THIS INSTRUMENT PREPARED BY: **Larry D. Cantrell, Attorney** **Larry D. Cantrell, Attorney at Law, P.C.** **2412 Eugenia Avenue** **Nashville, TN 37211-2115**	**SEND TAX BILLS TO:** **Lana Lee White** **208 Joplin Court** **Nashville, TN 37210**
This transfer is exempt from recording tax pursuant to T.C.A. §67– 4 – 09(a)(3)(D) and oath pursuant to T.C.A. §67 – 4 – 409(a)(5).	**Note to Register of Deeds, index as:** **Jo Helen White, Grantor** **Lana Lee White, Grantee**
Karen Johnson Davidson County Batch# 966260 **AFFIDAVITH:** 02/01/2023 01:10:41 PM 6 pgs Fees: $32.00 Taxes: $0.00 20230201-0007463	**Map 6DA 48568, Map 119 - 11** **Parcel 115**

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PER T.C.A. §30 – 2 – 712

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Jo Helen White, a Widow, a resident of Davidson County, State of Tennessee, at the time of her death who died January 1, 2023 as evidenced by a copy of her Certificate of Death attached as **Exhibit A.** (Her husband **Walter Thurman White, Jr.** died November 3, 2009 as evidenced by a copy of his Certificate of Death attached as **Exhibit B.** His Estate was probated for Muniment of Title only in the Probate Court for Davidson County at Nashville, Tennessee same having **Docket Number 19P-958)** , held a:

Fee Simple interest in the following described real estate which passed to her Heirs at Law by the Statutes of Descent and Distribution of the State of Tennessee **(T.C.A. §31-2-104)** since the said **Jo Helen White** left no estate other than a parcel of real property there is no legal requirement to Probate her Last Will and Testament and have her real property pass to her heirs in accordance with the Statutes of Descent and Distribution of the State of Tennessee **(T.C.A. §31-2-104).**Testament)**:**

Jo Helen White's Heirs at Law at the time of her death pursuant to **(T.C.A. §31-2-104)** were as follows:

1. Her Daughter **Lana Lee White.**

Pursuant to **T.C.A. §31-2-104** at the time of the death of **Jo Helen White** the below described

real property passed to the following persons in the amounts listed herein.

1. **Lana Lee White (Daughter)** One Hundred Percent (100%) of the total of real property herein listed below.

Land in Davidson County, Tennessee, described as follows:

Being Lot No. 46 on the Plan of Thompson Lane Park, as of record in Book 2331, Page 138, Register's Office for said County, as follows:

Said Lot No. 46 fronts 65 feet on the southerly side of Glenmont Drive (now 208 Joplin Court) culdersac and runs back 246.1 feet on the westerly line and 183.2 feet on the easterly line to a broken line in the rear measuring 262.28 feet thereon.

Being the same property conveyed to Jo Helen Mahaney White, by deed from Walter T. White of record in Book 3873, Page 896, Register's Office for said County.

The undersigned **Lana Lee White** received a one hundred (100%) interest in the real estate described above by virtue of:

Being the sole heir of the Estate of **Jo Helen White** who died January 1, 2023, a copy of her Certificate of Death is attached as **Exhibit A**

The TennCare release for **Jo Helen White** is attached as **Exhibit C.**

This Affidavit of Inheritance is subject to all easements, restrictive covenants and conditions, and other matters of record.

No new survey was made of the property referenced herein and the land description herein contained was copied verbatim from the last recorded deed transferring the property.

This property is improved property known as Glenmont Drive (Now 208 Joplin Court), Nashville, Tennessee 37210.

Wherever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Further affiant sayeth not.

Lana Lee White
Lana Lee White

Sworn to and subscribed before me this the 31ST day of JANUARY, 2023.

KIMBERLY HANAFUSA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

My Commission Expires: 5/7/24

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and aforesaid, personally appeared **Lana Lee White** 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 present, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 31ST day of JANUARY, 2023.

KIMBERLY HANAFUSA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
My Commission Expires: 5/7/24

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 000059

1. Decedent's Legal Name			2. Sex	3. Date of Death
JO HELEN WHITE			FEMALE	01/01/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
UNKNOWN	84	11/20/1938	GAINESBORO, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
1114 MAPLEHEARST AVE.		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
WIDOWED		EXECUTIVE SECRETARY	STATE GOVERNMENT	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-8410	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
1114 MAPLEHEARST AVE.	YES	37204	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
ERNEST LEE MAHANEY		EFFIE LEE JONES		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
LANA LEE KLAUS	DAUGHTER	1114 MAPLEHEARST AVE., NASHVILLE, TN 37204		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	MAHANEY FAMILY CEMETERY	GAINESBORO, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ GARRY W. JONES	3673	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
ANDERSON - UPPER CUMBERLAND FUNERAL HOME, 2131 SOUTH GRUNDY QUARLES HWY, GAINESBORO, TN 38562-0398			1144	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/04/2023		

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/ DAVID HEUSINKVELD	024306	01/03/2023

27d. Name and Address
DAVID HEUSINKVELD 330 23RD AVE N SUITE 150, 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. CARDIAC ARREST	
	b. CONGESTIVE HEART FAILURE	
	c. ASCVD	
	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	**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-1659E

RDA 10112

14516467

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
Edward G Bishop III
State Registrar

Morgan McDonald
Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 5 1 6 4 6 7
Date Issued: Jan-04-2023

CERTIFICATION OF VITAL RECORD

COPYRIGHT/COPYRIGHT ANTI-FRAUD PROTECTION

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT B

0906264

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Walter Thurman White, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 3, 2009
4. SOCIAL SECURITY NUMBER: -6040
5a. AGE LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: Days / Hours / Min.
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Feb 17, 1938
7. BIR (PLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. 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): Centennial Medical Center
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): Jo Helen Mahaney
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Police Officer
12b. KIND OF BUSINESS/INDUSTRY: Metro Police
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 208 Joplin Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify if yes:
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter Thurman White, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Erline Spencer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jo Helen White
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 208 Joplin Court, Nashville, Tennessee 37210

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): Spring Hill Cemetery
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard Morrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2403
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3520 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers, RR
24. DATE FILED (Month, Day, Year): November 6, 2009

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Davis Drinkwater
25b. LICENSE NUMBER: 29172
25c. DATE SIGNED (Month, Day, Year): 11/06/09
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): Davis C. Drinkwater, M.D. 2400 Patterson St., Ste. 418, Nashville, TN 37203

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 Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF): b. S/P MV REPAIR, CABG REDO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): c. CORONARY ARTERY STENOSIS CHF
DUE TO (OR AS A CONSEQUENCE OF): d. CARDIOMYOPATHY ISCHEMIC

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
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-1639 (REV. 8-99)
STH NO.
RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

3567519

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

NOV 06 2009
Date Issued

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

#

January 30, 2023

Larry D. Cantrell
2412 Eugenia Avenue
Nashville, TN 37211

RE: White, Jo Helen Date of Death: 1/1/2023 SSN: xxx-xx-8410
Our File Number: 88816

Larry D. Cantrell:

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

EXHIBIT C