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) 876-2550
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

Karen Johnson Davidson County
Batch# 345112 AFFIDAVITH
01/17/2020 11:31:58 AM 17 pgs
Fees: $87.00 Taxes: $0.00
20200117-0006382

NEW OWNERS:

Crystal Faye Moody
3740 Baxter Road
Joelton, TN 37080

Map & Parcel No:
Map 38 Parcel 138

SEND TAX NOTICE TO:

Crystal Faye Moody
3740 Baxter Road
Joelton, TN 37080

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Crystal Faye Moody, being first duly sworn according to law, and being of lawful age and residing for the past 30 or more years in Davidson County, State of Tennessee, 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", Clara S. Moody, died testate on 02 January 2019.

2. The decedent died leaving no spouse. The decedent was married once during her lifetime to Bobby Earl Moody, who died 24 March 2018, as evidenced by Certificate of Death attached hereto as Exhibit B.

3. The decedent died leaving one living biological child.

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

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

Being the property conveyed to Clara S. Moody by deed from Bobby E. Moody, of record in Instrument No.: 20170621-0062468, Register's Office Davidson County, Tennessee.

This is improved property located at 3740 Baxter Road, Joelton, Tennessee, 37080.

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

REFERENCE is made to prior title recorded in Instrument No.: 20170621-0062468, Register's Office Davidson County, Tennessee.

5. Crystal Faye Moody received a one hundred percent (100%) interest in the real estate described above by virtue of being the recipient of the real estate by testate estate of Clara S. Moody, deceased, as evidenced by the following:

a. Copy of Will of Clara S. Moody, see EXHIBIT "D"
b. Copy of Order to admit will to probate, see EXHIBIT "E"

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "F", the decedent did not receive any 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 3740 Baxter Road, Joelton, Davidson County, Tennessee, after the death of Clara S. Moody, in Crystal Faye Moody, being the sole beneficiary under the Will of Clara S. Moody.

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 sole beneficiary under the Will of Clara S. Moody.

Further, Affiants saith not.

Dated this 19th day of November, 2019.

Crystal F. Moody
Crystal Faye Moody

SWORN TO AND SUBSCRIBED before me on this the 19th day of November 2019.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires:

Crystal F. Moody
Crystal Faye Moody

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 10-2-2023

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Crystal Faye Moody, 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 she executed the foregoing instrument for the purposes therein contained as her 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 19th day of November, 2019.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 10-2-2023

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 001626

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT — First use by Physician or Institution)

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
CLARA S MOODY	FEMALE	01/02/2019

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
11:32 AM	82					02/01/1936	HICKMAN COUNTY, TN

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
CENTENNIAL MEDICAL CENTER	NASHVILLE	DAVIDSON

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

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]	TENNESSEE	DAVIDSON	JOELTON

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
3740 BAXTER ROAD	YES	37080	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
ROBERT SIMMONS	BERTHA ALEXANDER

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
CRYSTAL MOODY	DAUGHTER	3740 BAXTER ROAD, JOELTON, TN 37080

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	SPRING HILL CEMETERY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ RANDALL WATSON	16243	▶ /e/ Randall A. Watson	16223

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216	1046

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	01/15/2019

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ JENNIFER A JOHNSON	042435	01/15/2019

27d. NAME AND ADDRESS: JENNIFER A JOHNSON 2300 PATTERSON STREET, 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.

		APPROXIMATE INTERVAL: ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE INTRACRANIAL HEMORRHAGE	1 DAY
	DUE TO (OR A CONSEQUENCE OF)	
	b. CEREBRAL EDEMA WITH COMA	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR A CONSEQUENCE OF)	
UNDERLYING CAUSE (If any, or most significant cause)	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?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE
NATURAL	UNKNOWN	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-1659 (Rev. 8/2017) RDA 10112

10611330

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 16 2019

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

10611330

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date

EXHIBIT "A"

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 023270

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT - THE MAN/PERSON/WOMAN)

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
BOBBY EARL MOODY	MALE	04/24/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
07:49 PM	85					08/12/1932	UNION POINT, GEORGIA

8a. PLACE OF DEATH: HOSPICE FACILITY

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
ALIVE HOSPICE AT SKYLINE - MADISON	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	CLARA SIMMONS	SUPERVISOR	AUTOMOTIVE

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]	TENNESSEE	DAVIDSON	JOELTON

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
3740 BAXTER ROAD	YES	37080	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
SMITH MOODY	GRACE LEE NORRIS

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
CLARA MOODY	SPOUSE	3740 BAXTER ROAD, JOELTON, TENNESSEE 37080

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	SPRING HILL CEMETERY	NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ SAMUEL BREWER	16278	▶ /e/ Randall A. Watson	16223

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TENNESSEE 37216	1046

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G BISHOP III	04/27/2018

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ ROBERT J BERKOMPAS	017891	04/27/2018

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). 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. GASTROINTESTINAL BLEEDING	
	DUE TO (OR A CONSEQUENCE OF)	
	b. GASTRIC ULCER	
	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?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

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) RDA 10112

10054374

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.

MAY 01 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

1005437 4

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

EXHIBIT "C"

Beginning at a point in the centerline of Baxter Road, said point being 789.13 feet west of the intersection of Fitzgerald Road and Baxter Road and at the southeast corner of this described tract; thence continuing along the centerline of Baxter Road north 88° 25′ 00″ west 182.17 feet to a point, said point being the southwest corner of this described tract; thence leaving the centerline of Baxter Road with the east property line of Alvin R. Hawkins property north 02° 00′ 00″ East 3,165.13 feet to a point said point being in the south property line of Mary B. Lane property, the northeast corner of Hawkins property, and the northwest corner of this described tract; thence with the south property line of Lane property south 88° 00′ 00″ east 114.17 feet to a point, said point being the north west corner of Tract No. 2 and the northeast corner of this described tract; thence with the west property line of tract No. 2, as follows: South 02° 00′ 00″ East 2,470.00 feet to a point; thence South 07° 29′ 15″ East 399.27 feet to a point; thence south 01° 35′ 00″ west 300.00 feet to a point of beginning.

FILED
2019 FEB 14 AM 8:
RICHARD R. ROOKER, CL

LAST WILL AND TESTAMENT

OF

CLARA S. MOODY

I, **CLARA S. MOODY**, of Joelton, 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, personal representative, 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 beloved spouse is **BOBBY E. MOODY**.

2.2 **My Children**. I have one living child, **CRYSTAL FAYE MOODY**. I have one deceased child, **RONALD EDWARD MOODY SR.** My deceased child had one child, **RONALD EDWARD MOODY JR.**

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 daughter, **CRYSTAL FAYE MOODY,** as personal representative of my will. If **CRYSTAL FAYE MOODY** fails to qualify or ceases to serve, then , **WILMA SULLIVAN**, shall serve as personal representative of my will.

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 strictly personal property, including any automobile that I may own at my death, to my beloved daughter, **CRYSTAL FAYE MOODY**. In the event my beloved daughter shall not survive me, I give all of my tangible and intangible property to **VIRGINIA SIMMONS**, in fee.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 I devise all my interest in house and lot located at 3740 Baxter Road, Joelton, Davidson County, Tennessee, to my beloved daughter, **CRYSTAL FAYE MOODY**, in fee simple, absolutely. In the event my beloved daughter shall not survive me, I devise all my interest in house and lot located at 3740 Baxter Road, Joelton, Davidson County, Tennessee, to **JUANITA WILSON**, in fee simple, absolutely.

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
REMAINDER 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 beloved daughter, **CRYSTAL FAYE MOODY**. In the event my daughter shall not survive me, I give

all of my remainder estate to **WANDA WILSON.**

ARTICLE 9
COMMON DISASTER

9.1 **SIMULTANEOUS DEATH.** If my spouse and I should die under such circumstances that it cannot be determined which of us died first, my spouse shall be deemed to have not survived me.

ARTICLE 10
DISINHERITANCE

10.1 **DISINHERITANCE OF HEIRS.** I have intentionally omitted all my heirs who are not specifically mentioned in this will, and I generally and specifically disinherit each, any, and all persons who may claim to be or who may be lawfully determined to be my heirs at law, except as otherwise mentioned in this will.

ARTICLE 11
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 12
SIGNATURE

This will consists of fix (6) pages (each of which I have signed or initialed) covering Articles 1 through 12 inclusive. I now sign this as my Will on this the 8th day of June, 2017 and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

This is page five of my Will CSM
Initials

IN WITNESS WHEREOF, I have set my hand this 8th day of June, 2017.

Clara S. Moody
CLARA S. MOODY, TESTATRIX

SIGNED, DECLARED and PUBLISHED by the said **CLARA S. MOODY**, 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. Shipworth	P. O. Box 489 Joelton, Tn 37080
Gayle Sherrill	3127 Union Hill Rd Joelton, TN 37080

This is page six of my Will CSM
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 **CLARA S. MOODY**, 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 W. Skipworth
WITNESS

P. O. Box 489
ADDRESS
Joelton, Tn 37080

Gayle Sherrill
WITNESS

3127 Union Hill Rd
ADDRESS
Joelton, TN 37080

Subscribed and sworn to before me
this 8th day of March, 2017.

Bonn K. Skipworth
NOTARY PUBLIC

BONN K. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-7-2019

My Commission Expires: 10-7-2019

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**), FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE
AT NASHVILLE

In Re: ESTATE OF
CLARA S. MOODY
Deceased.

Case No. 19P311

CRYSTAL FAYE MOODY,
Executrix.

FILED
FEB 21 2019
By

ORDER TO PROBATE

This cause came to be heard on the 21st day of February 2019, before the Honorable Special Probate Master, upon the Petition of Crystal Faye Moody, requesting that paper writing purporting to be the Last Will and Testament of Clara S. Moody, deceased, be admitted to Probate, and that Letters Testamentary be issued to the Petitioner.

Whereupon, the Petitioner produced paper writing purporting to be the Last Will and Testament of Clara S. Moody, of which had the name Clara S. Moody, signed thereto as testatrix and being: (1) Will bearing date of 08 June 2017, subscribed by Howard M. Skipworth and Gayle Sherrill as attesting witnesses.

And, it appearing from the testimony of the aforesaid Howard M. Skipworth and Gayle Sherrill, taken upon affidavit as authorized by and in accordance with Tennessee Code Annotated § 32-2-110, that: each of them did subscribe their respective name as an attesting witness to paper writing they witnessed; that paper writing was written in the lifetime of Clara S. Moody, and published, signed and subscribed by Clara S. Moody, in the presence of the respective attesting witnesses; that Clara S. Moody was then of sound mind; and that, at Clara S. Moody request, said attesting witnesses signed said paper writing in Clara S. Moody presence and in the presence of each other on the date specified in paper writing.

EXHIBIT "E"

And, it appearing that: said paper writing bears the true signature of Clara S. Moody; that Clara S. Moody usual place of domicile and residence at the time of Clara S. Moody death was Davidson County, Tennessee; and that Clara S. Moody died in Davidson County, Tennessee on 02 January 2019, at the age of eighty-two (82) years.

It is, therefore, ORDERED, ADJUDGED AND DECREED that said paper writing constitutes the true, whole and Last Will and Testament of Clara S. Moody, deceased; that the same is hereby admitted to probate as such; and that the Clerk is directed to file and record the same and to issue Letters Testamentary to Crystal Faye Moody, without bond, the same having been waived by the Will, and without the necessity of filing any bond, accountings or inventory as waived in the Will and by the sole beneficiary, except that an estate status report shall be filed within fifteen months from the date of this order or as required by the Court.

ENTERED this the 21st day of February, 2019.

Special Probate Master for Davidson County

APPROVED FOR ENTRY:

HOWARD M. SKIPWORTH & ASSOCIATES

HOWARD M. SKIPWORTH #012469
Attorney for Executrix
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Email: hmskiplaw@comcast.net

CERTIFICATE OF SERVICE

On February 21st, 2019, this Order was sent by U.S. Mail, first-class, postage pre-paid to:

Ronald Edward Moody Jr.
109 Bob White Trail
Havana, FL 32333

/Howard M. Skipworth
HOWARD M. SKIPWORTH

cc: Crystal Faye Moody
3740 Baxter Road
Joelton, TN 37080

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

6/17/2019

HOWARD SKIPWORTH
LEGAL COUNSEL
PO BOX 489
JOELTON, TN 37080

RE: CLARA MOODY
Last Four Of SSN 8863

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,

Janzela J. Howard

EXHIBIT "F"