AFFIDAVIT OF INHERITANCE - REAL PROPERTY

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Robert Stanley Goldberg, et al 1007 Edwin Warner Drive Nashville, TN 37205	same	129 12 0 031.00

Karen Johnson Davidson County
Batch# 890362 AFFIDAVITH
07/18/2022 11:50:22 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20220718-0081978

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney
7100 Hardwood Lane - College Grove, TN 3704
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

LILLIAN C. GOLDBERG, a resident of Nashville, Davidson County, State of Tennessee, who died October 4, 2021, as evidenced by a copy of the 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. 225 on the Plan of Warner Park Valley, Sec. I, as of record in Book 3600, pages 12, 13 and 14, Register's Office for said County.
>
> SAID Lot No. 225 fronts 100 feet on the west side of Edwin Warner Drive and runs back 147.9 feet on the north line and 147.3 feet on the south line to a dead line in the rear, which is a broken line measuring 147.7 feet thereon.
>
> This is improved property known as 1007 Edwin Warner Drive, Nashville, Tennessee 37205.

THE PREVIOUS AND LAST conveyance by deed to Lillian C. Goldberg from Robert Stanley Goldberg, of record in Instrument Number: 00004699-000303, Register's Office for Davidson County, Tennessee.

At the time of her death, LILLIAN C. GOLDBERG held a 100% interest in the real estate described above.

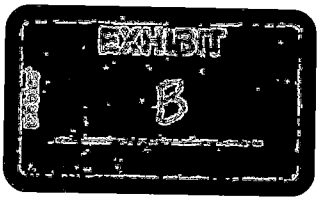
Lillian C. Goldberg died intestate, Case Number: 22P1271, IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE (Probate Division). The heirs at law of the estate are as follows:

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

#

July 12, 2022



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

RE: Goldberg, Lillian C. Date of Death: 10/5/2021 SSN: xxx-xx-9834
Our File Number: 71552

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 is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

One-Third (1/3) to her husband, ROBERT STANLEY GOLDBERG,
One-Third (1/3) to her son, JOEL MICHAEL GOLDBERG, and
One-Third (1/3) to her daughter, BRENDA LISA JOYNER.

Bureau of TennCare releases from estate recovery are attached as Exhibit B.

This the 7th day of July, 2022.

ROBERT STANLEY GOLDBERG,
Affiant

Subscribed and sworn to before me this
the 7 day of July, 2022.

My Commission Expires: Mar. 19, 2023.

Notary Public

ELIZABETH L. ADAMS STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

This the 7 day of July, 2022.

JOEL MICHAEL GOLDBERG,
Affiant

Subscribed and sworn to before me this
the 7 day of July, 2022.

My Commission Expires: Mar. 19, 2023

Notary Public

ELIZABETH L. ADAMS STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

This the 7 day of July, 2022.

BRENDA LISA JOYNER,
Affiant

Subscribed and sworn to before me this
the 7 day of July, 2022.

My Commission Expires: Mar. 19, 2023

Notary Public

ELIZABETH L. ADAMS STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021070337

1. Decedent's Legal Name: LILLIAN C GOLDBERG				2. Sex: FEMALE	3. Date of Death: 10/05/2021
4. Time of Death (Apostle): 00:57	5. Age: 88	6. Date of Birth: 04/08/1933	7. Birthplace: CHATTANOOGA, TN		
8a. Place of Death: DECEDENTS HOME					
8b. Facility Name: 1007 EDWIN WARNER DR		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: MARRIED	10. Surviving Spouse (Name prior to first marriage): ROBERT STANLEY GOLDBERG	11a. Decedent's Usual Occupation: SALES		11b. Kind of Business/Industry: RETAIL	
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
12d. Street and Number: 1007 EDWIN WARNER DR		13e. Inside City Limits?: YES	13f. Zip Code: 37205	14. Was Decedent ever in US Armed Forces?: NO	
15. 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: ISADORE HARRY COHEN		19. Mother's Name Prior to First Marriage: VIVIAN GOLDMAN			
20a. Informant's Name: BRENDA LISA JOYNER	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 234 COLT DR, NASHVILLE, TN 37221			
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WEST END	21c. Location: NASHVILLE, TN			
22a. Signature of Funeral Director: /s/ KEITH A EPPERSON	22b. License Number: 20419	23a. Signature of Registrar:	23b. License Number:		
22c. Name and Address of Funeral Home: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 281 25th AVE NORTH, NASHVILLE, TN 37203-1604				23b. License Number: 0	
24. Physician's Signature: /s/ EDWARD G BISHOP III		25. Date Filed: 10/10/2021			
26. Certifier: 26a. IF 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. IF 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/ ANN TAI MEADOWS		27b. License Number: 045572		27c. Date Signed: 10/07/2021	
27d. Name and Address: ANN TAI MEADOWS 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. DEMENTIA SENILE DEGENERATION OF THE BRAIN WITH BEHAVIOR
b.
c.
d.

Approximate Interval: Onset to Death

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?: NO

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-4696

REA 9/12

13584691

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 8 4 6 9 1

Date Issued: Oct 11 2021

CERTIFICATION OF VITAL RECORD