AFFIDAVIT OF INHERITANCE - REAL PROPERTY

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Goldie L. Herbold 1157 Antioch Pike Nashville, TN 37211	same	134 05 0 018.00

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# 595617 **AFFIDAVITH**
03/19/2021 11:31:13 AM 7 pgs
Fees: $37.00 Taxes: $0.00
20210319-0036652

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

LEROY H. HERBOLD, a resident of Davidson County, State of Tennessee, who died January 12, 2021, 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:

> Being Lot No. 16 on the Plan of Flora Valley, as of record in Book 2900, page 87, Register's Office for said County.
>
> Said Lot No. 16 fronts 83.0 feet on the southerly side of Antioch Pike and extends back 238.8 feet on the westerly line and 233.5 feet on the easterly line, to a line in the rear on which it measures 83 feet.
>
> This is improved property known as 1153 Antioch Pike, Nashville, Tennessee 37211.

THE PREVIOUS AND LAST conveyance by Warranty Deed to Leroy H. Herbold, from Fay Raymond Cornwell and wife, Zelma Jean Cornwell, of record in Book 6307, page 543, Register's Office for Davidson County, Tennessee.

The Last Will and Testament of Leroy H. Herbold, dated September 30, 1999, is attached as Exhibit B. The beneficiary of the estate is as follows: One Hundred Percent (100%) interest in the real estate described above vested in GOLDIE L. HERBOLD.

Bureau of TennCare release from estate recovery are attached as Exhibit C.

This the 9 day of March, 2021.

Goldie L. Herbold

GOLDIE L. HERBOLD, Affiant
1157 Antioch Pike
Nashville, TN 37211

Subscribed and sworn to before me this
the 2 day of March, 2021.

Elizabeth L. Adams

Notary Public

My Commission Expires: Mar 19 2023

ELIZABETH L. ADAMS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 004280

1. Decedent's Legal Name			2. Sex	3. Date of Death
LEROY HERBOLD			MALE	01/12/2021
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
10:30 PM	90	10/20/1930	SEGUIN, TX	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
SAINT THOMAS WEST HOSPITAL		NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
MARRIED	GOLDIE GERDES	MANAGEMENT		BUILDING MATERIAL
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
[redacted]	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**		**14. Was Decedent ever in US Armed Forces?**
1157 ANTIOCH PK	YES	37211		YES
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
ASSOCIATE DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
HENRY FRED HERBOLD		HEDWIG GRINER		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
GOLDIE HERBOLD	SPOUSE	1157 ANTIOCH PK, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ LORI GREGORY	5730	▶		
23a. Name and Address of Funeral Home				**23b. License Number**
NEPTUNE SOCIETY, 1187 OLD HICKORY BLVD STE 100, BRENTWOOD, TN 37027-4240				1246
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/21/2021		

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/ WALLY FOLAD	50944	01/20/2021

27d. Name and Address: WALLY FOLAD 4321 CAROTHERS PARKWAY, FRANKLIN, TN 37067

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. CARDIAC ARREST	
	b. INFECTION	
	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	UNKNOWN	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-1659E RDA 10112

12695342

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 6 9 5 3 4 2

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Jan-22-2021

CERTIFICATION OF VITAL RECORD



LAST WILL AND TESTAMENT

OF

LEROY H. HERBOLD

****

I, **Leroy H. Herbold,** a citizen and resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this as and for my Last Will and Testament, hereby revoking all prior wills or codicils to wills heretofore made by me. This Last Will and Testament consists of Three (3) pages each of which I have signed at the bottom of each page.

ITEM ONE

I hereby direct that as soon after my death as possible, my Executrix/Executor to pay all of my matured debts, funeral expenses, expenses of my last illness, administration expenses and all estate, transfer, inheritance or succession tax or taxes which shall be imposed upon or assessed against my estate, and I direct that all of the same shall be a general charge against my estate.

ITEM TWO

I hereby name, nominate and appoint my wife, **Goldie L. Herbold,** as Executrix of this my Last Will and Testament and direct that she be permitted to serve without the posting of any surety bond. If my wife should for any reason fail to qualify or cease to serve as Executrix, hereunder, then and in that event, I hereby name, nominate and appoint my son **Duane L. Herbold** as the sole Executor to my estate to serve without posting of any surety bond.

ITEM THREE

My entire estate being all property wherever situated, both real, personal and mixed of every kind and character, in which I may have any interest at the time of my death, I hereby give, devise and bequeath to my wife, **Goldie L. Herbold**, if she survives me more that thirty (30) days. Said property is to be given outright and in fee simple free of any trust or restrictions.

ITEM FOUR

In the event my wife predeceases me, or we die simultaneously as the result of a common disaster, or so closely thereto that my Executor cannot

Leroy H Herbold

determine with any degree of accuracy which of us died first, or she dies within thirty (30) days or less of my death, then I hereby give, devise and bequeath all of my estate, being all property, wherever situated, both real, personal and mixed of every kind and character as follows:

1. To my Daughter, **Lori Ann Aydelott**, the portion of the real property I own located at 503 Westcrest Drive and 1157 Antioch Pike.
2. To my Son, **Duane L. Herbold**, the portion of the real property I own located at 1153 A and B Antioch Pike and 1155 Antioch Pike.

.I direct that a receipt to my Executor signed by **Lori Ann Aydelott and Duane L. Herbold** shall operate as a full and complete discharge of my Executor relative to any bequest or devise so delivered.

ITEM FIVE

The rest residue and remainder of my estate, being all property both real, personal and mixed of every type and kind, wherever located or situated, I give devise and bequeath to my Daughter **Lori Ann Aydelott** and my Son **Duane L. Herbold** in equal shares share and share alike upon whatever terms and conditions upon which they may agree. If they cannot agree upon the disposition of any or all items in my residuary estate it is to be sold at auction to the highest and best bidder and the proceeds divided equally between them after the payment of all expenses associated with the sale of the item or items.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 30TH day of SEPTEMBER, 1999 and do hereby publish and declare this as and for my Last Will And Testament at Nashville, Tennessee.

Leroy H. Herbold
TESTATOR

ATTESTATION CLAUSE

Signed, sealed, published and declared as and for his **Last Will and Testament** by the **Testator, Leroy H. Herbold,** in the presence of us, the undersigned, who at his request and in his sight and presence, and in the sight

Leroy H Herbold

and presence of each other, have subscribed our names as attesting witnesses on this the 30TH day of SEPTEMBER, 1999.

Larry D. Cantrell

John E. Herbison

AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, the undersigned, being first duly sworn, make oath that **Leroy H. Herbold,** on this day and date above written, declared and signified to us that this instrument is his **Last Will and Testament;** that he then signed said instrument in our sight and presence; that we, at his request and in his sight and presence, and in the sight and presence of each other, then subscribed our names hereto as attesting witnesses; that at the time of execution the Testator was more than eighteen (18) years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned each being more that eighteen (18) years of age, make and sign this Affidavit at the Testator's request on the day and date above written.

Larry D. Cantrell

John E. Herbison

Sworn to and subscribed before me on this the 30TH day of SEPTEMBER, 1999.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 3/24/01

Leroy H Herbold

TN Division of TennCare

[redacted]

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

February 11, 2021

Elizabeth L. Adams
7100 Hardwood Lane
College Grove, TN 37046

RE: Herbold, Leroy Date of Death: 1/12/2021 SSN: xxx-xx-6788
Our File Number: 22440

Elizabeth L. Adams:

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: eadams@adamslaw-tn.com