AFFIDAVIT OF INHERITANCE - REAL PROPERTY

ADDRESS OF NEW OWNER AS FOLLOWS:

William Richard Smith III
5916 Abbott Drive
Nashville, TN 37211

Molly Kathleen Chitwood
412 Amber Cliff Drive
Dalton, GA 30740

SEND TAX BILLS TO:

William Richard Smith III
5916 Abbott Drive
Nashville, TN 37211

MAP & PARCEL NO.

147 08 0 111.00

Karen Johnson Davidson County
Batch# 651904 AFFIDAVITH
06/08/2021 12:00:19 PM 11 pgs
Fees: $57.00 Taxes: $0.00

20210608-0076708

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

STATE OF TENNESSEE)

COUNTY OF Davidson)

The undersigned, WILLIAM RICHARD SMITH III and MOLLY KATHLEEN CHITWOOD, being duly sworn, depose and say:

ELLIE RUTH SMITH, a resident of Davidson County, State of Tennessee, who died December 16, 2017, as evidenced by a copy of her 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. 37 on the Plan of the Resubdivision of Lots Nos. 35, 36 and 37 of Cathey Heights, Section II, of record in 3106, page 58, Register's Office for Davidson County, Tennessee.

SAID Lot No. 37 fronts 169 feet on the easterly side of Torbay Drive and extends back 327.66 feet on the northerly line and 295.6 feet on the southerly line to a real line measuring 216.82 feet thereon.

BEING the same property conveyed to William R. Smith and wife, Ellie Ruth Smith, by deed from Edward W. Emert and wife, Jessie Lee Emert, of record in Book 4283, page 970, Register's Office for Davidson County, Tennessee.

This is improved property known as 4874 Torbay Drive, Nashville, Tennessee 37211.

WILLIAM R. SMITH died on March 3, 2012, as evidenced by a copy of his death certificate attached as Exhibit B. His wife, ELLIE RUTH SMITH, died intestate on December 16, 2017. At the time of her death, ELLIE RUTH SMITH held a 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety.

ELLIE RUTH SMITH had two children: WILLIAM R. SMITH, JR. and DAVID LOWELL SMITH.

WILLIAM R. SMITH, JR. died intestate on June 8, 2016, as evidenced by a copy of his death certificate attached as Exhibit C. WILLIAM R. SMITH, JR. was survived by two adult children who take by representation: WILLIAM RICHARD SMITH III and MOLLY KATHLEEN CHITWOOD. Interest in the real estate described above vested as follows: Twenty-Five Percent (25%) in WILLIAM RICHARD SMITH III and Twenty-Five Percent (25%) in MOLLY KATHLEEN CHITWOOD.

DAVID LOWELL SMITH died intestate, unmarried, and without issue on December 22, 2019, as evidenced by a copy of his death certificate attached as Exhibit D. At the time of his death, DAVID LOWELL SMITH held a Fifty Percent (50%) interest in the above-described real estate. His Fifty Percent (50%) interest vested as follows: Twenty-Five Percent (25%) in WILLIAM RICHARD SMITH III and Twenty-Five Percent (25%) in MOLLY KATHLEEN CHITWOOD.

WILLIAM RICHARD SMITH III now holds a Fifty Percent (50%) interest in the above-described real estate and MOLLY KATHLEEN CHITWOOD now holds a Fifty Percent (50%) interest in the above-described real estate.

Bureau of TennCare releases from estate recovery are attached as Exhibits E, F, G, and H.

This the 2nd day of May, 2021.

William R. Smith III

WILLIAM RICHARD SMITH III, Affiant
5916 Abbott Drive
Nashville, TN 37211

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

Notary Public

My Commission Expires: 7/9/2022

STATE OF Tennessee)

COUNTY OF Davidson)

MOLLY KATHLEEN CHITWOOD joins in this Affidavit of Inheritance - Real Property.

This the 2nd day of May, 2021.

Molly Kathleen Chitwood

MOLLY KATHLEEN CHITWOOD, Affiant
412 Amber Cliff Drive
Dalton, GA 30740

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

DAVIDSON COUNTY, TENN. STATE OF TENNESSEE NOTARY PUBLIC JAMES GARY SOUTHERN

James Gary Southern

Notary Public

My Commission Expires: 7/9/2022

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 117192

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (No Abbreviations)

1. DECEDENT'S LEGAL NAME: ELLIE RUTH SMITH						2. SEX: FEMALE	3. DATE OF DEATH: 12/16/2017
4. TIME OF DEATH (Approx.): 17:26	5a. AGE: 87	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH: 03/15/1930	7. BIRTHPLACE: NASHVILLE, TENNESSEE
8a. PLACE OF DEATH: ER/OUTPATIENT							
8b. FACILITY NAME: SOUTHERN HILLS MEDICAL CENTER				8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED		10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: HOMEMAKER			11b. KIND OF BUSINESS/INDUSTRY: OWN HOME
12. SOCIAL SECURITY NUMBER: [redacted]		13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON			13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 4874 TORBAY DRIVE			13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37211			14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE		16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

PARENTS

18. FATHER'S NAME: JOSEPH HARRISON HOOPER	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ELLIE NEIGHBORS

INFORMANT

20a. INFORMANT'S NAME: KATHY JEAN SMITH	20b. RELATIONSHIP TO DECEDENT: DAUGHTER-IN-LAW	20c. MAILING ADDRESS: 5916 ABBOTT DRIVE, NASHVILLE, TENNESSEE 37211

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: HARPETH HILLS MEMORY GARDENS	21c. LOCATION: NASHVILLE, TENNESSEE	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ JUSTIN MARSHALL	22b. LICENSE NUMBER: 6268	22c. SIGNATURE OF EMBALMER: ▶ /e/ JUSTIN MARSHALL	22d. LICENSE NUMBER: 6269
23a. NAME AND ADDRESS OF FUNERAL HOME: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TENNESSEE 37221-0242			23b. LICENSE NUMBER: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ LORI FERRANTI	25. DATE FILED: 12/19/2017

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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. CERTIFIER: ▶ /e/ THOMAS DEERING, MD	27b. LICENSE NUMBER: 28369	27c. DATE SIGNED: 12/18/2017
27d. NAME AND ADDRESS: THOMAS DEERING, MD 850 R. S. GASS BLVD, NASHVILLE, TENNESSEE 37216		

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 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. ATHEROSCLEROTIC HEART DISEASE	
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	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: DIABETES MELLITUS	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: NOT PREGNANT WITHIN PAST YEAR		
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-1659 (Rev. 8/2017) RDA 10112

09705091

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.

DEC 19 2017

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 9 7 0 5 0 9 1
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1201409

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUM: 2012 010051

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William Richard Smith, Sr.		2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): March 3, 2012
4. TIME OF DEATH (Military): 9:35 am	5a. AGE-Last Birthday (Years): 88	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): March 13, 1923	7. BIRTHPLACE (City and State or Foreign Country): Lawrence County, TN

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): Southern Hills Medical Center DOS	8c. CITY OR TOWN: Nashville	8d. COUNTY OF DEATH: Davidson	
9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Ruth Ellie	11a. DECEDENT'S USUAL OCCUPATION: Landscaping	11b. KIND OF BUSINESS/INDUSTRY: Horticulture
12. SOCIAL SECURITY NUMBER: [redacted]	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4874 Torbay Drive	13e. INSIDE CITY LIMITS: ☒ Yes ☐ No	13f. ZIP CODE: 37211	14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or (Not used))

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

18. FATHER'S NAME (First, Middle, Last): William Zechariah Smith	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Harriett Elizabeth Eaton
20a. INFORMANT'S NAME: Ruth Smith	20b. RELATIONSHIP TO DECEDENT: Spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4874 Torbay Drive, Nashville, TN 37211	
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, Tennessee	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Sarah Holman	22b. LICENSE NUMBER: 5884
22c. SIGNATURE OF EMBALMER: ▶ Sarah Holman	22d. LICENSE NUMBER: 5884
23a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, Tennessee 37221	23b. LICENSE NUMBER OF FUNERAL HOME: 849
24. REGISTRAR'S SIGNATURE: ▶ Linda L Dawson, DR	25. DATE FILED (Month, Day, Year): March 12, 2012

8269689

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.

8269689

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Sep-24-2015

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

[redacted]

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William R. Smith, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 8, 2016
4. TIME OF DEATH (Hours):
5a. AGE-Last Birthday (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 9, 1952
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPEWRITE IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Select Specialty Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Kathy McCullough
11a. DECEDENT'S USUAL OCCUPATION: Photographer
11b. KIND OF BUSINESS/INDUSTRY: Photography
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5916 Abbott Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] 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)
[X] 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)
[X] 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)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

18. FATHER'S NAME (First, Middle, Last): William R. Smith, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Effie Ruth Hooper
20a. INFORMANT'S NAME: Kathy M. Smith
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5916 Abbott Drive, Nashville, Tennessee 37211
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Delbrita L. Greene
22b. LICENSE NUMBER: 6763
22c. SIGNATURE OF EMBALMER: ▶ James R. Padgett
22d. LICENSE NUMBER: 5535
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933
24. REGISTRAR'S SIGNATURE: ▶ DR
25. DATE FILED (Month, Day, Year): 6/10/16

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ Michael E. Nieder
27b. LICENSE NUMBER: 13364
27c. DATE SIGNED (Month, Day, Year): 6/10/2016
27d. NAME AND ADDRESS: Michael E. Nieder, M.D. 300 23rd Ave. North Ste. G-4 Nashville, Tn. 37203

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)	a. Respiratory Failure	> 2 Wks
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. Obesity Due to (or as a consequence of): Hypoventilation Syndrome	> 1 yr
	c. Stroke Due to (or as a consequence of): with Dysarthria + Dysphasia	~ 3 Months
	d. Chronic Renal Insufficiency	7 yrs

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

28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

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

PH-1909 (Rev. 10/2011)
RDA 1309

8511498

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.

JUN 2016

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

8511498

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 071839

1. Decedent's Legal Name: DAVID LOWELL SMITH		2. Sex: MALE	3. Date of Death: 12/22/2019
4. Time of Death (Approx.): 08:26 AM	5a. Age: 64	6. Date of Birth: 08/09/1955	7. Birthplace: NASHVILLE, TN
8a. Place of Death: HOSPICE FACILITY			
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE	8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SECURITY	11b. Kind of Business/Industry: THE UPPER ROOM
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 4874 TORBAY DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37211
14. Was Decedent ever in US Armed Forces?: NO			
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: WILLIAM RICHARD SMITH, SR		19. Mother's Name Prior to First Marriage: ELLIE RUTH HOOPER	
20a. Informant's Name: KATHY SMITH	20b. Relationship to Decedent: SISTER-IN-LAW	20c. Mailing Address: 5916 ABBOTT DRIVE, NASHVILLE, TN 37211	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: HARPETH HILLS MEMORY GARDENS	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ SARAH REBECCA HOLMAN	22b. License Number: 5884	22c. Signature of Embalmer: ▶ /e/ Sarah Rebecca Holman	22d. License Number: 5885
23a. Name and Address of Funeral Home: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221 -			23b. License Number: 849
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 12/26/2019	

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: ▶ /e/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 12/23/2019
27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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)	a. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
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.	
	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: NATURAL	31. Did Tobacco Use Contribute to Death?: YES	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

HI-1658 (Rev. 8/2017)

RDA 10112

11673583

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 6 7 3 5 8 3

Date Issued: Dec 26 2019

CERTIFICATION OF VITAL RECORD

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

March 22, 2021

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

RE: Smith, Ellie Ruth Date of Death: 12/16/2017 SSN: xxx-xx-8117
Our File Number: 26592

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

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

March 22, 2021

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

RE: Smith, Sr., William Richard Date of Death: 3/3/2012 SSN: xxx-xx-1888
Our File Number: 26587

Elizabeth L. Adams:

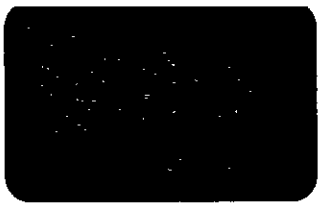
The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal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

TN Division of TennCare



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

March 22, 2021

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

RE: Smith, Jr., William R. Date of Death: 6/8/2016 SSN: xxx-xx-4422
Our File Number: 26585

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

TN Division of TennCare

[redacted]

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

March 22, 2021

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

RE: Smith, David Lowell Date of Death: 12/22/2019 SSN: xxx-xx-7229
Our File Number: 26583

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