This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2550
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

NEW OWNERS:

Dennis Lawrence Butler
3750 Baxter Road
Joelton, TN 37080

Wendell Tracey Butler
6350 Eatons Creek Road
Joelton, TN 37080

Map & Parcel No: 02200013600

SEND TAX NOTICE TO:

Dennis Lawrence Butler and
Wendell Tracey Butler
3750 Baxter Road
Joelton, TN 37080

Karen Johnson Davidson County
Batch# 466690 AFFIDAVITH
08/31/2020 10:34:10 AM 15 pgs
Fees: $77.00 Taxes: $0.00
20200831-0098390

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Jerry Eugene Gregory, being first duly sworn according to law, and being of lawful age and residing for the past 60 or more years in and around Davidson Counties, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of his own free will and based upon his personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Dollie Ruth Butler died testate on May 3, 2020.

2. The decedent died without a surviving spouse. The decedent was married to James Young Butler, who died July 13, 2008, as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The decedent died leaving two adult children: Dennis Lawrence Butler and Wendell Tracey Butler. The decedent never gave birth or adopted any other child or children.

4. At the time of her death, the decedent owned improved property described as follows to wit:

SEE EXHIBIT "C"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being the property conveyed to James Y. Butler and wife, Dollie Butler, by deed from E.T. Greer, Sr., a widower, of record in Book 4520, Page 476, Register's Office for Davidson County, Tennessee. James Y. Butler A/K/A James Young Butler died July 13, 2008, and Dollie Butler A/K/A Dollie Ruth Butler having died May 3, 2020, testate and the Estate of Dollie Ruth Butler, deceased, probated under Probate File 20P1231, Probate Court Clerk's Office for Davidson County, Tennessee.

This is improved property known as 6350 Eatons Creek Road, Joelton, Davidson County, Tennessee 37080.

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 4520, Page 476, Register's Office for Davidson County, Tennessee.

5. Dennis Lawrence Butler received fifty percent (50%) interest, and Wendell Tracey Butler received fifty percent (50%) in the real estate described above by virtue of being the recipients of said property under the Last Will and Testament of Dollie Ruth Butler, deceased. A certified copy of the Last Will and Testament of Dollie Ruth Butler is attached as Exhibit "D".

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "E", the decedent never received any long term aid from the Bureau of Tenncare.

7. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

8. This Affidavit will confirm the vesting of title to the real property located at 6350 Eatons Creek Road, Joelton, Davidson County, Tennessee, after the death of Dollie Ruth Butler, in Dennis Lawrence Butler and Wendell Tracey Butler, equally, beneficiaries under the Last Will and Testament of Dollie Ruth Butler.

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to the beneficiaries.

Further, Affiant saith not.

Dated this 28th day of August, 2020.

Jerry Eugene Gregory
JERRY EUGENE GREGORY, AFFIANT

SWORN TO AND SUBSCRIBED before me on this the 28th day of August, 2020.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

Jerry Eugene Gregory
JERRY EUGENE GREGORY, AFFIANT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Jerry Eugene Gregory, the within named person, 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 presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his 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 28th day of August, 2020.

Howard M. Skipworth
NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

NOTE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
Joelton, TN 37080

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 026392

1. Decedent's Legal Name: DOLLIE RUTH BUTLER			2. Sex: FEMALE	3. Date of Death: 05/03/2020
4. Time of Death (Approx.): 12:15 PM	5a. Age: 87	6. Date of Birth: 07/30/1932	7. Birthplace: ASHLAND CITY, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: SAINT THOMAS MIDTOWN HOSPITAL		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: DESIGNER		11b. Kind of Business/Industry: FLORAL INDUSTRY
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: JOELTON
13d. Street and Number: 6350 EATONS CREEK ROAD		13e. Inside City Limits?: YES	13f. Zip Code: 37080	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		
18. Father's Name: JOHN EVERETT SIMPSON		19. Mother's Name Prior to First Marriage: LAURA TALLEY		
20a. Informant's Name: DENNIS BUTLER	20b. Relationship to Decedent: SON	20c. Mailing Address: 3750 BAXTER ROAD, JOELTON, TN 37080		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: /e/ BOBBY WAYNE COOK	22b. License Number: 6870	22c. Signature of Embalmer: /e/ Robert Gregory Degnan		22d. License Number: 6919
23a. Name and Address of Funeral Home: ANDERSON AND GARRETT FUNERAL HOME, 3501 OLD CLARKSVILLE PIKE, JOELTON, TN 37080-8892				23b. License Number: 193
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 05/07/2020		

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	27b. License Number	27c. Date Signed
/e/ JACK COGGESHALL	014723	05/07/2020

27d. Name and Address: JACK COGGESHALL, 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236

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. PNEUMONIA	
	b. PARKINSONS	
	c.	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	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

TN-1659 (Rev. 8/2017) RDA 10112

12234289

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

1 2 2 3 4 2 8 9

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissio[redacted]

Issued: May-11-2020

CERTIFICATION OF [redacted]

COPYRIGHT CAPTUREVISION INFORMED PROTECTION

STATE OF TENNESSEE
Office of Vital Records

0004407

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): James Young Butler
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 13, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan.27,1930
7. BIRTHPLACE (City and State or Foreign Country): Hampton Station, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
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): Dollie Ruth Simpson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Architect
12b. KIND OF BUSINESS/INDUSTRY: Printing
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 6350 Eatons Creek Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or institution
17. FATHER'S NAME (First, Middle, Last): L. W. Butler
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ora Sensing
19a. INFORMANT'S NAME (Type/Print): Dollie Butler
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6350 Eatons Creek Rd., Joelton, TN 37080
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193
23. REGISTRAR'S SIGNATURE: Linda R. Bowers, RR
24. DATE FILED (Month, Day, Year): August 4, 2008
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Kurt Eichholz MD
25b. LICENSE NUMBER: 41424
25c. DATE SIGNED (Month, Day, Year): 7/28/08
26a. 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 as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Kurt Eichholz, M.D., 1500 21st Ave. South, Suite 1506, Nashville, TN 37212
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. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Subarachnoid Hemorrhage
DUE TO (OR AS A CONSEQUENCE OF):
SEE INSTRUCTIONS ON OTHER SIDE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. 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.
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 [ ] 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)

PH-1659 (REV. 6/89)
BIRTH NO
RDA 1369

733362

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.

8/18/2008

Sharon M. Leinbach
STATE REGISTRAR

[redacted]

CERTIFICATION OF VITAL RE

EXHIBIT "C"

Land in the 14th Civil District of Davidson County, Tennessee, described according to a survey dated June 10, 1971, made by Ralph W.C. Lambert, Surveyor, as follows:

BEGINNING at an iron spike in the center of Eatons Creek Road, which is located 1,060.3 feet from Old Clarksville Highway and a corner to Waller; thence leaving said road with Waller, South 55 deg. 05' East 184 feet to a point; thence North 33 deg. 35' East 16 feet to a point; thence south 76 deg. East 59 feet to a point; thence South 15 deg. 30' West 75 feet to a point in Winters' line; thence with said Winters, South 88 deg. East 817 feet to a point; thence North 1 deg. 30' East 612 feet to a point in Franklin's line; thence with said Franklin, North 60 deg. West 365.9 feet to a point, the corner of remaining lands of E. T. Greer, Sr.; thence with said Greer, South 27 deg. 30' West 210 feet and North 61 deg. 45'West 320 feet to the center of said Eatons Creek Road; thence with the center of said road, South 23 deg. 45' West 72 feet, South 30 deg. 22' West 125 feet and South 26 deg. West 421 feet to the beginning, containing 12.5 acres, more or less.

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **LAST WILL AND TESTAMENT** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **20P1231.**

ESTATE OF DOLLIE RUTH BUTLER

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 13th day of August in the year Two Thousand and twenty.

RICHARD R. ROOKER CIRCUIT COURT CLERK

RICHARD R. ROOKER, Clerk

By: _____
Deputy Clerk



Copy EFILED 08/13/20 10:21 AM CASE NO. 20P1231 Richard R. Rooker, Clerk

20P1231

FILED
AUG 13 2020
RICHARD R. ROOKER, CLERK
DAVIDSON COUNTY

LAST WILL AND TESTAMENT

OF

DOLLIE RUTH BUTLER

I, **DOLLIE RUTH BUTLER**, of 6350 Eatons Creek Road, Joelton, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1
PROVISIONS RELATIVE TO FIDUCIARIES

1.1 Definition. The term "fiduciaries" means the executor, executrix, trustee, or guardian serving at any time under my will and includes successors.

1.2 Bond. No bond is required of any fiduciary appointed under this will or by a court.

1.3 Waiver of Inventory and Appraisals. I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.

1.4 Resignation. The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.

Copy EFILED 08/13/20 10:21 AM CASE NO. 20P1231 Richard R. Rooker, Clerk

ARTICLE 2
DEFINITIONS

2.1 My Spouse. My beloved husband, **JAMES YOUNG BUTLER**, predeceased the making of this my Last Will and Testament on July 8, 2009.

2.2 **My Children**. My children are **DENNIS LAWRENCE BUTLER**, born February 10, 1958 and **WENDELL TRACEY BUTLER**, born May 30, 1966. All reference in this Will to children or issue shall mean these children and their issue.

2.3 **Singular and Masculine Usage**. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 3
FIDUCIARIES

3.1 **Executors**. I appoint my son, **DENNIS LAWRENCE BUTLER**, as executor of my will. If **DENNIS LAWRENCE BUTLER** ceases to qualify or fails to serve, then my son, **WENDELL TRACEY BUTLER**, shall act alone as my executor.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 **Debts, Funeral and Administration Expenses**. My executor is to pay all burial expenses, the expenses of my last illness, and the administration expenses of my estate.

4.2 **Income Tax Treatment of Administration Expenses**. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating

Copy EFILED 08/13/20 10:21 AM CASE NO. 20P1231 Richard R. Rooker, Clerk

adjustments between the income and principal are to be made because of such decision.

4.3 Taxes.

(a). Defined. The terms "taxes" means any transfer tax assessed because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). Payment. My executor is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executor is to pay the taxes from my Remainder Estate.

ARTICLE 5
DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

5.1 I give, devise and bequeath all my household effects, such as furniture, furnishings, works of art, china, and silverware, to my children, share and share alike.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 I direct that all real property owned by me at the time of my death shall be divided equally between my children, share and share alike.

ARTICLE 7
DEALING WITH FIDUCIARIES

7.1 Dealing with Executor. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part of the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered, or loaned to the executor.

Copy EFILED 08/13/20 10:21 AM CASE NO. 20P1231 Richard R. Rooker, Clerk

7.2 Income During Administration. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same person, and in the same proportions, as might be made if the administration were completed.

7.3 Power to Disclaim. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.

7.4 Joint Accounts. If any of my accounts are joint accounts with right of survivorship, it is my intention that these joint accounts pass to the surviving joint owner at my death.

7.5 Indemnity of Fiduciary. I want my fiduciary to exercise its discretion without fear of incurring a liability or expense. Therefore, unless it acts capriciously or arbitrarily, my estate must indemnify the fiduciary for each monetary expense (including attorney fees) which it incurs or expends, or which arises from the exercise of discretion.

ARTICLE 8
RESIDUARY ESTATE

8.1 All the rest, residue and remainder of my estate, real, personal and mixed, of every nature and wheresoever situated, including lapsed legacies and devises, remainders, reversions, expectancies, income collected during the period of

Copy EFILED 08/13/20 10:21 AM CASE NO. 20P1231 Richard R. Rooker, Clerk

administration of my estate and all property of which I have power of testamentary dispositions, I give, devise and bequeath to my beloved children, share and share alike.

ARTICLE 9

Should any beneficiary under this will, in any manner, directly or indirectly attack or contest this will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

ARTICLE 10
SIGNATURE

This will consists of five (5) pages (each of which I have signed or initialed) covering Articles 1 through 10 inclusive. I now sign this as my Will on this the 3rd day of December, 2009, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have set my hand this 3rd day of December, 2009.

Dollie Ruth Butler

DOLLIE RUTH BUTLER

Copy EFILED 08/13/20 10:21 AM CASE NO. 20P1231 Richard R. Rooker, Clerk

SIGNED, DECLARED and PUBLISHED by the said **DOLLIE RUTH BUTLER**, as and for her last Will, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date written.

NAME	**ADDRESS**
Howard M. Hepworth	P. O. Box 489 Joelton, Tn 37080
Jerry E. Gregory	3897 CANTARUTTI RD JOELTON, TN. 37080

Copy EFILED 08/13/20 10:21 AM CASE NO. 20P1231 Richard R. Rooker, Clerk

AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence **DOLLIE RUTH BUTLER**, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testatrix's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testatrix's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.

Howard M. Hepworth
WITNESS

P. O. Box 489
Joelton, Tn 37080
ADDRESS

Jerry E. Gregory
WITNESS

3897 CAHTARUTI RD
JOELTON, TN. 37080

Subscribed and sworn to before me
this 3rd day of December, 2009

NOTARY PUBLIC

My Commission Expires: _____

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

7/29/2020

HOWARD SKIPWORTH
LEGAL COUNSEL
PO BOX 489
JOELTON, TN 37080

RE: DOLLIE BUTLER
Last Four Of SSN 0654

Dear HOWARD SKIPWORTH:

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,

Angela J. Howard

