AFFIDAVIT OF INHERITANCE - REAL PROPERTY

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Harry Halbert Eielson 143 Scenic Harpeth Drive Kingston Springs, TN 37082	same	150 01 0 135.00

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney
7100 Hardwood Lane - College Grove, TN 37046
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@adamslaw-tn.com

Karen Johnson Davidson County
Batch# 456456 AFFIDAVITH
08/13/2020 10:23:45 AM 9 pgs
Fees: $47.00 Taxes: $0.00
20200813-0090694

STATE OF TENNESSEE)

COUNTY OF WILLIAMSON)

The undersigned, being duly sworn, deposes and says:

DOROTHY IMOGENE EIELSON, also known as DOROTHY WALLEN EIELSON, a resident of Davidson County, State of Tennessee, who died June 11, 2020, as evidenced by a copy of the death certificate attached as Exhibit A, held a 100% interest in the following described real estate located in Davidson County, Tennessee, bound and described as follows, to wit:

> Being Lot No. 38 on the Plan of Edge-O-Lake Estates, Section VIII, as of record in Book 3700, page 101, Register's Office of Davidson County, Tennessee.
>
> Said Lot 38 fronts 80 feet on the westerly side of Rural Hill Circle and runs back 149.76 feet on the southerly line and 157.14 feet on the northerly line to a dead line in the rear, measuring 80.34 feet thereon.
>
> This is improved property known as 2836 Rural Hill Circle, Nashville, Tennessee 37217.

THE PREVIOUS AND LAST conveyance by Warranty Deed to Harry A. Eielson, Jr. and wife, Dorothy I. Eielson, from William A. Brown and wife, Virginia Phelan Brown, of record in Book 4852, page 471, Register's Office for Davidson County, Tennessee.

At the time of her death, DOROTHY IMOGENE EIELSON held a 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety. Her husband, HARRY A. EIELSON, JR. died on November 7, 2015, as evidenced by a copy of the death certificate attached as Exhibit B.

The Last Will and Testament of Dorothy Imogene Eielson, dated July 19, 1991, is attached as Exhibit C. The beneficiary of the estate is as follows: One Hundred Percent (100%) interest in the real estate described above vested in HARRY HALBERT EIELSON.

Bureau of TennCare releases from estate recovery are attached as Exhibit D and Exhibit E.

This the 4th day of August, 2020.

Harry H. Eielson
HARRY HALBERT EIELSON,
Affiant

Subscribed and sworn to before me this
the 4th day of August, 2020.

Elizabeth L. Adams
Notary Public

My Commission Expires: Mar. 19, 2023

ELIZABETH L. ADAMS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 036394

1. Decedent's Legal Name: DOROTHY WALLEN EIELSON			2. Sex: FEMALE	3. Date of Death: 06/11/2020
4. Time of Death (Approx.): 00:00	5a. Age: 81	6. Date of Birth: 10/06/1938	7. Birthplace: GLADE SPRING, VA	
8a. Place of Death: NURSING HOME/LONG TERM CARE				
8b. Facility Name: NHC THE TRACE - NASHVILLE		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: HOMEMAKER	11b. Kind of Business/Industry: OWN HOME	
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: CHEATHAM	13c. City or Town: KINGSTON SPRINGS	
13d. Street and Number: 143 SCENIC HARPETH DRIVE		13e. Inside City Limits? YES	13f. Zip Code: 37082	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18. Father's Name: HOMER HORACE WALLEN		19. Mother's Name Prior to First Marriage: OVA ANDERSON		
20a. Informant's Name: HARRY H EIELSON	20b. Relationship to Decedent: SON	20c. Mailing Address: 143 SCENIC HARPETH DRIVE, KINGSTON SPRINGS, TN 37082		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ KENNETH HODGES	22b. License Number: 3691	22c. Signature of Embalmer: ▶ /e/ MELINDA CRAWFORD	22d. License Number: 5230	
23a. Name and Address of Funeral Home: HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3556			23b. License Number: 942	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 06/23/2020		

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: ▶ /e/ ALEX SLANDZICKI	27b. License Number: 030229	27c. Date Signed: 06/23/2020
27d. Name and Address: ALEX SLANDZICKI 4323 CAROTHERS PARKWAY SUITE 505, FRANKLIN, TN 37067		

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. HYPERTENSIVE HEART AND KIDNEY DISEASE WITH HEART FAILURE	
	b. HYPERTENSION	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: DIABETES MELLITUS TYPE 2, STAGE 5 CKD, ATHEROSCLEROSIS

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? NO	32. If Female: 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

12098329

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 2 0 9 8 3 2 9

Date Issued: Jun-26-2020

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

[redacted]

15 7245

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE # [redacted] 2015 056346

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Harry A. Eielson, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 07, 2015
4. TIME OF DEATH (24hr.): 6:59 AM
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 08, 1934
7. BIRTHPLACE (City and State or Foreign Country): Springfield, IL

TYPEWRITE IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☑ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 2836 Rural Hill Cir
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

9. MARITAL STATUS: ☑ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Dorothy I. Wallen
11a. DECEDENT'S USUAL OCCUPATION: Sales
11b. KIND OF BUSINESS/INDUSTRY: American General Life
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2836 Rural Hill Cir
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37217-4106
14. WAS DECEDENT EVER IN US ARMED FORCES? ☑ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☑ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☑ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☑ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

243VA

18. FATHER'S NAME (First, Middle, Last): Harry A. Eielson, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lydia Hendricks

20a. INFORMANT'S NAME: Dorothy I Eielson
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2836 Rural Hill Cir, Nashville, TN 37217-4106

DISPOSITION

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Lee Frazer
22b. LICENSE NUMBER: 6079
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pike, Nashville, TN 37214
23b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] (DR)
25. DATE FILED (Month, Day, Year): Nov 12, 2015

CERTIFIER

26. CERTIFIER (Check only one)
26a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, 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. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 11/11/15
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

CAUSE OF DEATH

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Parkinson's disease
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that created the events resulting in death) LAST
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
Approximate interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☑ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes ☐ No ☑

30. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☑ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - (at home, farm, street, factory, office, building etc. (Specify))
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

Pri-1659 (Rev. 10/2011) RDA 1309

12098337

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 2 0 9 8 3 3 7

Date Issued: Jun-26-2020

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

DOROTHY IMOGENE EIELSON

I, Dorothy Imogene Eielson, a resident of Davidson County, Tennessee, being of sound mind and disposing memory do publish and declare this to be my Last Will and Testament hereby revoking all Wills and Codicils heretofore made by me.

1. **PAYMENT OF DEBTS**. I direct that all my just debts, my funeral expenses, the expense of the administration of my estate, any estate inheritance or like taxes that may be imposed by reason of my death, be first paid by my Executor hereinafter named out of any funds coming into his hands as soon as practical after my death. My Executor in his sole discretion may pay from any domiciliary estate all of any portion of the costs of ancillary administration and any other similar proceedings in other jurisdictions.

2. **GIFT OF ENTIRE ESTATE TO HUSBAND**. I hereby give, devise and bequeath outright and forever, all of the property whether real, personal or mixed and wheresoever situated of which I may die seized or possessed or over which I may have a power of appointment, to my Husband, Harry Albert Eielson, Jr..

3. **CONTINGENT GIFT**. In the event my Husband should predecease me or we should die as a result of a common disaster then, I give, devise and bequeath outright and forever, all my property whether real, personal, or mixed and wheresoever situated of which I may die seized or possessed or over which I may have power of appointment to Harry Halbert Eielson.

4. **APPOINTMENT OF EXECUTOR**. I hereby appoint my Husband, Harry Albert Eielson, Jr., to be my Executor of this my Last Will and Testament. If my Husband shall predecease me or for any reason fail to qualify as Executor hereunder, or be unwilling to serve, or die, or resign, then in such event I appoint Harry Halbert Eielson to act as Executor of my estate. I direct that no bond or other security shall be required of the above-named Executor or substitute Executor for the faithful performance of their duties. I authorize my Executor, including my substitute Executor in the exercise of reasonable discretion with respect to all property, real and personal at anytime forming a part of my estate, to exercise any and all powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly Act of 1963, Tenn. Code Ann. § 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers, as set out in said Statute on the date of execution of this Will, are granted not withstanding that said Statute may be amended hereafter or repealed at the time of my death.

5. **COMMON DISASTER**. If my Husband and I shall die under such circumstances that there is not sufficient evidence to determine the order of our deaths or if he shall die within a period of six months after the date of my death, then all bequests, devises and provisions made under this Will to or for his benefit shall be void and my estate shall be administered and distributed in all respects as though my Husband had not survived me.

6. **CONTRACTS CLAUSE**. Although my Husband and I are executing our Wills at or about the same time, I desire to make it plain that there has not been a contract between my Husband and I to make mutual testamentary disposition of our property. It is my intention in the

Dorothy Imogene Eielson

event my Husband survives me, he shall have full power to execute a later Will or Wills making such disposition of his estate as he may desire in his sole discretion including any or all property passing to him under the provisions of this Will.

7. **USE OF GENDER AND NUMBER**. Whenever used within this Last Will and Testament, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

8. **PERPETUITIES**. If any portion of this Last Will and Testament violates the rule against perpetuities then that portion shall be deleted as necessary and the remaining portion of this Last Will and Testament shall be treated as valid and as if the rule against perpetuities had not been violated.

Dorothy Imogene Eielson
TESTATRIX

The foregoing instrument, consisting of this and one preceding page, was on this 19th day of July, 1991 subscribed on each page and at the end thereof by, Dorothy Imogene Eielson, the testatrix and by her signed, sealed, published and declared to be her Last Will and Testament, in the sight and presence of us and each of us who thereupon, at her request, in her presence, and in the presence of each other, have subscribed our names as attesting witnesses the day and date above written.

NAME — 2525 Lehman Rd ADDRESS

NAME — 2505 Lehman Rd ADDRESS

Dorothy Imogene Eielson

AFFIDAVIT

Clark Shaw and Rose Felts being duly sworn, do depose and say that they witnessed the Will of ~~Dorothy Imogene~~ Eielson and subscribed the Will in her presence and in the presence of each of us at the request of Dorothy Imogene Eielson, that she appeared to be of full age and of sound and disposing mind and memory and competent to make testamentary disposition of real and personal property; that she voluntarily signed her Will and declared it to be her Last Will and Testament in the presence of the subscribing witnesses and that this Affidavit is made at the request of the Testatrix.

NAME 2525 Lebanon Rd
ADDRESS

NAME 2525 Lebanon Rd
ADDRESS

Sworn to and subscribed before me this 19th day of July, 1991.

Marion Dennis Stevens
NOTARY PUBLIC

My Commission Expires:
7-18-92

Dorothy Imogene Eielson

Page 1 of 4

[redacted]

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

7/22/2020

ELIZABETH ADAMS
LEGAL COUNSEL
7100 HARDWOOD LANE
COLLEG GROVE, TN 37046

RE: DOROTHY EIELSON
Last Four Of SSN [redacted]

Dear ELIZABETH ADAMS:

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,

Jangela J. Howard

[redacted]

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

7/22/2020

ELIZABETH ADAMS
LEGAL COUNSEL
7100 HARDWOOD LANE
COLLEGE GROVE, TN 37046

RE: HARRY EIELSON JR
Last Four Of SSN [redacted]

Dear ELIZABETH ADAMS:

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.

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Sincerely,

Jangela J. Howard