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
20210205-0017074

**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 ROBERT 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 Robert 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, Robert Lacy was a resident of Tennessee, residing at 835 N Curtiswood Lane, Nashville, TN 37204.

4. At his date of death, Robert 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. Robert Lacy died intestate on January 17, 2020 without issue. He never adopted any children. He was never married. Robert Lacy's heirs at law are his sister Anne Lacy, his brother William W. Lacy, Jr. and the children of his deceased sister, Julia Mitchell, namely Emma Mitchell and Evan Mitchell.

6. Robert Lacy's estate was not administered. A Small Estate Affidavit was filed in the Seventh Circuit Court of Davidson County, Tennessee, Probate Division, Docket No. 20P-445.

7. The death certificate of Robert Lacy is attached hereto as Exhibit "A".

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

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

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

STATE OF TENNESSEE NOTARY PUBLIC

EXHIBIT A

Death Certificate

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH** STATE FILE NUMBER 2020 002689

| | | | | |
|---|---|---|---|---|
| 1. Decedent's Legal Name: ROBERT STERLING LACY | | | 2. Sex: MALE | 3. Date of Death: 01/17/2020 |
| 4. Time of Death (Appox.): 10:26 AM | 5a. Age: 60 | 6. Date of Birth: 04/24/1959 | 7. Birthplace: NASHVILLE, 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: NEVER MARRIED | 10. Surviving Spouse (name prior to last marriage) | 11a. Decedent's Usual Occupation: ELECTRONICS TECHNICIAN | | 11b. Kind of Business/Industry: ELECTRONIC REPAIR |
| 12. Social Security Number: [illegible]-1016 | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | | 13c. City or Town: NASHVILLE |
| 13d. Street and Number: 835 NORTH CURTISWOOD LANE | | 13e. Inside City Limits? YES | 13f. Zip Code: 37204 | 14. Was Decedent ever in US Armed Forces? NO |
| 15. Decedent's Education: ASSOCIATE DEGREE | 16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO | | 17. Decedent's Race: WHITE | |
| 18. Father's Name: WILLIAM W LACY SR | | 19. Mother's Name Prior to First Marriage: NANCY BROOKS | | |
| 20a. Informant's Name: ANNE LACY | 20b. Relationship to Decedent: SISTER | 20c. Mailing Address: 5120 META COURT, NASHVILLE, TN 37211 | | |
| 21a. Method of Disposition: CREMATION | 21b. Place of Disposition: MUSIC CITY MORTUARY | | 21c. Location: NASHVILLE, TN | |
| 22a. Signature of Funeral Director: /s/ SAMUEL BREWER | 22b. License Number: 16278 | 22c. Signature of Embalmer: | 22d. License Number | |
| 23a. Name and Address of Funeral Home: SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216 | | | 23b. License Number: 1046 | |
| 24. Registrar's Signature: /s/ EDWARD G BISHOP III | | 25. Date Filed: 01/20/2020 | | |

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: /s/ DEBRA HUTJENS | 27b. License Number: 046547 | 27c. Date Signed: 01/19/2020 |

27d. Name and Address: DEBRA HUTJENS 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37027

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. ACUTE ISCHEMIC STROKE | |
| | b. E COLI SEPSIS | |
| | c. E.COLI URINARY TRACT INFECTION | |
| | d. CAROTID STENOSIS | |

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CHRONIC ATRIAL FIBRILLATION

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? UNKNOWN | 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 |

TN-VSU-1 (Rev. 8/2017) HCSA 10112

11765261

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 1 7 6 5 2 6 1

Date Issued: Jan-21-2020

CERTIFICATION OF VITAL RECORD

202102050017074

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

December 7, 2020

katlin@watkinsmcneilly.com

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

RE: Lacy, Robert Sterling Date of Death: 1/17/2020 SSN: xxx-xx-1018
Our File Number: 16404

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,

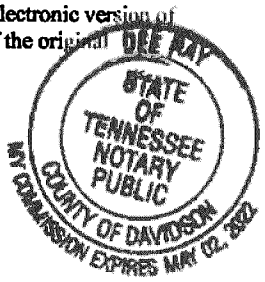
TennCare RFR Processing Unit

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