Karen Johnson Davidson County
Batch# 649930 AFFIDAVITH
06/04/2021 12:04:30 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20210604-0075198

PREPARED BY:

Mark H. Westlake, Esq.
Gullett Sanford
Robinson & Martin PLLC
150 Third Avenue South, Ste. 1700
Nashville, TN 37201
615.244.4994

# AFFIDAVIT

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

Comes the affiant, Arnold Myint, being first duly sworn according to law and being of lawful age and a resident of Davidson County, Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. This affidavit is given for general purposes, and specifically to confirm the vesting of title in real property commonly known as known as 2301 Belmont Blvd, Nashville, TN 37212 (the "Property") described more fully in described in Exhibit A.

2. I have been personally acquainted with Win Myint ("Decedent") and Arnold Myint, and I am familiar with Decedent and the other aforementioned individual's family histories.

3. Decedent died on November 4, 2019, a resident of Davidson County, Tennessee. The Decedent's death certificate is attached as Exhibit B to this Affidavit.

4. Upon Decedent's death, Arnold Myint is the sole owner of the Property by rights of survivorship.

5. The Tennessee Bureau of TennCare has released any interest in recovery from the Decedent estate. The TennCare Release is included as Exhibit C to this Affidavit.

I swear that the above information is true and correct to the best of my knowledge, information, and belief.

Further, affiant saith not.

Dated this day, 5/24, 2021.

Arnold Myint, Affiant

841234.1/020200805

STATE OF Tennessee )
COUNTY OF Davidson )

**Arnold Myint**, with whom I am personally acquainted or whose identity was proved to me on the basis of satisfactory evidence, personally appeared before me, a public notary, and acknowledged to be the person who executed the foregoing instrument for the purposes therein contained on May 24th, 2021.

Notary Public

My Commission Expires: July 3rd, 2023

ANDREW IRVINE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 3, 2023

841234.1/020200805

# EXHIBIT A

Map/Parcel: 104 16 0 289.00

Being the north one-half of Lot No. 174 on the Map of Belmont Land Company's Plan called, "Belmont Heights", of record in Book 421, Page 34, Register's Office for said County. Said part of said Lot No. 174 fronts 53 feet on the westerly side of Belmont Boulevard and runs back between lines 175 feet to an alley in the rear on which it measures 45 feet more or less.

Being the same property conveyed to Win Myint and son Arnold Myint as tenants in common with rights of survivorship from Joseph H. Johnston, Trustee, and to Joseph H. Johnston, Trustee from Win Myint by quitclaim deed of record in Instrument No. 20081202-0117026, in the Register's Office for Davidson County, Tennessee. Win Myint having died on November 4, 2019, and Arnold Myint being sole owner by rights of survivorship.

The legal description above is the same as in the previous deed of record.

This is property commonly known as 2301 Belmont Blvd, Nashville, TN 37212.

## True Copy Certification

I, Andrew J. Bellm, 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.

Signature

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

Personally appeared before me, Lynne Jervis, a notary public for this county and state, Andrew J. Bellm who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 3-8-22

Notary's Seal

LYNNE B. JERVIS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires MAR. 8, 2022

841234.1/020200805

# EXHIBIT B

# DEATH CERTIFICATE



202106040075198

# STATE OF TENNESSEE
## Office of Vital Records

### TENNESSEE DEPARTMENT OF HEALTH
### CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 062411

**DECEDENT**

1. DECEDENT'S LEGAL NAME: WIN MYINT
2. SEX: MALE
3. DATE OF DEATH: 11/04/2019
4. TIME OF DEATH: 00:00
5a. AGE: 87
6. DATE OF BIRTH: 02/21/1932
7. BIRTHPLACE: BURMA
8a. PLACE OF DEATH: OTHER RESIDENCE
8b. FACILITY NAME: 4208 STAMMER PLACE
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE: (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: MATHEMATICS PROFESSOR
11b. KIND OF BUSINESS/INDUSTRY: UNIVERSITY
12. SOCIAL SECURITY NUMBER: XXX
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 2215 HEARINGWAY DRIVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37215
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: OTHER (BURMESE)

**PARENTS**

18. FATHER'S NAME: U HMAN MYINT
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: DAW HNI

**INFORMANT**

20a. INFORMANT'S NAME: ARNOLD MYINT
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 1404 PILLOW STREET, NASHVILLE, TN 37203

**DISPOSITION**

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: WOODLAWN MEMORIAL PARK
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ KENNETH HODGES
22b. LICENSE NUMBER: 3991
22c. SIGNATURE OF EMBALMER: ▶ /s/ Michelle Petrino-Owens
22d. LICENSE NUMBER: 4189
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL 600 THOMPSON LANE, NASHVILLE, TN 37204-0407
23b. LICENSE NUMBER: 933

**REGISTRAR**

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G BISHOP III
25. DATE FILED: 11/10/2019

**CERTIFIER**

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.

PHYSICIAN OR MEDICAL EXAMINER: ENTER INFO CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. CERTIFIER: ▶ /s/ RICHARD GARMAN
27b. LICENSE NUMBER: 013402
27c. DATE SIGNED: 11/07/2019
27d. NAME AND ADDRESS: RICHARD GARMAN 300 20TH AVE N 9TH FLOOR, NASHVILLE, TN 37203

**MEDICAL CERTIFICATION**

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 STATING THE UNDERLYING CAUSE. ENTER ONLY ONE CAUSE ON A LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. ASPIRATION PNEUMONIA
DUE TO (OR AS A CONSEQUENCE OF)
b. DYSPHAGIA
DUE TO (OR AS A CONSEQUENCE OF)
c. PARKINSONS DISEASE
DUE TO (OR AS A CONSEQUENCE OF)
d.

APPROXIMATE INTERVAL: ONSET TO DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CAUSE GIVEN IN PART I: HISTORY OF TUBERCULOSIS, HISTORY OF PROSTATE CANCER

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

PHL-1432 (Rev. 9/2017)
NSA 9112

11666938

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

11666938
Date Issued: Nov-12-2019

CERTIFICATION OF VITAL RECORD

202106040075198

# EXHIBIT C

# TENNCARE RELEASE

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

8/14/2020

ANDREW BELLM
LEGAL COUNSEL
150 THIRD AVE SOUTH SUITE 1700
NASHVILLE, TN 37201

RE: WIN MYINT
Last Four Of SSN 8453

Dear ANDREW BELLM:

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,

Jamella J. Howard