Prepared By:

Name: Cole Law Group, P.C.
Address: 1648 Westgate Circle, Suite 301
Brentwood, Tennessee 37027

After Recording Return To:

Name: Cole Law Group, P.C.
Address: 1648 Westgate Circle, Suite 301
Brentwood, Tennessee 37027

Send Tax Bills To:

Kathleen Marie Patterson
4082 Lake Parkway Drive
Hermitage, Tennessee 37076

Karen Johnson Davidson County
Batch# 689173 **AFFIDAVITH**
08/03/2021 08:59:30 AM 7 pgs
Fees: $37.00 Taxes: $0.00

20210803-0103945

Space Above This Line for Recorder's Use

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is: $0.00

Kathleen Marie Patterson

SARAH CARVER
STATE OF TENNESSEE NOTARY PUBLIC
DICKSON COUNTY

Subscribed and sworn to before me, this 26th day of July, 2021.

NOTARY PUBLIC

My Commission Expires
March 20, 2024

AFFIDAVIT OF HEIRSHIP

1. My name is Kathleen Marie Patterson ("Affiant"). I am an adult resident of the State of Tennessee. I am competent to give the testimony in this sworn Affidavit, and my testimony herein is based upon my personal knowledge.

2. Bobby Gene Patterson ("B.G. Patterson" or "First Decedent") died on January 23, 2019. A copy of the Certificate of Death is attached as **Exhibit 1**.

3. Zetia A. Patterson ("Second Decedent") died on May 6, 2020. A copy of the Certificate of Death is attached as **Exhibit 2**.

4. First Decedent and Second Decedent each had an interest in a certain parcel of improved real property at the time of his or her respective death, which is located at 4082 Lake Parkway, Hermitage, TN 37076 (the "Property") and more fully and particularly described as follows:

   Land in Davidson County, Tennessee being Lot No. 21 on the Plan of Lake Park, Section I, as of record in Book 4175, page 134 and 135, Register's Office for said County, described as follows:

   Beginning at a point on the northern margin of Lake Parkway, said point being the common point between Lots Nos. 21 and 20; thence following the common boundary between Lots Nos. 21 and 20, northerly 167.82 feet to a point; thence West 125.0 feet to a point; thence following the common boundary between Lots Nos. 21 and 22 southerly a distance of 167.96 feet to a point on the northern margin of Lake Parkway; thence following the margin of Lake Parkway East 125.0 feet to the point of beginning.

   Being part of the property conveyed to B.G. Patterson and wife, Zetia A. Patterson, by warranty deed from Parker Homes, Inc., dated May 4, 1972, of record in Book 4598, page 992, Register's Office for Davidson County, Tennessee, to which reference is hereby made.

5. The Parcel Identification No. for the Property is 09801002300.

6. First Decedent died married to Second Decedent and without a valid will. A Probate Estate has not been opened for First Decedent, and it is not anticipated that one will be opened.

7. Second Decedent died a widow, unmarried, and without a valid will. A Probate Estate has been opened for Second Decedent and is currently pending in the Seventh Circuit Court for Davidson County, Tennessee, Case Number 20P1162, in which Affiant has been appointed as the Personal Representative.

8. First Decedent and Second Decedent had four (4) adult children at the time of their respective deaths: John Vincent Patterson, Christopher Robert Patterson, Ann Elizabeth Patterson, and Kathleen Marie Patterson (Affiant). Therefore, John Vincent Patterson, Christopher Robert Patterson, Ann Elizabeth Patterson, and Affiant are the sole heirs-at-law pursuant to Tenn. Code Ann. § 31-2-104.

9. First Decedent and Second Decedent were not on TennCare at the time of death and/or a release has been received from TennCare and is being filed contemporaneously with this affidavit. See **Exhibit 3**.

10. Pursuant to Tenn. Code Ann. § 31-2-103, First Decedent's and Second Decedent's interest in the Property vested in John Vincent Patterson, Christopher Robert Patterson,

Ann Elizabeth Patterson, and Affiant immediately upon death. As of the filing of this Affidavit, ownership of the Property remains vested as tenants in common as follows:

John Vincent Patterson – 25%
Christopher Robert Patterson – 25%
Ann Elizabeth Patterson – 25%
Kathleen Marie Patterson – 25%

FURTHER AFFIANT SAYETH NOT.

SWORN this 26 day of July, 2021.

Kathleen Marie Patterson

[THIS SPACE INTENTIONALLY LEFT BLANK]

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Now having first been duly sworn according to law, the above-named Kathleen Marie Patterson, 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 to and subscribed before me, the undersigned Notary Public, this 26th day of July, 2021.

SARAH CARVER
STATE OF TENNESSEE NOTARY PUBLIC
DICKSON COUNTY

NOTARY PUBLIC

My Commission Expires: My Commission Expires March 20, 2024

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 004358

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: BOBBY GENE PATTERSON						2. SEX: MALE	3. DATE OF DEATH: 01/23/2019
4. TIME OF DEATH (Approx.): 06:27 AM	5a. AGE: 82	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 08/13/1936	7. BIRTHPLACE: WEATHERFORD, OK		
8a. PLACE OF DEATH: ER/OUTPATIENT							
8b. FACILITY NAME: TRISTAR SUMMIT MEDICAL CENTER			8c. CITY OR TOWN: HERMITAGE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): ZETIA GEORGE		11a. DECEDENT'S USUAL OCCUPATION: PILOT			11b. KIND OF BUSINESS/INDUSTRY: AMERICAN AIRLINES	
12. SOCIAL SECURITY NUMBER: -6489	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: HERMITAGE		
13d. STREET AND NUMBER: 4082 LAKE PARKWAY DRIVE		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37076		14. WAS DECEDENT EVER IN US ARMED FORCES?: YES		
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: CLIFFORD DEWEY PATTERSON	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: BERTHA GOSS

INFORMANT

20a. INFORMANT'S NAME: ZETIA A. PATTERSON	20b. RELATIONSHIP TO DECEDENT: WIFE	20c. MAILING ADDRESS: 4082 LAKE PARKWAY DRIVE, HERMITAGE, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: CALVARY CEMETERY	21c. LOCATION: NASHVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ COURTNEY HISE REED	22b. LICENSE NUMBER: 6897	22c. SIGNATURE OF EMBALMER: /s/ Dawn Renee' Everett	22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3566			23b. LICENSE NUMBER: 642

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III	25. DATE FILED: 01/29/2019

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

27a. CERTIFIER: /s/ KENNETH DEMIRJIAN	27b. LICENSE NUMBER: 020765	27c. DATE SIGNED: 01/29/2019
27d. NAME AND ADDRESS: KENNETH DEMIRJIAN 660 SOUTH MOUNT JULIET ROAD SUITE 100, MOUNT JULIET, TN 37122		

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. EMPHYSEMA	YEARS
Sequentially list conditions, if any, leading to the cause a/ref on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. DUE TO (OR A CONSEQUENCE OF)	
	c. DUE TO (OR A CONSEQUENCE OF)	
	d. DUE TO (OR A CONSEQUENCE OF)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: TOBACCO USE	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	

PH-1659 (Rev. 8/2017) RDA 10112

10907946

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

1 0 9 0 7 9 4 6

Date Issued JAN 29 2019

CERTIFICATION OF VITAL RECORD

Exhibit 1

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 027905

1. Decedent's Legal Name: ZETIA A PATTERSON				2. Sex: FEMALE	3. Date of Death: 05/06/2020
4. Time of Death (Appox.): 21:10	5a. Age: 83	6. Date of Birth: 12/06/1936	7. Birthplace: OKLAHOMA CITY, OK		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 4082 LAKE PARKWAY DRIVE		8c. City or Town: HERMITAGE		8d. County of Death: DAVIDSON	
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: TEACHER		11b. Kind of Business/Industry: EDUCATION	
12. Social Security Number: -8630	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: HERMITAGE	
13d. Street and Number: 4082 LAKE PARKWAY DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces?: NO	
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE			
18. Father's Name: JAMES WEST GEORGE		19. Mother's Name Prior to First Marriage: GEORGE ANN HOMAN			
20a. Informant's Name: KATHLEEN MARIE PATTERSON	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 4082 LAKE PARKWAY DRIVE, HERMITAGE, TN 37076			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: CALVARY CEMETERY	21c. Location: NASHVILLE, TN			
22a. Signature of Funeral Director: /s/ ASHLEY ANN LUER	22b. License Number: 16204	23c. Signature of Embalmer: /s/ Allison C Klotz	23d. License Number: 4856		
24a. Name and Address of Funeral Home: HIBBETT AND HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214-3556				24b. License Number: 942	
24. Registrar's Signature: /s/ EDWARD G BISHOP III	25. Date Filed: 05/14/2020				

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/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 05/14/2020

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). 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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
	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: 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	

TN-1698 (Rev. 9/2017) RDA 10112

12234984

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 2 2 3 4 9 8 4

Date Issued: May-15-2020

CERTIFICATION OF VITAL RECORD

Exhibit 2

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 18, 2021

Kathleen Marie Patterson
4082 Lake Parkway Drive
Hermitage, TN 37076

RE: Patterson, Zetia A. Date of Death: 5/6/2020 SSN: xxx-xx-8630
Our File Number: 35598

Kathleen Marie Patterson:

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 Ben 2020-1

Exhibit 3