THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 1935 21st Avenue South, Ste 100 Nashville, Tennessee 37212 (615) 800-7096 Karen Johnson Davidson County Batch# 677034 **AFFIDAVITH** 07/15/2021 08:52:49 AM 5 pgs Fees: $27.00 Taxes: $0.00 20210715-0095059	STATE OF North Carolina COUNTY OF Johnston The actual consideration for this transfer is: $0.00 JOSEPH B. WECKESSER, AFFIANT Subscribed and sworn to before me, this 28 day of June 2021 Tara Johnson NOTARY PUBLIC My Commission Expires: 05.24.2024 TARA JOHNSON NOTARY PUBLIC JOHNSTON COUNTY, NC My Commission Expires 05.24.2024

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
MICHELLE WECKESSER 68 North Ashlyn Drive Clayton, NC 27527	**NEW OWNER**	Parcel ID: 18200015700

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF HEIRSHIP

1. My name is Joseph B. Weckesser. I am an adult resident of Johnston County North Carolina. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. I am the grandson of Linda W. Proctor (the "Decedent"). I reside at 175 Day Lily Street, Selma, NC 27526. I have known the Decedent for twenty-one (21) years.

3. Decedent died intestate as a resident of Nashville, Davidson County, Tennessee on December 31, 2020. A copy of the Certificate of Death is attached hereto as **Exhibit 1**.

4. Decedent was unmarried and was survived by one (1) adult child, Michelle Weckesser.

5. At the time of her death, Decedent owned real property commonly known as **13671 Old Hickory Boulevard, Antioch, TN 37013** and is more particularly described as:

> Being Lot No. 1 on the Plan of George M. Donegan Property of record in Plat Book 5190, page 786, Register's Office Davidson County, Tennessee to which plat reference is hereby made for a more complete legal description.
>
> Being the same property conveyed to Linda W. Proctor from Clarence Elwin Proctor via Quitclaim Deed executed December 2, 2002, as of record in Instrument ID: 20021216-0154937, Register's Office for Davidson County

6. At the time of the Decedent's death, the real property described herein was titled solely in the name of Decedent.

7. To Affiant's knowledge, the Decedent owned no other real property and only minimal personal property in Tennessee. An Order Authorizing Small Estate Administration Pursuant to T.C.A. § 30-4-101 *et. seq.,* for the Estate of Linda Webb Proctor, was executed on May 28, 2021, in the Seventh Circuit Court for Davidson County, Tennessee, Docket No. 21P840.

8. Decedent was not enrolled in TennCare at any time during her life. A release of claims by TennCare is attached as **Exhibit 2.**

9. At the time of Decedent's death, said real property passed by operation of law and vested immediately in Decedent's sole heir-at-law, Michelle Weckesser, in fee simple absolute pursuant to Tenn. Code Ann. § 31-2-103 and remains so vested today.

FURTHER AFFIANT SAYETH NOT.

SWORN this 28 **day of** June **2021.**

JOSEPH B. WECKESSER, AFFIANT

STATE OF North Carolina)
COUNTY OF Johnston)

Now having first been sworn, the above-named **JOSEPH B. WECKESSER**, Affiant, appeared before me and proved her identity to me by a government issued photograph identification card, and gave the testimony in this Affidavit for the purpose(s) stated herein.

Sworn and subscribed before me this 28 day of June 2021.

Tara Johnson
NOTARY PUBLIC

My commission expires: 05.24.2024

TARA JOHNSON
NOTARY PUBLIC
JOHNSTON COUNTY, NC
My Commission Expires 05.24.2024

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 087018

1. Decedent's Legal Name: LINDA WEBB PROCTOR			2. Sex: FEMALE	3. Date of Death: 12/31/2020
4. Time of Death (Approx.): 08:50 AM	5a. Age: 74	6. Date of Birth: 09/30/1946	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: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SECRETARY		11b. Kind of Business/Industry: AT&T
12. Social Security Number: -2084	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 13671 OLD HICKORY BLVD		13e. Inside City Limits?: YES	13f. Zip Code: 37013	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: JAMES ETHERIDGE		19. Mother's Name Prior to First Marriage: HAZEL BROWNING		
20a. Informant's Name: MICHELLE WECKESSER	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 68 NORTH ASHLYN DRIVE, CLAYTON, NC 27527		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ ARIEL R BOYLE	22b. License Number: 5231	22c. Signature of Embalmer: ▶ /e/ Michelle Petrino-Givens		22d. License Number: 4188
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407				23b. License Number: 933
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 01/11/2021		

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/ THOMAS ATWATER	52509	01/11/2021

27d. Name and Address: THOMAS ATWATER 360 20TH AVENUE NORTH STE G4, 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). 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 RESPIRATORY DISTRESS SYNDROME	2 WEEKS
	b. COVID-19 PNEUMONIA	WEEKS
	c. COVID-19 INFECTION	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ACUTE RENAL FAILURE

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	NO	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-1055E RDA 10112

12692230

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 raised embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certificate. Unauthorized duplication of this document is prohibited.

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

1 2 6 9 2 2 3 0

Edward G. Bishop III — Lisa Piercey, MD, MBA, FAAP

CERTIFICATION OF VITAL RECORD

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

June 10, 2021

Adam Barber
1935 21st Avenue South, Suite 100
Nashville, TN 37212

RE: Proctor, Linda Webb Date of Death: 12/31/2020 SSN: xxx-xx-2084
Our File Number: 34823

Adam Barber:

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 at 844-629-0941 or e-mail a copy of the Decedent's death certificate to estate.recovery@tn.gov.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

No E [redacted]