THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 Karen Johnson Davidson County Batch# 369251 **AFFIDAVITH** 03/09/2020 10:29:07 AM 4 pgs Fees: $22.00 Taxes: $0.00 20200309-0026085	STATE OF VIRGINIA COUNTY OF Norfolk The actual consideration for this transfer is: $0.00 GARRETT LANE SEARS Subscribed and sworn to before me, this 26 day of February, 2020 LNC(SW/AW) Charlotte Norman-Button, U.S. Nav Command Legalman Notary Public Under the Authority of 10 U.S.C. §1044a Notary Public Commission Expires: 30 November 202 My Commission Expires: 30 Nov 2021

Address New Owner:	Send Tax Bills To:	Tax Information:
RICHARD CONOVER 605 Bridgette Ct. Antioch, TN 37013	New Owner	164-13-211.00

AFFIDAVIT OF HEIRSHIP

1. My name is Garrett Lane Sears ("Affiant"). I am adult resident of the State of Tennessee. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based on my personal knowledge.

2. Bethany G. Conover (also known as Bethany G. Huskey) (hereinafter "Decedent"), died intestate in Davidson County on July 31, 2019. An exact copy of her death certificate is attached hereto as **Exhibit 1**.

3. Decedent owned a certain parcel of improved real property at the time of her death, which is located at **605 Bridgette Ct., Antioch, TN 37013**, and more fully and particularly described as follows:

> **Being Lot No. 119 on the Plan of Asheford Crossing, Section Four, as of record in Plat Book 9700, page 912, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate description thereof.**
>
> **Being the same property conveyed from James D. Vaughn and wife, Debby Vaughn, to Bethany G. Huskey (i.e. Bethany G. Conover) by**

Warranty Deed dated July 21, 2015, and recorded on July 27, 2015, in Instrument No. 20150727-0073464, Register's Office for Davidson County, Tennessee. Bethany G. Conover has since married Richard Conover.

4. At the time of her death, Decedent was married to Richard Conover. She had only one child, Garrett Lane Sears (Affiant), in the course of her lifetime. Therefore, Richard Conover and Affiant, are the sole heirs-at-law pursuant to Tenn. Code. Ann. §31-2-104.

5. A Probate Estate has not been opened, and it is not anticipated that one will be opened.

6. Decedent was not on TennCare at the time of her death and a release from the same is attached hereto as **Exhibit 2**.

11. Pursuant to Tenn. Code Ann. §31-2-104, Decedent's interest in the Property vested in Richard Conover and Garrett Lane Sears immediately upon death. As of the filing of this Affidavit, ownership of the Property remains vested in tenants in common as follows:

Richard Conover – 50%
Garrett Lane Sears – 50%

FURTHER AFFIANT SAYETH NOT.

SWORN this 26th **day of** February **2020.**

Garrett Lane Sears
GARRETT LANE SEARS

STATE OF VIRGINIA)
COUNTY OF Norfolk)

Personally appeared before me Charlotte Norman-Button, Notary Public of the state and county aforesaid, **GARRETT LANE SEARS,** with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 26th day of February 2020.

LNC(SW/AW) Charlotte Norman-Button, U.S. Navy
Command Legalman
Notary Public
Under the Authority of 10 U.S.C. §1044a
Commission Expires: 30 November 2021

Notary Public
My Commission Expires: 30 Nov 2021

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 201904359

DECEDENT

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
BETHANY GAYLE CONOVER	FEMALE	07/31/2019

4. TIME OF DEATH (Type in military time, e.g., 18:22)	5a. AGE	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
	48					01/30/1971	TULLAHOMA, TN

8a. PLACE OF DEATH: DECEDENT'S HOME

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
605 BRIDGETTE CT.	ANTIOCH	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	RICHARD CONOVER	ATTORNEY	ADMINISTRATIVE LAW

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-8114	TENNESSEE	DAVIDSON	ANTIOCH

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
605 BRIDGETTE CT.	YES	37013	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
DOCTORATE OR PROFESSIONAL DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
RONALD WINKLES	LYNDA INGLEBURGER

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
RICHARD CONOVER	HUSBAND	605 BRIDGETTE CT, ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	HIRTH & CREMATORY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
/s/ SUSAN KINBRO	6309		

23a. NAME AND ADDRESS OF FUNERAL HOME: ALTERNATIVE CREMATION AND FUNERAL SERVICE, 206B COOL SPRINGS BLVD, STE 201, FRANKLIN, TN 37067 — 23b. LICENSE NUMBER: 1253

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
/s/ EDWARD G BISHOP III	08/05/2019

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.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
/s/ KRISTEN SLADEK COLLER	038920	08/02/2019

27d. NAME AND ADDRESS: KRISTEN SLADEK COLLER 1718 PATTERSON ST, NASHVILLE, TN 37203

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH BELOW (IF KNOWN) AND SIGN WITHIN 48 HOURS

MEDICAL CERTIFICATION

28. PART I. ENTER ONLY ONE CAUSE PER LINE (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: MONTHS

IMMEDIATE CAUSE →	a. ALCOHOLIC CIRRHOSIS	
	b. DUE TO (OR A CONSEQUENCE OF)	
	c. DUE TO (OR A CONSEQUENCE OF)	
	d. DUE TO (OR A CONSEQUENCE OF)	

Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

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	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

VS-1080 (Rev. 6/2017) — RDA 1612

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.

1040215

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

1 1 0 4 0 2 1 5

Edward G. Bishop III
State Registrar

Date Issued: AUG 0 8 2019

CERTIFICATION OF VITAL RECORD

EXHIBIT
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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

1/2/2020

JENNIFER SHEPPARD
LEGAL COUNSEL
2122 21st AVENUE SOUTH
NASHVILLE, TN 37212

RE: BETHANY CONOVER
Last Four Of SSN 8114

Dear JENNIFER SHEPPARD:

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 J. Howard

Tangela Howard
Supervisor

EXHIBIT
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