| | |
|---|---|
| **THIS INSTRUMENT PREPARED BY:**<br>**Larry D. Cantrell, Attorney**<br>**Larry D. Cantrell, Attorney at Law, P.C.**<br>**2412 Eugenia Avenue**<br>**Nashville, TN 37211-2115** | **SEND TAX BILLS TO:**<br>**Lori Mosier**<br>**1016 Cumberland Drive**<br>**Chapmansboro, TN 37035** |
| **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:**<br>**Lois Jewel Jones, Grantor**<br>**William Jones and Lori Mosier**<br>**Grantees** |
| | **Map 165-13-0-A, 11, 2D 78464** |

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

Karen Johnson Davidson County
Batch# 971804 **AFFIDAVITH**
02/17/2023 08:26:57 AM 7 pgs
Fees: $37.00 Taxes: $0.00



20230217-0011525

## STATE OF TENNESSEE
## COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. We, **William Jones** and **Lori Mosier** are the receipients/heirs (of one hundred percent 100%) of the herein described real property in accordance with the Last Will and Testament of the owner of the property **Lois Jewel Jones**. Her Estate is duly filed and probated in the Probate Court of Davidson County, Tennessee at Nashville, Tennessee, **Probate Docket Number 22P – 2014**.

2. **Lois Jewel Jones**, a resident of Davidson County, State of Tennessee, died July 29, 2022, as evidenced by a copy of her Certificate of Death which is attached as **Exhibit A**, held a fee simple interest as the surviving Tenant by the Entirety having survived her Husband , **William Lee Jones,** a copy of his Certificate of Death is attached as **Exhibit B,** in the following described real estate:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO WIT:

Land in Davidson County, Tennessee being lot 328 on the Plan of Peppertree Forest P.U.D. *as of record in Book 7900, Page 572 Register's Office for Davidson County, Tennessee to which reference is made for a more complete description. A * Section 6.

The subject property is part of a planned unit development and is subject to Declaration of covenants, restrictions, by-laws and conditions of record in Book 8757, Page 607 and amended in Book 9004, Page 514 and Book 9157, Page 711, Book 9287, Page 698, and by-laws of the Peppertree Forest Homeowners Association as or record in Book 8757, Page 623, Register's Office for Davidson County, Tennessee.

Being the same property conveyed by **Allen Earps Builders, Inc.**, to **William Lee Jones** and wife, **Lois J. Jones** by deed of record in Book 9307, Page 541, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all existing restrictions and easements of record.

No new Survey was purchased or prepared for this conveyance.

This property is improved property, known as 4241 Laurenwood Drive, Antioch, TN 37013.

The release from Tennessee TennCare for **Lois Jewel Jones** is attached as **Exhibit C.**

The release from Tennessee TennCare for **William Lee Jones** is attached as **Exhibit D.**

Further affiants sayeth not.

**WILLIAM JONES**

**LORI MOSIER**

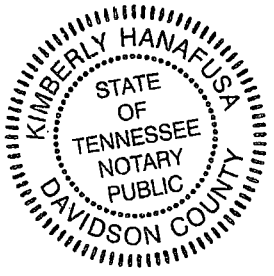
Sworn to and subscribed before me this the 15TH day of FEBRUARY, 2023.

**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 **William Jones** one of the within named bargainors, 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 he executed the foregoing instrument for the purposes therein contained as his 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 15TH day of FEBRUARY, 2023.




**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 **Lori Mosier** one of the within named bargainors, 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 15TH day of FEBRUARY, 2023.




**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 2022 052016

| 1. Decedent's Legal Name | | | 2. Sex | 3. Date of Death |
|---|---|---|---|---|
| LOIS JEWEL JONES | | | FEMALE | 07/29/2022 |
| **4. Time of Death (Approx.)** | **5a. Age** | **6. Date of Birth** | **7. Birthplace** | |
| 13:41 | 76 | 03/19/1946 | NASHVILLE, TN | |
| **8a. Place of Death** | | | | |
| INPATIENT | | | | |
| **8b. Facility Name** | | **8c. City or Town** | | **8d. County of Death** |
| SAINT THOMAS MIDTOWN HOSPITAL | | NASHVILLE | | DAVIDSON |
| **9. Marital Status** | **10. Surviving Spouse (name prior to first marriage)** | **11a. Decedent's Usual Occupation** | | **11b. Kind of Business/Industry** |
| WIDOWED | | SECRETARY | | CATHEDRAL |
| **12. Social Security Number** | **13a. Residence-State or Foreign Country** | **13b. County** | | **13c. City or Town** |
| -1497 | TENNESSEE | DAVIDSON | | NASHVILLE |
| **13d. Street and Number** | | **13e. Inside City Limits?** | **13f. Zip Code** | **14. Was Decedent ever in US Armed Forces?** |
| 4241 LAUREN WOOD DR. | | YES | 37013 | NO |
| **15. Decedent's Education** | **16. Decedent of Hispanic Origin?** | | **17. Decedent's Race** | |
| HIGH SCHOOL GRADUATE OR GED COMPLETED | NO, NOT SPANISH/HISPANIC/LATINO | | WHITE | |
| **18. Father's Name** | | **19. Mother's Name Prior to First Marriage** | | |
| HARVEY CRIPPS | | RUTH TIDWELL | | |
| **20a. Informant's Name** | **20b. Relationship to Decedent** | **20c. Mailing Address** | | |
| LORI MOISER | DAUGHTER | 1016 CUMBERLAND DR., CHAPMANSBORO, TN 37035 | | |
| **21a. Method of Disposition** | **21b. Place of Disposition** | | **21c. Location** | |
| CREMATION | NASHVILLE CREMATION SERVICE | | NASHVILLE, TN | |
| **22a. Signature of Funeral Director** | **22b. License Number** | **22c. Signature of Embalmer** | | **22d. License Number** |
| ▶ /e/ JEFF PLUNK | 4427 | ▶ | | |
| **23a. Name and Address of Funeral Home** | | | | **23b. License Number** |
| MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604 | | | | 40 |
| **24. Registrar's Signature** | | **25. Date Filed** | | |
| ▶ /e/ EDWARD G BISHOP III | | 08/09/2022 | | |

**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/ NICHOLAS FLYNN | 053313 | 08/09/2022 |

27d. Name and Address: NICHOLAS FLYNN ST THOMAS MIDTOWN 2000 CHURCH STREET, NASHVILLE, TN 37209

**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. RESPIRATORY FAILURE | |
| 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 | b. CHRONIC OBSTRUCTIVE PULMONARY DISEASE | |
| | c. PAROXYSMAL ATRIAL FIBRILLATION | |
| | d. CORONARY ARTERY DISEASE | |

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 | UNKNOWN | 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

14362954

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 4 3 6 2 9 5 4
Date Issued: Aug-09-2022

CERTIFICATION OF VITAL RECORD

# STATE OF TENNESSEE
## Office of Vital Records

EXHIBIT B

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 024089

| | | | |
|---|---|---|---|
| 1. Decedent's Legal Name: WILLIAM LEE JONES | | 2. Sex: MALE | 3. Date of Death: 04/07/2021 |
| 4. Time of Death (Approx.): 00:00 | 5a. Age: 78 | 6. Date of Birth: 08/08/1942 | 7. Birthplace: NASHVILLE, TN |
| 8a. Place of Death: ER/OUTPATIENT | | | |
| 8b. Facility Name: TRISTAR SOUTHERN HILLS MEDICAL CENTER | | 8c. City or Town: NASHVILLE | 8d. County of Death: DAVIDSON |
| 9. Marital Status: MARRIED | 10. Surviving Spouse (name prior to first marriage): LOIS CRIPPS | 11a. Decedent's Usual Occupation: SEARGANT | 11b. Kind of Business/Industry: NASHVILLE METRO POLICE DEPT |
| 12. Social Security Number: -8455 | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | 13c. City or Town: ANTIOCH |
| 13d. Street and Number: 4241 LAURENWOOD DRIVE | 13e. Inside City Limits?: YES | 13f. Zip Code: 37013 | 14. Was Decedent ever in US Armed Forces?: YES |
| 15. Decedent's Education: ASSOCIATE DEGREE | 16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO | 17. Decedent's Race: WHITE | |
| 18. Father's Name: J B JONES | | 19. Mother's Name Prior to First Marriage: MABLE HARLAN | |
| 20a. Informant's Name: LOIS JONES | 20b. Relationship to Decedent: WIFE | 20c. Mailing Address: 4241 LAURENWOOD DRIVE, ANTIOCH, TN 37013 | |
| 21a. Method of Disposition: CREMATION | 21b. Place of Disposition: NASHVILLE CREMATION SERVICE | 21c. Location: NASHVILLE, TN | |
| 22a. Signature of Funeral Director: ▶ /e/ BRIAN S DAVIDSON | 22b. License Number: 6814 | 22c. Signature of Embalmer: ▶ | 22d. License Number |
| 23a. Name and Address of Funeral Home: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604 | | | 23b. License Number: 40 |
| 24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III | | 25. Date Filed: 04/08/2021 | |

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: ▶ /e/ RAMY SAYED | 27b. License Number: 56947 | 27c. Date Signed: 04/08/2021 |

27d. Name and Address: RAMY SAYED 300 STONECREST BLVD STE 100, SMYRNA, TN 37167

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. CARDIOVASCULAR ARREST | |
| | b. CONGESTIVE HEART FAILURE | |
| | c. CORONARY ARTERY DISEASE | |
| | d. CHRONIC LUNG DISEASE | |

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: 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

13507771

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

13507771

Date Issued: Apr-09-2021

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
#

November 8, 2022

Larry D. Cantrell
2412 Eugenia Avenue
Nashville, TN 37211

RE: Jones, Lois Jewell Date of Death: 7/29/2022 SSN: xxx-xx-1497
Our File Number: 82564

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

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

#

February 13, 2023

Larry D. Cantrell
2412 Eugenia Avenue
Nashville, TN 37211

RE: Jones, William Lee Date of Death: 4/7/2021 SSN: xxx-xx-8455
Our File Number: 90086

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 D