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| **THIS INSTRUMENT PREPARED BY:**<br>**Robert H. Lewis, Jr., Attorney at Law**<br>**2412 Eugenia Avenue**<br>**Nashville, TN 37211-2115** | **SEND TAX BILLS TO:**<br>**Dana Elizabeth Midkiff Butler**<br>**4243 Samoa Drive**<br>**Hermitage, TN 37076** |
| **This transfer is exempt from recording tax pursuant to T.C.A. §67– 4 – 09(a)(3)(D) and oath pursuant to T.C.A. §67 – 4 – 409(a)(5) .** | **Note to Register of Deeds, index as: Adelaide Virginia Midkiff, Grantor Dana Elizabeth Midkiff Butler, Grantee** |
| Karen Johnson Davidson County<br>Batch# 364650 AFFIDAVITH<br>02/27/2020 01:30:56 PM 5 pgs<br>Fees: $27.00 Taxes: $0.00<br>20200227-0022012 | **Map 75-6,**<br>**Parcel 78**<br>**PARCEL ID 07506007800** |

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

## STATE OF TENNESSEE
## COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

**1.** I am the daughter of Adelaide Virginia Midkiff and over eighteen (18) years of age.

**2.** Adelaide Virginia Midkiff, a resident of Davidson County, State of Tennessee, died June 15, 2019, as evidenced by a copy of the Certificate of Death is attached as **Exhibit A**, and held a fee simple interest in the following described real estate:

Land in Davidson County, Tennessee, being lot no. 311 on the Plan of Hermitage Estates, Section II, of record in of record in Book 3700, page 23, Register's Office for said County, Tennessee.

Said Lot No. 311 fronts 93.0 feet on the easterly margin of samoa drive and runs back between lines measuring 133.3 feet on the southerly line and 155.5 feet on the northerly line, to a dead line in the rear measuring 62.45 feet.

Being the same property conveyed to Thomas W. Midkiff, now deceased, and wife, Adelaide Midkiff (also now deceased) by Deed from Malvin Homes, Inc, of record in Book 4159, Page 664, Register's Office for Davidson County, Tennessee. This is the same property Conveyed by Deed from Adelaide Midkiff to John C. Hess, Trustee who reconveyed the property to Adelaide Midkiff and Dana Elizabeth Midkiff Butler by

instrument Number 20020123-0009083 duly recorded in the Register's Office for Davidson County, Tennessee. This is the same property Conveyed by Quitclaim Deed from Adelaide Midkiff and Dana Elizabeth Midkiff butler to John C. Hess, Trustee who reconveyed the property to Adelaide Midkiff by instrument Number 20020819-0100212 fuly recorded in the Register's Office for Davidson County, Tennessee.

Adelaide Virginia Midkiff (Adelaide Virginia Midkiff and Adelaide V. Midkiff are one and the same person) died testate, June 15, 2019 and devised said property to Dana Elizabeth Midkiff Butler (Dana Elizabeth Midkiff Butler and Dana Elizabeth Butler are one and the same person) by Last Will and Testament of record in File No. 19P-1538, Probate Clerk's Office for Davidson County, Tennessee.

This is improved property known as: 4243 Samoa Drive Hermitage, TN 37076.

This conveyance is subject to any and all existing restrictions, easements of record and any and all Governmental zoning and subdivision ordinances or regulations in effect thereon.

**3.** I received a one hundred (100%) interest in the real estate described above by virtue of being the heir of the testate estate of Adelaide V. Midkiff said Estate was duly probated in the Seventh Circuit (Probate Division) of Davidson County, State of Tennessee, Case No. 19P - 1538.

**4.** The release from Tennessee TennCare is attached as **Exhibit B.**

**5.** There are no debts or encumbrances remaining that are not listed in this Affidavit of Heirship that are or might become a lien on the interest in the described real estate.

Further affiant sayeth not.

Dana Elizabeth Midkiff Butler

**DANA ELIZABETH MIDKIFF BUTLER**

Sworn to and subscribed before me this the 6th day of February, 2020.

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

Notary Public

My Commission Expires: July 6, 2020

**STATE OF TENNESSEE )**
**COUNTY OF DAVIDSON )**

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and aforesaid, personally appeared **Dana Elizabeth Midkiff Butler** the 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 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 the 6th day of February, 2020.




Notary Public

My Commission Expires: July 6, 2020

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER: 2019 033895

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEDENT'S LEGAL NAME: ADELAIDE VIRGINIA MIDKIFF | | | | 2. SEX: FEMALE | 3. DATE OF DEATH: 06/15/2019 |
| 4. TIME OF DEATH: 08:37 AM | 5a. AGE: 85 | 5b. UNDER 1 YEAR: Months / Days | 5c. UNDER 1 DAY: Hours / Minutes | 6. DATE OF BIRTH: 06/17/1933 | 7. BIRTHPLACE: POCAHONTAS, AR |
| 8a. PLACE OF DEATH: DECEDENT'S HOME | | | | | |
| 8b. FACILITY NAME: 4243 SAMOA DRIVE | | 8c. CITY OR TOWN: HERMITAGE | | | 8d. COUNTY OF DEATH: DAVIDSON |
| 9. MARITAL STATUS: WIDOWED | 9a. SURVIVING SPOUSE (name prior to first marriage): | 10a. DECEDENT'S USUAL OCCUPATION: SERVER | | | 10b. KIND OF BUSINESS/INDUSTRY: GOLDEN CORRAL |
| 12. SOCIAL SECURITY NUMBER: 2191 | 13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE | 13b. COUNTY: DAVIDSON | 13c. CITY OR TOWN: HERMITAGE | | |
| 13d. STREET AND NUMBER: 4243 SAMOA DRIVE | 13e. INSIDE CITY LIMITS?: YES | 13f. ZIP CODE: 37076 | 14. WAS DECEDENT EVER IN US ARMED FORCES?: NO | | |
| 15. DECEDENT'S EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE | 16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO | 17. DECEDENT'S RACE: WHITE | | | |
| 18. FATHER'S NAME: WILLIAM JACOB SCHOONOVER | | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: VERMA SCHOONOVER | | | |
| 20a. INFORMANT'S NAME: WILLIAM J SIMMONS | 20b. RELATIONSHIP TO DECEDENT: SON | 20c. MAILING ADDRESS: 2901 STEAMBOAT DR, NASHVILLE, TN 37214 | | | |
| 21a. METHOD OF DISPOSITION: CREMATION | 21b. PLACE OF DISPOSITION: NASHVILLE FUNERAL AND CREMATION | 21c. LOCATION: NASHVILLE, TN | | | |
| 22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ JONATHAN SCOTT KEENE | 22b. LICENSE NUMBER: 6998 | 22c. SIGNATURE OF EMBALMER: | 22d. LICENSE NUMBER | | |
| 23a. NAME AND ADDRESS OF FUNERAL HOME: NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505 | | | | 23b. LICENSE NUMBER: 1136 | |
| 24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III | | 25. DATE FILED: 06/19/2019 | | | |

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.

| | | |
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| 26c. CERTIFIER: /s/ GULPREET SINGH BOWMAN | 27b. LICENSE NUMBER: 3471 | 27c. DATE SIGNED: 06/19/2019 |

27a. NAME AND ADDRESS: GULPREET SINGH BOWMAN 850 R. S. GASS BLVD., NASHVILLE, TN 37216

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

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. COMPLICATIONS OF A LEFT HIP FRACTURE SUSTAINED IN A FALL | |
| Antecedent causes | b. DUE TO (OR A CONSEQUENCE OF) | |
| Underlying cause (disease or injury that initiated the events resulting in death) LAST | 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: HYPERTENSION AND CHRONIC URINARY TRACT INFECTIONS

28a. WAS AN AUTOPSY PERFORMED?: NO

28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?:

| | | | | |
|---|---|---|---|---|
| 30. MANNER OF DEATH: ACCIDENT | 31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN | 32. IF FEMALE: UNKNOWN IF PREGNANT WITHIN PAST YEAR | | |
| 33. IF TRANSPORTATION INJURY, SPECIFY: | 34a. DATE OF INJURY: UNKNOWN | 34b. TIME OF INJURY: UNKNOWN | 34c. INJURY AT WORK?: NO | 34d. PLACE OF INJURY: UNKNOWN |
| 34e. DESCRIBE HOW INJURY OCCURRED: FALL | | 34f. LOCATION OF INJURY: UNKNOWN, UNKNOWN, TN | | |

TH-1009 (Rev. 8/2017) RDA 10112

1130317

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 2 0 3 3 1 7

Date Issued: JUN 2 0 2019

CERTIFICATION OF VITAL RECORD

TN Division of TennCare

STATE OF TENNESSEE
**DIVISION OF TENNCARE**
310 GREAT CIRCLE ROAD, 4th FLOOR
NASHVILLE, TENNESSEE 37243
Phone# 866-389-8444 / Fax# 615-413-1941

2/3/2020

ROBERT LEWIS JR
LEGAL COUNSEL
2412 EUGENIA AVENUE
NASHVILLE, TN 37211

RE: ADELAIDE MIDKIFF
Last Four Of SSN 2191

Dear ROBERT LEWIS JR:

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,

Tangela Howard
Supervisor