Owner:	Prepared by:
James Carlton Pergande, et al. 2433 Ravine Drive Nashville, TN 37217	Toni Waynick Rutgerson Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: James Carlton Pergande 2433 Ravine Drive Nashville, TN 37217	Map & Parcel: 150 00 0 020.00

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Karen Johnson Davidson County
Batch# 692646 AFFIDAVITH
08/06/2021 03:34:30 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20210806-0106533

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

George Carl Pergande, a resident of Davidson County, State of Tennessee, who died on March 29, 2021, (as evidenced by: a copy of his death certificate and release of the State of Tennessee's Bureau of TennCare attached as collective *Exhibit A*), held a fee simple interest in the following described real estate:

Land in the 2nd Civil District of Davidson County, Tennessee, described according to a survey made by Parrish Engineers, Inc. dated February 12, 1966, as follows:

BEGINNING at a point in the northerly margin of Anderson Road, said point being 6579 feet, more or less, ease of Bell Road, also being the southeast corner of the property conveyed to Floyd Alexander and wife, by deed of record in Book 3902, page 429, Register's Office for said County; thence along Alexander's easterly line, North 3 degrees east – 261 feet to appoint, Alexanders' inner corner; thence along Alexander's southerly line, South 86 degrees 57' east 104 feet to a point in Pitt's original east line, being the westerly boundary of the D.C. Smith Property; thence along Smith's westerly line, South 3 degrees west 261 feet to a point in the northerly margin of Anderson Road; thence with the same, North 86 degrees 57' west 104 feet to the point of beginning.

Being the same property conveyed to George C. Pergande and wife, Betty F. Pergande by deed from Lorene Mullins Garvin, Clarice Mullins Bennett, Arthur Caldwell Mullins, Helen Mildred Mullins Carlton and Mary Katherine Mullin Partin of record as Book 4000, page 805 in the Register's Office for Davidson County, Tennessee. Betty F. Pergande (also known as Betty Geneva Pergande) died on June 22, 2009, as evidenced by her death certificate attached hereto as *Exhibit B*. George Carl Pergande died testate on March 29, 2021, his Estate having been administered as Docket No. 21P793 in the Probate Court for Davidson County, Tennessee, his children being the beneficiaries: James Carlton Pergande, Deborah Ann Pergande Callis, Daniel Phillip Pergande, and Robert Scott Pergande. Robert Scott Pergande disclaimed his interest pursuant to T.C.A. § 31-7-101, et seq. on April 16, 2021, as evidenced by a copy of the executed disclaimer attached hereto as *Exhibit C*, resulting in the following ownership of the property: James Carlton Pergande, Deborah Ann Pergande Callis, and Daniel Phillip Pergande, as tenants in common, each owning a one-third (1/3) undivided fee simple interest.

This is property commonly known as:
3150 Anderson Road
Antioch, TN 37013

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

The undersigned Executor for the Estate of George Carl Pergande does hereby state under oath that title to the real property described above is presently vested in the following:

James Carlton Pergande, a one-third undivided fee simple interest;

Deborah Ann Pergande Callis, a one-third undivided fee simple interest; and

Daniel Phillip Pergande, a one-third (1/3) undivided fee simple interest.

The decedent's Will was filed with the Petition for Probate of Will and Granting of Letters Testamentary, in the Probate Court of Davidson County, State of Tennessee, Case No. 21P793.

JAMES CARLTON PERGANDE, Executor
For the Estate of George Carl Pergande

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared JAMES CARLTON PERGANDE, Executor for the Estate of George Carl Pergande, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed and had the authority to do so.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 3 day of August, 2021.

Notary Public

TONI RUTGERSON STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY MY COMMISSION EXPIRES JULY 09, 2024

CERTIFICATION

I, Toni Rutgerson, do hereby make oath that I am a licensed attorney or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 3 day of Aug., 2021.

8/3/2021
Affiant Signature Date

State of Tennessee; County of Davidson
Sworn to and subscribed before me on this 3 day of Aug, 2021,

Notary Public
My Commission Expires:

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY MY COMMISSION EXPIRES MAY 6, 2023

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 023821

1. Decedent's Legal Name: GEORGE CARL PERGANDE		2. Sex: MALE	3. Date of Death: 03/29/2021
4. Time of Death (Approx.): UNKNOWN	5a. Age: 85	6. Date of Birth: [redacted]1935	7. Birthplace: MONICO, WI
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 3150 ANDERSON ROAD	8c. City or Town: ANTIOCH		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: DIESEL MECHANIC	11b. Kind of Business/Industry: HEAVY EQUIPMENT
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: ANTIOCH
13d. Street and Number: 3150 ANDERSON ROAD		13e. Inside City Limits?: YES	13f. Zip Code: 37013
14. Was Decedent ever in US Armed Forces?: YES			
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: KARL PERGANDE		19. Mother's Name Prior to First Marriage: EVELYN [redacted]	
20a. Informant's Name: JAMES PERGANDE	20b. Relationship to Decedent: SON	20c. Mailing Address: 2433 REVINE DRIVE, NASHVILLE, TN 37217	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: SAM FLATT CEMETERY	21c. Location: BLOOMINGTON SPRINGS, TN	
22a. Signature of Funeral Director: ▶ /s/ KEITH EPPERSON	22b. License Number: 20419	22c. Signature of Embalmer: ▶ /s/ Dawn Renee' Everett	22d. License Number: 6024
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-6407			23b. License Number: 933
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III		25. Date Filed: 04/07/2021	

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
▶ /s/ BRUCE ALAN WALLSTEDT	020914	04/06/2021

27d. Name and Address: BRUCE ALAN WALLSTEDT 1601 17TH AVENUE SOUTH, NASHVILLE, TN 37212

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. [redacted]	[redacted]
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: HYPERTENSIVE HEART DISEASE; ATRIAL FIBRILLATION; HYPERLIPIDEMIA

29a. Was an Autopsy Performed?: NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: [redacted]	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

PH-1659E

RDA 10112

13507507

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 3 5 0 7 5 0 7

Date Issued: Apr-08-2021

CERTIFICATION OF VITAL RECORD

EXHIBIT A

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

April 19, 2021

Toni W. Rutgerson
PO Box 17116
Nashville, TN 37217

RE: Pergande, George Carl Date of Death: 3/29/2021 SSN: xxx-xx-7569
Our File Number: 29543

Toni W. Rutgerson:

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

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT B

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

0903621

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STA FILE NO. 2009 028178

DECEDENT

1. DECEDENT'S NAME (First Middle Last): Betty Geneva Pergande
2. SEX: Female
3. DATE OF DEATH (Month Day Year): June 22, 2009
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month Day Year): [redacted] 1935
7. BIRTHPLACE (City and State or Foreign Country): Jackson County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution give street and number): Vanderbilt Hospital
9c. CITY TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married Never Married Widowed Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife give maiden name): George Pergande
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 3150 Anderson Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban Mexican Puerto Rican etc.) Yes C X No
15. RACE American Indian Black White etc (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+)

NAME OF DECEDENT For use by person or institution

PARENTS

17. FATHER'S NAME (First Middle Last): Everett Flatt
18. MOTHER'S NAME (First Middle Maiden Surname): Onida [redacted]

INFORMANT

19a. INFORMANT'S NAME (Type/Print): George C Pergande
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 3150 Anderson Road, Antioch, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery crematory or other place): Sam Flatt Cemetery
20c. LOCATION City or Town State: Bloomington Springs, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert E Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: Brian S Davidson
21d. LICENSE NUMBER OF EMBALMER: 5815
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L Bowers DR
24. DATE FILED (Month Day Year): 6-30-09

CERTIFIER

25a. PHYSICIAN To the best of my knowledge death occurred at the date and place and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 31242
25c. DATE SIGNED (Month Day Year): 6-29-09
26a. 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 as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month Day Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr Robert Singer, 1500 21st Ave S Ste 1506, Nashville, TN 37212

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest shock or heart failure. List only one cause on each line. (Approximate Interval Between)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. [redacted]
Sequentially list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: [redacted]
31a. DATE OF INJURY (Month Day Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY At home farm street factory office building etc (Specify)
31f. LOCATION (Street and Number or Rural Route Number City or Town State)

FH 1838 (REV 6/98)
BIRTH NO
RDA 1399

12946601

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

12946601

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Apr-26-2021

CERTIFICATION OF VITAL RECORD

20210806010653

DISCLAIMER PURSUANT TO T.C.A. § 31-7-101, et. seq.

Pursuant to T.C.A. § 31-7-101, et seq. and in accordance with U.S. Internal Revenue Code, § 2518, the undersigned, **ROBERT SCOTT PERGANDE** (herein referred to as the "disclaimant"), hereby exercises the disclaimant's right and election to disclaim all property or other interests the disclaimant is entitled to receive on account of the death of George Carl Pergande (herein referred to as the "decedent"), who died March 29, 2021; and in furtherance of such disclaimer, the disclaimant states as follows:

1. The disclaimant is entitled to property on account of the decedent's death, being a designated beneficiary of the decedent's testate estate.

2. The property disclaimed includes, but is not limited to, all of the disclaimant's right, title and interest as a designated beneficiary of the above-referenced estate, all interest as a designated beneficiary on any bank account, retirement account, life insurance policy and any and all real property which would have vested in the disclaimant pursuant to T.C.A. § 31-2-103 by virtue of the decedent's death.

3. The disclaimant has not accepted, received, or benefited in any way with respect to the disclaimed assets or interests. The disclaimant hereby irrevocably and unqualifiedly disclaims and refuses to accept an interest in any and all right, title and interest in said assets and interests being disclaimed.

4. This is a full and complete disclaimer, and the disclaimant specifically renounces and disclaims any and all other portions, property, and interests which would pass to the disclaimant from the decedent's estate, by operation of law, by devise or bequeath, by beneficiary designation or otherwise on account of the decedent's death, to the fullest extent of the law.

5. By virtue of this action, the funds renounced and disclaimed shall pass according to T.C.A. § 31-7-106(b)(3)(B).

SIGNED this 16 day of April, 2021.

ROBERT SCOTT PERGANDE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Robert Scott Pergande, the within described disclaimant, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at office, this the 16 day of April, 2021.

Notary Public
My Commission Expires:

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
MY COMMISSION EXPIRES JULY 08, 2024

ACKNOWLEDGEMENT OF ACCEPTANCE

As the personal representative of the decedent's estate, I acknowledge receipt and acceptance of this Disclaimer.

SIGNED this 2nd day of June, 2021.

JAMES CARLTON PERGANDE, EXECUTOR
FOR THE ESTATE OF GEORGE CARL PERGANDE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named James Carlton Pergande, the Executor for the Estate of George Carl Pergande, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at office, this the 2nd day of June, 2021.

Notary Public
My Commission Expires:

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
MY COMMISSION EXPIRES JULY 08, 2024

202108060106533