# AFFIDAVIT OF INHERITANCE - REAL PROPERTY

| ADDRESS OF NEW OWNER AS FOLLOWS: | SEND TAX BILLS TO: | MAP & PARCEL NO. |
|---|---|---|
| Lisa Brown, Trustee<br>Ben Ed Paul Living Trust<br>1442 Georgetown Lane<br>Murfreesboro, TN 37129 | Ben Ed Paul, Jr.<br>2306 Avenal Court<br>Murfreesboro, TN 37129 | Map: 183<br>Parcels: 14 & 15 |

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# 462060 AFFIDAVITH
08/24/2020 09:00:54 AM 14 pgs
Fees: $72.00 Taxes: $0.00
20200824-0094991

STATE OF TENNESSEE )

COUNTY OF Williamson )

The undersigned, being duly sworn, deposes and says:

BEN ED PAUL, a resident of Warren County, State of Tennessee, who died July 19, 2019, 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:

BEGINNING at an iron pin the northern margin of Twin Oaks Lane, the southwest corner of this tract and the southwest corner of E. C. Crouch property (Deed Book 8955, page 685) and running thence N 6 degrees 24 minutes 32 seconds, E, 449.35 feet to a pipe; thence S 84 degrees 12 minutes 48 seconds E, 257.08 feet to an iron pin; thence N 6 degrees 8 minutes 42 seconds E, 200.10 feet to an iron pin; thence S 5 degrees 34 minutes 50 seconds W, 641.23 feet to an iron pin in the center line of old lane; thence 84 degrees 47 minutes 35 seconds, W 45.23 feet to an iron pin; thence N 73 degrees 26 minutes 37 seconds, W 85.92 feet to an iron pin; thence 88 degrees 54 minutes 49 seconds W, 68.61 feet to an iron pin on the northerly margin of Twin Oaks Lane; thence along the northerly margin of Twin Oaks Lane along a curve, a total distance of 100.89 feet to the beginning, and containing 7.998 acres, according to survey dated November 11, 1996, of Galyon W. Northcutt, Registered Land Surveyor #1529.

Being the same property conveyed to BEN ED PAUL, SR. and wife, WANDA J. PAUL, by Quitclaim Deed from Ben Ed Paul, Sr., dated December 16, 1999, appearing of record in Instrument Number: 199912280306960, of the Register's Office of Davidson County, Tennessee.

This is improved property known as 4011 Twin Oaks Lane, Antioch, Tennessee 37013.

At the time of his death, BEN ED PAUL, SR. held a 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety. His wife, WANDA JEAN PAUL, died on June 8, 2008, as evidenced by a copy of the death certificate attached as Exhibit B.

The Last Will and Testament of Ben Ed Paul, dated August 2, 1996, was admitted to probate administration in the Chancery Court for Warren County, Thirty-First Judicial District of Tennessee at McMinnville, Case No. 3771-P, and 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 THE BEN ED PAUL LIVING TRUST, dated August 2, 1996.

Sworn under penalty of perjury, this the 3 day of August, 2020.

Lisa Brown

LISA BROWN,
Affiant

Subscribed and sworn to before me this
the 3 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

Sworn under penalty of perjury, this the 3 day of August, 2020.

BEN ED PAUL, JR.,
Affiant

Subscribed and sworn to before me this
the 3 day of August, 2020.

Notary Public

My Commission Expires: Mar. 19, 2023

ELIZABETH L. ADAMS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Sworn under penalty of perjury, this the 3 day of August, 2020.

Susan Renee Paul

SUSAN RENEE PAUL,
Affiant

Subscribed and sworn to before me this
the 3 day of August, 2020.

Elizabeth L. Adams

Notary Public

My Commission Expires: Mar. 19, 2023



# STATE OF TENNESSEE
## Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 040707

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (First, Middle, Last, Suffix)

1. DECEDENT'S LEGAL NAME: BEN ED PAUL SR
2. SEX: MALE
3. DATE OF DEATH: 07/19/2019
4. TIME OF DEATH (Approx.): 10:55 AM
5a. AGE: 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 04/17/1942
7. BIRTHPLACE: MURFREESBORO, TN
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE
8b. FACILITY NAME: ADAMS PLACE
8c. CITY OR TOWN: MURFREESBORO
8d. COUNTY OF DEATH: RUTHERFORD
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: FARMER
11b. KIND OF BUSINESS/INDUSTRY: AGRICULTURE
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: WARREN
13c. CITY OR TOWN: MORRISON
13d. STREET AND NUMBER: 205 SHERRELL ROAD
13e. INSIDE CITY LIMITS?: NO
13f. ZIP CODE: 37357
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: ALBERT BOYD PAUL
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: SARAH ARNOLD

INFORMANT

20a. INFORMANT'S NAME: BEN ED PAUL JR
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 2306 AVENAL COURT, MURFREESBORO, TN 37129

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: JACKSBORO CEMETERY
21c. LOCATION: MORRISON, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ RONNIE LUTHER GANDY
22b. LICENSE NUMBER: 3645
22c. SIGNATURE OF EMBALMER: /s/ Rosemary Rivenbark Harrison
22d. LICENSE NUMBER: 6669
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODFIN FUNERAL CHAPEL, INC., 1488 LASCASSAS PIKE, MURFREESBORO, TN 37130
23b. LICENSE NUMBER: 179

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
25. DATE FILED: 07/23/2019

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: /s/ SAM F CARTER
27b. LICENSE NUMBER: 006866
27c. DATE SIGNED: 07/23/2019
27d. NAME AND ADDRESS: SAM F CARTER, III 1927 MEMORIAL BLVD., MURFREESBORO, TN 37129

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.

| | | 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. DYSPHAGIA | |
| | DUE TO (OR A CONSEQUENCE OF) | |
| | b. VASCULAR DEMENTIA | 3 YEARS |
| | DUE TO (OR A CONSEQUENCE OF) | |
| | c. MULTIPLE STROKES | 3 YEARS |
| | 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?: 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: 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

11313684

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 1 3 1 3 6 8 4

Date Issued: 7/24/19

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

[redacted]

0803471

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT — For use by physician or medical examiner

1. DECEDENT'S NAME (First, Middle, Last): Wanda Jean Paul
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 8, 2008
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR — Months
5c. UNDER 1 DAY — Days
5d. UNDER 1 HOUR — Minutes
6. DATE OF BIRTH (Month, Day, Year): Oct 12, 1945
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 [X] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at St. Thomas
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ben Ed Paul
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clerk
12b. KIND OF BUSINESS/INDUSTRY: Retail
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Warren
13c. CITY, TOWN, OR LOCATION: Morrison
13d. STREET AND NUMBER OR RURAL LOCATION: 205 Sherrell Road
13e. INSIDE CITY LIMITS? 1 Yes 2 [X] No
13f. ZIP CODE: 37357-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
15. RACE — American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Herman Couch Bradford
18. MOTHER'S NAME (First, Middle, Maiden Surname): Flora Odean Goodman
19a. INFORMANT'S NAME (Type/Print): Mr. Ben Ed Paul
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 205 Sherrell Road Morrison Tennessee 37357-
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Donation from date 4 Donation 5 Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other): Jackaboro Cemetary
20c. LOCATION — City or Town, State: Warren County Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Bonnie L. Gandy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3645
21c. SIGNATURE OF EMBALMER: ▶ Jeffrey Lynn Walden
21d. LICENSE NUMBER OF EMBALMER: 5858
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodfin Memorial Chapel P O Box 636, Murfreesboro, Tennessee 37133
22b. LICENSE NUMBER OF FUNERAL HOME: 179
23. REGISTRAR'S SIGNATURE: ▶ Donald D. Stanley, JR.
24. DATE FILED (Month, Day, Year): June 18, 2008
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Jeffrey Lynn Walden
25b. LICENSE NUMBER: 29591
25c. DATE SIGNED (Month, Day, Year): 6/16/8
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
PHYSICIAN OR MEDICAL EXAMINER SIGNING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Tiffany Hines 4220 Harding Place, Unit 3B, 3rd Floor, Nashville, TN 37205
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. cerebrovascular accident
DUE TO (OR AS A CONSEQUENCE OF): b. gastric cancer
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
Approximate Interval Between Onset and 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? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

FH-1638 (REV 6/98)
BIRTH NO.
RDA 1389

2737305

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

9/16/2008
Date Issued

CERTIFICATION OF VITAL RECORD

[redacted]

FILED
#3770-P
AUG 26 2019
10:55Am
MYRA D. MARA
Clerk & Master

**POUROVER WILL AND TESTATMENT**

**OF**

**BEN ED PAUL**

I, BEN ED PAUL, a resident and citizen of the State of Tennessee, being of sound and disposing mind and memory make this my Last Will and Testament, and revoke all my prior Wills and Codicils.

**ITEM I**

**FIDUCIARIES**

A. I appoint WANDA B. PAUL, as the Executrix of my Last Will and Testament. If she is unable or unwilling to serve, then I appoint BEN ED PAUL, JR., LISA ANN P. NELSON, and SUSAN RENEE PAUL as Co-Executors.

B. All fiduciaries may serve without an accounting or bond.

C. If ancillary probate or administration of this Will is necessary in another jurisdiction, the fiduciaries may appoint a co-fiduciary who is a resident of Tennessee. The non-resident fiduciary may appoint a qualified person or corporation co-fiduciary.

D. No fiduciary may receive any severance or termination fee.

## ITEM II

## DEBTS, COST OF ADMINISTRATION AND TAXES

My Executrix may pay all my just debts, funeral expenses and costs of administration out of my general estate. Taxes may be imposed with respect to property not received by my Executrix as part of my probate estate, and my fiduciaries may seek reimbursement for the taxes from the recipients of the property. My fiduciaries may pay from my domiciliary estate all or any portion of the cost of ancillary administration and similar proceedings in other jurisdictions.

## ITEM III

## PERSONAL EFFECTS

A. I give all of my personal effects, automobiles, club memberships, household furnishings, and jewelry to my spouse (WANDA B. PAUL)if she survives me. If she does not, I give the property in equal shares to my children, BEN ED PAUL, JR., LISA ANN P. NELSON, and SUSAN RENEE PAUL, in such manner as I may direct my Executrix to distribute said items. If I make no such direction, I give this property as part of my residuary estate.

B. My fiduciaries may sell all or any part of this property; in which event, the proceeds of the sale shall be distributed in accordance with my directions as set forth in this Item.

## ITEM IV

## BEQUESTS

A. All the rest, residue, and remainder of my property I give to THE BEN ED PAUL LIVING TRUST.

## ITEM V

## POWERS OF FIDUCIARIES

I give my Executrix under this Will all powers and authority described in the introductory paragraph and all numbered subparagraphs of Section 35-50-110 et. seq. of the Tennessee Code Annotated as it presently exists and as it may be amended from time to time. Wherever in this Will I indicate that my fiduciaries may act in a particular way or may act in one or more ways, I intend that they have discretion. I hope that in these circumstances my fiduciaries act in accordance with my intentions, however made known, but I impose no enforceable obligation on them. In exercising their discretion my fiduciaries are not liable for adverse consequences to one or more beneficiaries. My fiduciaries are liable only for their intentional breach of trust or their own negligence.

## ITEM VI

## MISCELLANEOUS

**Whenever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable, where appropriate, to all genders.**

**IN WITNESS WHEREOF, I have hereunto subscribed my name in LaVergne, Tennessee, this 2 day of Aug, 1996, ~~1995~~, to this my Last Will and Testament, and have also initialed each of the pages for identification.**

Ben Ed Paul

**BEN ED PAUL**

**The foregoing instrument consisting of this and four (4) preceding typewritten pages was signed, sealed, published and declared in our presence by BEN ED PAUL, the Testator, to be his Last Will and Testament, and we at his request and in his presence and sight and in the presence and sight of each other, have hereunto set our hands and seals as witnesses on this the 2 day of Aug 1996, ~~1995~~, at LaVergne, Tennessee.**

Delia Edwards

**ADDRESS:** 127 Brandon Tr
Smyrna, Tn 37167

Darlene Patterson

**ADDRESS:** 106 Wildwood Dr
Smyrna TN 37167

Ramona H. Bowen

**ADDRESS:** 430 Pebblebrook Dr.
Mt. Juliet, TN 37122

**AFFIDAVIT**

**STATE OF TENNESSEE**

**COUNTY OF RUTHERFORD**

D. Edwin Davenport, Adeline Smotherman, and Ramona N. Bowen, after being duly sworn according to law, depose and say;

That they are adult citizens of RUTHERFORD (and Wilson) County (Counties), and are acquainted with BEN ED PAUL, who executed the annexed Last Will and Testament dated the 02nd day of August, 1996, ~~1995,~~ on that date at LaVergne, Tennessee, by subscribing his name at the end thereof in the sight and presence of each of them;

That at the time of subscribing said Last Will and Testament, BEN ED PAUL, declared the instrument so subscribed by him to be his Last Will and Testament, and they thereupon signed their names as witnesses at the end of said instrument at his request and in his sight and presence, and in the sight and presence of each other; and

That BEN ED PAUL at the time of executing his Last Will and Testament, was over the age of eighteen (18) years, and in their opinion,

**was of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a Last Will and Testament.**

**This Affidavit was made at the request of BEN ED PAUL.**

**The annexed Last Will and Testament was examined by the undersigned witnesses at the time this Affidavit was made.**

**SWORN AND SUBSCRIBED before me this the 02nd day of August, ~~1995.~~ 1996**

Regenia L. Moore
**Notary Public**



**My Commission Expires:** 8-14-98.

**This document prepared by:**

**T. EDWARD SETTLES, ESQ.**
**2014 Broadway, Suite 350**
**Nashville, TN 37203**
**(615) 327-1041**