This instrument prepared by:
WATKINS & McNEILLY, PLLC
Katlin A. Ryan, Esq.
214 Second Ave. North, Suite 300
Nashville, TN 37201-1638

Karen Johnson Davidson County
Batch# 569503 AFFIDAVITH
02/05/2021 01:04:30 PM 9 pgs
Fees: $47.00 Taxes: $0.00
20210205-0017072

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, ANNE LACY, being of legal age and first duly sworn, do hereby make oath pursuant to Tenn. Code Annotated § 30-2-712 to determine the persons legally entitled to inherit the interest of DRURY BROOKS LACY in the real property located at 835 N Curtiswood Lane, Nashville, TN 37204 and to determine the shares in the real property inherited.

1. I am at least eighteen (18) years of age and reside at the following address: 5120 Meta Court, Nashville, TN 37211.

2. I am Drury Brooks Lacy's sister, was personally acquainted with him for many years and have personal knowledge of his family.

3. At the time of his death, Drury Brooks Lacy was a resident of Tennessee, residing at 1035 Wamba Drive, Ashland City, Cheatham County, Tennessee 37015.

4. At his date of death, Drury Brooks Lacy held title to an interest in the certain real estate in Davidson County, Tennessee, described as follows:

> Land in Davidson County, Tennessee, being Lot No. 4 on the Plan of GIDEON P. WADE HOME PLACE, of record in Book 2330, page 160, Register's Office for said county, described as follows:
>
> Being at a point in the southerly margin of Curtiswood Lane at the northwest corner of this lot and the northeast corner of Lot No. 1 of said Wade's Subdivision, of record in Book 2330, page 13; thence along the line of Lots No. 1 and 2 of said Subdivision as follows: South 11° 19' West 435.7 feet; South 0° 30' West 276.94 feet to the north line of Lot No. 3 of said Subdivision; thence with the line of the same, North 81° 41' East 189.9 feet to a corner of Lot No. 5 on the Plan of record in Book 2330, page 160; thence with the line between Lots No. 4 and 5, Northerly 590 feet to the southerly margin of Curtiswood Lane; thence with the margin of the same, as follows: North 370° 04' West 27 feet to the beginning of a curve; thence around said curve, northwesterly 97.9 feet; thence North 760 39' West 74 feet to the point of beginning, containing 3.22 acres, more or less.
>
> Being the same property described in Deed of record in Book 10665, page 324, Register of Deeds, Davidson County, Tennessee.

5. Drury Brooks Lacy died intestate on July 18, 2008 without issue. He never adopted any other child or children. He was survived by his wife, Janice D. Lacy. His estate was not administered.

6. The death certificate of Drury Brooks Lacy is attached hereto as Exhibit "A".

7. The Tennessee Inheritance Tax Release is attached hereto as Exhibit "B".

8. The release from Tennessee TennCare is attached hereto as Exhibit "C".

9. I understand that this Affidavit has been executed, as an Affidavit of Heirship, pursuant to the provisions of Tennessee Code Annotated § 30-2-712, in order to confirm the vesting of title to the real property located at 835 N Curtiswood Lane, Nashville, TN 37204.

Further, Affiant saith not.

Witness my hand this 4th day of February, 2021.

ANNE LACY

Sworn to and subscribed to before me, Notary Public in and for said County and State, by ANNE LACY, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence).

Witness my hand and official seal this 4th day of February, 2021.

Notary Public
My commission expires: 7/9/2024

QUINDAL EVANS SEGALL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

EXHIBIT A

Death Certificate

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK IF INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Drury Brooks Lacy
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 18, 2008
4. SOCIAL SECURITY NUMBER: -4252
5a. AGE-LAST BIRTHDAY (Years): 52
5b. UNDER 1 YEAR (MOS. / DAYS): 5c. UNDER 1 DAY (HOURS / MIN.):
6. DATE OF BIRTH (Month, Day, Year): Oct 24, 1955
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?: 1 Yes 2 [X] No
9a. PLACE OF DEATH: HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; DTH: 4 Nursing Home; [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1035 Wamba Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Ashland City
9d. COUNTY OF DEATH: Cheatham
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Janice Marie Donald
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Research Assistant
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Cheatham
13c. CITY, TOWN, OR LOCATION: Ashland City
13d. STREET AND NUMBER OR RURAL LOCATION: 1035 Wamba Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS?: 1 Yes 2 [X] No
13f. ZIP CODE: 37015
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes 0 [X] No. Specify if yes:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Completed at Col.: 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): William White Lacy
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nancy Elizabeth Brook

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Janice Marie Lacy
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1035 Wamba Drive Ashland City, TN 37015

DISPOSITION

20a. METHOD OF DISPOSITION: [X] 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Hill Cemetery
20c. LOCATION - City or Town, State: Ashland City, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: F Eugene Boyd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4434
21c. SIGNATURE OF EMBALMER: Jim Boyd
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Boyd Funeral Home, 101 Elizabeth Street Ashland City, Tennessee 37015
22b. LICENSE NUMBER OF FUNERAL HOME: 891

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha Dennett LR
24. DATE FILED (Month, Day, Year): July 24, 2008

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner(s) as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner(s) as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: James Baldwin MD
26b. LICENSE NUMBER: TN 5832
26c. DATE SIGNED (Month, Day, Year): 7-24-08
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. James Baldwin 313 North Main Street Ashland City, TN 37015

ITEMS 28A OR MEDICAL EXAMINER'S CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

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. ASHD
Due to (or as a Consequence of):
Sequentially list conditions, if any, leading to the 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: [X] 1 Natural 5 Pending Investigation; 2 Accident; 3 Suicide 6 Could Not be Determined; 4 Homicide
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):

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

Marsha Dennett
Local Registrar
Cheatham County Health Department

JUL 24 2008
Date Issued

CERTIFICATION OF VITAL RECORD

202102050017072

Exhibit B

Tennessee Inheritance Tax Release

STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter

December 15, 2020

Estate of LACY, DRURY B
KATLIN A RYAN
214 2ND AVE N
NASHVILLE, 37201-1638

Letter ID:	L0485508224
Account ID:	1001781460-INH
Account Type:	Inheritance Tax
Filing Period:	July 18, 2008

Dear Taxpayer Representative:

This letter is to confirm that the above-referenced estate has filed a sworn return for inheritance tax with the Department of Revenue. This is not a bill for tax due. The Inheritance Tax Closing Certificate for this estate is attached below. **Please retain a copy of this letter for your records.**

Tennessee Department of Revenue

Inheritance Tax Closing Certificate

December 15, 2020

Estate of LACY, DRURY B
KATLIN A RYAN
214 2ND AVE N
NASHVILLE, 37201-1638

Account ID:	1001781460-INH
Account Type:	Inheritance Tax
Date of Death:	July 18, 2008
County:	DAVIDSON
SSN:	***-**-4252

This estate has filed a sworn return for inheritance tax with the Department of Revenue. As provided by Tenn. Code Ann. § 67-8-420, this certificate authorizes the court of the county in which this estate was administered to permit a final settlement or accounting by the estate representative. The estate, as denoted in this closing certificate, has paid the following tax liability to the State of Tennessee. **This is not a bill:**

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

Audit Division • 500 Deaderick Street Nashville TN 37242-0001
Tel (615) 741-8517 • Fax (615) 253-7864 • www.tn.gov/revenue

rL0288

Exhibit C

TennCare Release

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

December 7, 2020

katlin@watkinsmcneilly.com

Katlin A. Ryan
214 2nd Ave N., Ste 300
Nashville, TN 37201

RE: Lacy, Drury Brooks Date of Death: 7/18/2008 SSN: xxx-xx-4252
Our File Number: 16395

Katlin A. Ryan:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document only releases TennCare's claim against the Decedent's probate estate. It does not release any trust, assets held in trust, or trustees. If you need a release for a trust, you must contact TennCare Legal at 844-629-0941 or estate.recovery@tn.gov.

Sincerely,

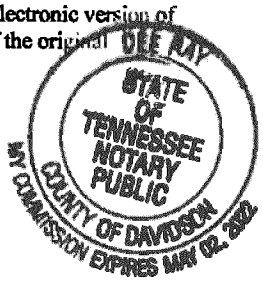
TennCare RFR Processing Unit

No Ben 2020-1

Certificate of Authenticity

I, the undersigned, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Quin Evans Segall



State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned, a Notary Public for this county and state, Quin Evans Segall who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

My Commission Expires: 5/2/22

Notary Public