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 7 pgs
Fees: $37.00 Taxes: $0.00
20210205-0017073

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 JULIA LACY MITCHELL 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 Julia Lacy Mitchell's sister, was personally acquainted with her for many years and have personal knowledge of her family.

3. At the time of her death, Julia Lacy Mitchell was a resident of a Louisville, Blount County, Tennessee.

4. At the date of her death, Julia Lacy Mitchell 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. Julia Lacy Mitchell died intestate on October 18, 2016 survived by her children, Emma Mitchell and Evan Mitchell, and her husband Robert Mitchell, Jr. Her estate was not administered.

6. The release from Tennessee TennCare is attached hereto as Exhibit "A".

7. Julia Lacy Mitchell's death certificate is attached hereto as Exhibit "B."

8. 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

QUINCAL EVANS SEGALL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON

Exhibit A

Death Certificate

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Julia Elizabeth Mitchell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 18, 2016
4. TIME OF DEATH (Expired): 7:15 PM
5a. AGE-Last Birthday (Years): 58
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 8, 1958
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
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): 109 Cumberland Way
8c. CITY OR TOWN: Louisville
8d. COUNTY OF DEATH: Blount

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Robert R. Mitchell, Jr.
11a. DECEDENT'S USUAL OCCUPATION: Assessor
11b. KIND OF BUSINESS/INDUSTRY: Food Assistance
12. SOCIAL SECURITY NUMBER: -5953
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Blount
13c. CITY OR TOWN: Louisville
13d. STREET AND NUMBER: 109 Cumberland Way
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37777
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): William White Lacy
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nancy Brooks

DISPOSITION

20a. INFORMANT'S NAME: Robert R. Mitchell, Jr.
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 109 Cumberland Way Louisville, TN 37777
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): East TN Cremation Company
21c. LOCATION - City or Town and State: Maryville, TN 37804
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 4085
22c. SIGNATURE OF EMBALMER: None
22d. LICENSE NUMBER
22e. NAME AND ADDRESS OF FUNERAL HOME: McCammon-Ammons-Click Funeral Home Inc., 220 West Broadway Ave., Maryville, Tennessee 37801-4708
22f. LICENSE NUMBER OF FUNERAL HOME: 658

REGISTRATION

24. REGISTRAR'S SIGNATURE: Selena Norton-LR.
25. DATE FILED (Month, Day, Year): October 27, 2016

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.
27a. SIGNATURE OF CERTIFIER: [signature]
27b. LICENSE NUMBER: 34077
27c. DATE SIGNED (Month, Day, Year): 10-24-16
27d. NAME AND ADDRESS: Dr. Cynthia Pearman, 2270 Sutherland Avenue, Suite 101 Knoxville, TN 37909

MEDICAL CERTIFICATION

29. 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. acute on chronic hepatic encephalopathy
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
b. cholelithiasis
Due to (or as a consequence of)
c. Chronic ETOH abuse
Due to (or as a consequence of)
d. _____
Due to (or as a consequence of)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
COPD

30a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
30b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

32. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
33. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown
34. 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 last year
35. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. PLACE OF INJURY - (e.g., home, farm, street, factory, office building, etc.) (Specify)
36e. DESCRIBE HOW INJURY OCCURRED
36f. LOCATION OF INJURY (Street and Number, City or Town, State)

FH-1659 (Rev. 10/2011) RDA 1399

08860763

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.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 8 6 0 7 6 3

Date Issued: OCT 27 2016

CERTIFICATION OF VITAL RECORD

Exhibit B

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

January 19, 2021

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

RE: Mitchell, Julia Elizabeth Date of Death: 10/18/2016 SSN: xxx-xx-5953
Our File Number: 20146

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 or payoff for a trust, please send a copy of the Decedent's death certificate to estate.recovery@tn.gov.

Sincerely,

TennCare RFR Processing Unit

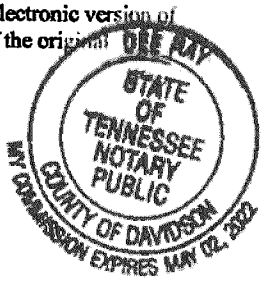
Cc: katlin@watkinsmcneilly.com

202102050017073

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