ESTATE ADMINISTRATOR DEED

Karen Johnson Davidson County
Batch# 369830 DEEDQC
03/10/2020 08:58:17 AM 5 pgs
Fees: $27.00 Taxes: $0.00

20200310-0026561

State of Tennessee
County of Davidson

The actual consideration for this transfer is $ -1-

Affiant

Subscribed and sworn to before me, this the 27th day of January, 2020.

Notary Public

My commission expires: 06/19/2021 (AFFIX SEAL)

DEBORAH A NEISZ
STATE OF TENNESSEE
NOTARY PUBLIC
RUTHERFORD COUNTY
My Commission Expires 06-19-2021

THIS INSTRUMENT WAS PREPARED BY
Vanderkooi Law, PLC
718 Thompson Lane, Suite 108-235, Nashville, TN 37204

Address of New Owner(s) as follows:	Send Tax Bills To:	Map-Parcel Number
209 Aldwych Way **Antioch, TN 37013**	**OWNER: Macarena Castillo**	**149010B10300CO**

WHEREAS, Rodolfo Castillo, Sr. (the "Decedent") was the owner of certain property located in Davidson County, Tennessee, having owned said property solely (See Exhibit A Death Certificate of Rodolfo Castillo, Sr.), the Property is more particularly described below (the "Property"); and

WHEREAS, Decedent died Intestate on October 13, 2019 the Administration of the Intestate Estate of Rodolfo Castillo, Sr. has been filed as Probate Case Number 19P2043, Davidson County Probate Clerk's Office; and **Macarena Castillo**, appointed as Estate Administrator, has been issued Letters of Administration, attached hereto as Exhibit B.

WHEREAS, pursuant Tennessee law, title to this real property vested upon his death to his Spouse and Children, as Heirs-at-Law, Macarena Castillo, Priscilla Castillo, Rodolfo Castillo, Jr. and Luis Ricardo Martinez Serna.

WHEREAS, Priscilla Castillo would as the Decedent's spouse inherit one third percent (1/3%) of this real property, Priscilla Castillo, Rodolfo Castillo, Jr. and Luis Ricardo Martinez Serna have all inherited twenty three decimal thirty-three percent (23.33%) as Joint Tenants in Common.

NOW, THEREFORE, FOR AND IN CONSIDERATION OF THE SUM OF ONE DOLLAR, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I,

Macarena Castillo, as Administrator of the Estate of Rodolfo Castillo, Sr.,

HEREINAFTER CALLED THE GRANTOR, HAS CONVEYED SAID REAL PROPERTY TO MACARENA CATILLIO, PRISCILLA CASTILLO, RODOLFO CASTILLO, JR. AND LUIS RICARDO MARTINEZ SERNA AS HEIRS AT LAW.

Macarena Castillo, as Administrator of the Estate of Rodolfo Castillo, Sr.,

HEREINAFTER CALLED THE GRANTEE, HER HEIRS AND ASSIGNS, ALL OF THE GRANTOR'S INTEREST, AS ESTATE ADMINISTRATOR OF THE DECEDENT'S ESTATE, IN AND TO A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in Davidson County, Tennessee, being Lot No. 236 on the Plan of Piccadilly Square, Phase 3, of record in Plat Book 6250, pages 892-894, Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete and accurate description of said lot.

BEING the same property conveyed to Rodolfo Castillo by deed from James M. Pope and Phyllis G. Pope, married, filed of record in Book 9378, page 67, Register's Office for Davidson County, Tennessee.

THIS conveyance is subject to any and all existing easements, restrictions and building setback lines of record.

SAID property is conveyed subject to the limitations, restrictions, and encumbrances as may affect the premises.

This is Improved (X) Unimproved ( ) property, known as: **209 Aldwych Way, Antioch, TN 37013**

Witness my hand this 27 day of January, 2020.

Macarena Castillo, Administrator of the Estate of Rodolfo Castillo, Sr.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **Macarena Castillo, Administrator of the Estate of Rodolfo Castillo, Sr.,** the Grantee, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal this 27th day of January, 2020.

Notary Public

DEBORAH A NEISZ
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY
My Commission Expires 06-19-2021

My Commission Expires: 06/19/2021

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 058418

DECEDENT

1. DECEDENT'S LEGAL NAME: RODOLFO CASTILLO
2. SEX: MALE
3. DATE OF DEATH: 10/13/2019
4. TIME OF DEATH: 14:24
5a. AGE: 54
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 04/16/1965
7. BIRTHPLACE: DEL RIO TX
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): MACARENA SERNA
11a. DECEDENT'S USUAL OCCUPATION: OWNER/OPERATOR
11b. KIND OF BUSINESS/INDUSTRY: FOOD SVC-RESTAURANT
12. SOCIAL SECURITY NUMBER: -2396
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: ANTIOCH
13d. STREET AND NUMBER: 209 ALDWYCH WAY
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: BACHELOR'S DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: YES, MEXICAN, MEXICAN AMERICAN, OR CHICANO
17. DECEDENT'S RACE: OTHER (HISPANIC)

PARENTS

18. FATHER'S NAME: JUAN CASTILLO
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARIA MAYO

20a. INFORMANT'S NAME: MACARENA CASTILLO
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 209 ALDWYCH WAY, ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: MIDDLE TN CREMATION CENTER
21c. LOCATION: MOUNT JULIET TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ WENDELL L BYRD
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ /s/ Rick D Chester
22d. LICENSE NUMBER: 3418
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME INC - HICKORY CHAPEL 5652 NOLENSVILLE ROAD, NASHVILLE, TN 37211
23b. LICENSE NUMBER: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G BISHOP III
25. DATE FILED: 10/21/2019

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: ▶ /s/ STEPHANIE NORFOLK
27b. LICENSE NUMBER: 54709
27c. DATE SIGNED: 10/14/2019
27d. NAME AND ADDRESS: STEPHANIE NORFOLK THE VANDERBILT CLINIC 6817 TVC, NASHVILLE, TN 37232

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. SHOCK	
	DUE TO (OR AS A CONSEQUENCE OF)	
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	b. LACTIC ACIDOSIS	
	DUE TO (OR AS A CONSEQUENCE OF)	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF)	
	d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: DIABETES MELLITUS, PANCREATITIS

29a. WAS AN AUTOPSY PERFORMED?: YES
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?: NO

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

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

11623997

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 6 2 3 9 9 7

Date Issued: Oct-24-2019

CERTIFICATION OF VITAL RECORD

Exhibit A

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS OF ADMINISTRATION

TO: **MACARENA CASTILLO** DOCKET NO: **19P2043**

*It appearing to the Court that **RODOLFO CASTILLO SR** has died leaving no Will, and the Court being satisfied as to your claim to said Administration, you have given Bond pursuant to Order, if required, qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you;*

*THESE ARE, THEREFORE, to authorize and empower you, the said **MACARENA CASTILLO,** to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and to return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, and to deliver the residue thereof to those who are by law entitled.*

*WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this **November 27th, 2019** .*

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Administration issued to **MACARENA CASTILLO** as **Administratrix** of the estate of **RODOLFO CASTILLO SR**, deceased, and I do further certify that **MACARENA CASTILLO** is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the official record in my office in Nashville, Tennessee, this the 27th day of November, 2019.

RICHARD R. ROOKER, Clerk

_____ D.C.

Exhibit B

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

11/21/2019

KRISTEN VANDERKOOI
LEGAL COUNSEL
718 THOMPSON LANE STE. 108-235
NASHVILLE, TN 37204

RE: RODOLFO CASTILLO SR.
Last Four Of SSN 2396

Dear KRISTEN VANDERKOOI:

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,

Jancella J. Howard