bank located on Whites Creek Pike, Joelton, Tennessee, then divide the balance, if any, equally amongst my children, share and share alike.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 I devise all my interest in real estate located at 2639 Morgan Road, Joelton, Davidson County, Tennessee, to my son, **MICHAEL A. WILSON**, absolutely, in fee.

6.2 I devise all my interest in real estate located at 2623 Morgan Road, Joelton, Davidson County, Tennessee, to my daughter, **LISA A. KELLEY**, absolutely, in fee.

6.3 I devise all my interest in real estate located at 2631 Morgan Road, Joelton, Davidson County, Tennessee, to my two children, **MICHAEL A. WILSON** and **LISA A. KELLEY**, as Joint Tenants with right of survivorship

ARTICLE 7
DEALING WITH FIDUCIARIES

7.1 **Dealing with Executor**. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part of the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered, or loaned to the executor.

7.2 **Income During Administration**. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same person, and in the same proportions, as might be made if the administration were completed.

7.3 **Power to Disclaim**. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.

7.4 **Indemnity of Fiduciary.** I want my fiduciary to exercise its discretion without fear of incurring a liability or expense. Therefore, unless it acts capriciously or arbitrarily, my estate must indemnify the fiduciary for each monetary expense (including attorney fees) which it incurs or expends, or which arises from the exercise of discretion.

ARTICLE 8
RESIDUARY ESTATE

8.1 I give, devise and bequeath the balance of property or money owned by me at the time of my death, and not otherwise effectively disposed of in this Will, including all insurance proceeds or other death benefits that are payable to my estate, but excluding any property over which I may have a power of appointment, less all valid claims asserted against my estate, and all expenses incurred in administering my estate, including expenses of administering non-probate assets, to my children, **MICHAEL A. WILSON** and **LISA A. KELLEY**, share and share alike.

ARTICLE 9
SIMULTANEOUS DEATH

9.1 If my children and I die simultaneously, or under circumstances which make it difficult or impossible to determine who died first, it shall be presumed conclusively for all purposes of my will that I survived my children.

ARTICLE 10
FORFEITURE CLAUSE

Should any beneficiary under this will, in any manner, directly or indirectly attack or contest this will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

ARTICLE 11
SIGNATURE

This will consists of six (6) pages (each of which I have signed or initialed) covering Articles 1 through 11. I now sign this as my Will on this the 20th day of November, 2017 and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have set my hand this 20th day of November, 2017.

John W. Wilson
JOHN W. WILSON

SIGNED, DECLARED and PUBLISHED by the said **JOHN W. WILSON**, as and for his last Will, in the presence of us, the undersigned, who, at his request and in his sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date written.

NAME	ADDRESS
Howard M. Skipworth HOWARD M. SKIPWORTH PRINT NAME	P. O. Box 489 Joelton, Tn 37080
James R. Owens JAMES R. OWENS PRINT NAME	1462 EASTLAND Dr. ASHLAND CITY, TN. 37015

This is page six of my Will JWW
Initials

AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence **JOHN W. WILSON**, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testator's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testator's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testator was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.

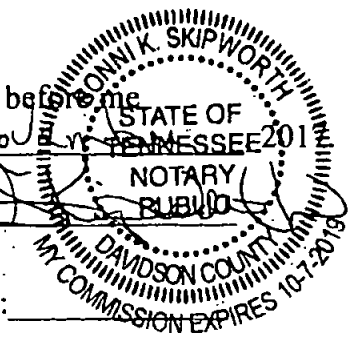
Howard M. Skipworth — P. O. Box 489
WITNESS — ADDRESS
HOWARD M. SKIPWORTH — Joelton, Tn 37080
PRINT NAME

James R. Owens — 1462 EASTLAND DR.
WITNESS — ADDRESS
JAMES R OWENS — ASHLAND CITY, TN. 37015
PRINT NAME

Subscribed and sworn to before me this 20th day of June 2014

NOTARY PUBLIC

My Commission Expires: _____



STATE OF TENNESSEE

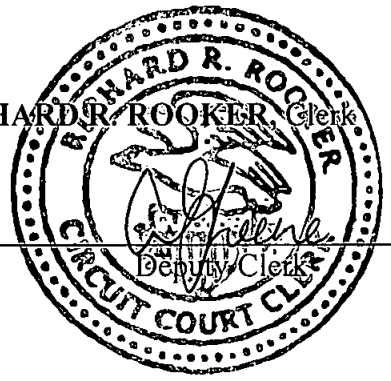
I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **LAST WILL AND TESTAMENT** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **19P-1815**.

ESTATE OF JOHN W. WILSON

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 17th day of October in the year Two Thousand and nineteen.

RICHARD R. ROOKER, Clerk

By: _____ Deputy Clerk



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

10/8/2019

HOWARD SKIPWORTH
LEGAL COUNSEL
PO BOX 489
JOELTON, TN 37080

RE: JOHN WILSON
Last Four Of SSN 8711

Dear HOWARD SKIPWORTH:

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,

Angela J. Howard

EXHIBIT "E"