This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2550
Email: hskipworth@skipworthlaw.com
From paperwork provided by clients –
No Title examination requested.

Karen Johnson Davidson County
Batch# 983432 AFFIDAVITH
03/22/2023 02:17:15 PM 22 pgs
Fees: $112.00 Taxes: $0.00
20230322-0020836

NEW OWNERS:

David Richard Settles
2307 Crocker Springs Road
Goodlettsville, TN 37072

Tammy Denise Cunningham
205 Maplewood Trace
Nashville, TN 37207

Map & Parcel No: 06004002600

SEND TAX NOTICE TO:

David Richard Settles
2307 Crocker Springs Road
Goodlettsville, TN 37072

Tammy Denise Cunningham
205 Maplewood Trace
Nashville, TN 37207

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiant, Judy Faye Eldridge, being first duly sworn according to law, and being of lawful age and residing for the past 60 or more years in and around Davidson County, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear or affirm to the following of her own free will and based upon her personal knowledge and familiarity:

The decedent, Blanche Merline Settles A/K/A Blanche M. Settles, and late husband, Pem Settles, purchased land, as husband and wife, known as 205 Maplewood Lane, now Maplewood Trace, Nashville, Tennessee 37270. The decedent and late husband, during their union birthed three children: David Richard Settles, Tammy Denise Cunningham, and Danny Michael Settles, who predeceased the making of decedent's Will; all being adults.

1. At the time of her death, the decedent owned a house and acreage described as follows to wit:

SEE EXHIBIT "A"
ATTACHED HERETO
FOR COMPLETE DESCRIPTION
OF PROPERTY

Being the property conveyed to Pem Settles and wife, Blanch Merline Settles A/K/A Blanch M. Settles by deed from L. B. Jones and wife, Robbye R Jones, of record in Book 2903, page 625, Register's Office for Davidson County, Tennessee. Thereafter Pem Settles died on July 24, 1998, evidenced by Certificate of Death attached hereto as Exhibit B.

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 2903, page 625, Register's Office for Davidson County, Tennessee.

1. As evidenced by a Certificate of Death attached hereto as Exhibit "C", Blanche Merline Settles A/K/A Blanche M. Settles died testate on 04 June 2022.

2. The decedent died leaving no spouse.

3. The decedent died leaving two living children: David Richard Settles, and Tammy Denise Cunningham. The decedent had no other children.

4. David Richard Settles, and Tammy Denise Cunningham, each received a fifty percent (50%) undivided interest in the real estate described above by virtue of being the surviving issue/beneficiaries under the testate estate of Blanche M. Settles A/K/A Blanche Merline Settles, deceased, as evidenced by the following:

a. Certified Copy of Will, see EXHIBIT "D"
b. Certified Copy of Order dated 11/23/2022, see EXHIBIT "E"

5. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "F", the decedent did not receive any aid from the Bureau of Tenncare.

6. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

8. This Affidavit will confirm the vesting of title to the real property located at 205 Maplewood Trace, Nashville, Davidson County, Tennessee, 37207 after the death of Blanche M. Settles A/K/A Blanche Merline Settles, in David Richard Settles, and Tammy Denise Cunningham, as tenants in common, being the only living issue and beneficiaries under the testate estate of Blanche M. Settles AKA Blanche Merline Settles, deceased.

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 the beneficiaries under the testate estate of Blanche M. Settles A/K/A Blanch Merline Settles.

Further, Affiants saith not.

Dated this 8th day of March, 2023.

Judy Faye Eldridge

JUDY FAYE ELDRIDGE, Affiant

SWORN TO AND SUBSCRIBED before me on this the 8th day of March, 2023.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

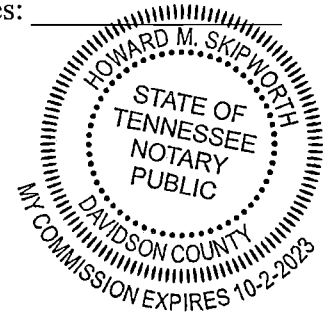
Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Judy Faye Eldridge, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that 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 8th day of March, 2023.

Howard M. Skipworth
NOTARY PUBLIC

My Commission
expires: _____



DAVID RICHARD SETTLES, ISSUE/BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 11th day of March, 2023.

NOTARY PUBLIC
My Commission expires:_____

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 **DAVID RICHARD SETTLES**, the within named heir/beneficiary, 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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 11th day of March, 2023.

NOTARY PUBLIC

My Commission expires:_____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

EXHIBIT "A"

Real Property Description

A small tract of land in the 12th, formerly 17th Civil District of Davidson County, Tennessee, being part of Lot No. 1 on the plan of the Subdivision of the Lands of William Phillips, as of record in Book 57, page 21, Register's Office, and being known as Lot No. 205 on the unrecorded map showing the Subdivision of part of said Lot 1 and described as follows:

Beginning at a point in the centerline of Maplewood Lane, at the southeast corner of the land conveyed to Gilbert H. Douglas, by deed of record in Book 2104,page 382; thence with his east line, North 9° 02' East 240.4 feet to a point; thence south 83° 35' East 52.1 feet to a corner of Lot No. 207; thence with the line between Lots Nos. 205 and 207, South 6° 25' West 240 feet to the centerline of Maplewood Lane; thence with the centerline of the same, North 83° 35' West 63 feet to the point of Beginning.

SUBJECT TO ALL MATTERS ON PLAT 57-21

The 2022 taxes in the amount of 1,552.15 are due but not yet paid.
The 2023 taxes in the amount of (unknown) are now a lien, but not yet due and payable.

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

9803891

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
PEM B. SETTLES	M	JULY 24, 1998

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	71			4-20-1927	JACKSON COUNTY, TENNESSEE

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [XX] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
NASHVILLE MEMORIAL HOSPITAL	MADISON	DAVIDSON

10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	BLANCHE WHITAKER	ASSEMBLY	PHILLIPS & BURTTOFF CO.

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TENNESSEE	DAVIDSON	NASHVILLE	205 MAPLEWOOD LANE

CENSUS TRACT	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
	1 [XX] Yes 2 [ ] No	37207	[ ] Yes [XX] No	WHITE	Elementary/Secondary (0-12): 5	College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
WILLIS SETTLES	MOLLIE SPIVEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
BLANCH SETTLES	WIFE	205 MAPLEWOOD LANE NASHVILLE, TENNESSEE 37207

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	FOREST LAWN MEMORIAL GARDENS	GOODLETTSVILLE, TENNESSEE

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
DAVID BALDWIN ▶	3169	▶ LYNN GAUTHIER	4052

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
FOREST LAWN FUNERAL HOME 1150 S. DICKERSON ROAD GOODLETTSVILLE, TENNESSEE 37072	927

REGISTRAR

23. REGISTRAR'S SIGNATURE ▶ [signature] — 24. DATE FILED (Month, Day, Year): July 29, 1998

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

1 [X] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ John Jordan MD	023806	July 28, 1998

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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. JOHN JORDAN 1035 OLD HICKORY BLVD. MADISON, TENNESSEE 37115

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Myocardial Infarct	Minutes
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Atherosclerosis	Years
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Hypertension

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

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) | 31f. LOCATION (Street and Number or R

BIRT

PH-1659
REV 2 93

EXHIBIT

B

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 033046

1. Decedent's Legal Name			2. Sex	3. Date of Death
BLANCHE SETTLES			FEMALE	05/04/2022
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
23:14	90	06/17/1931	JACKSON COUNTY, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		8c. City or Town		8d. County of Death
205 MAPLEWOOD TRACE		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
WIDOWED		FACTORY		BAG MILL
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
[redacted]	TENNESSEE	DAVIDSON		NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
205 MAPLEWOOD TRACE		YES	37207	NO
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race		
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		19. Mother's Name Prior to First Marriage		
LEO WHITAKER		ETTA WHITAKER		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
DAVID SETTLES	SON	2307 CROCKER SPRINGS RD., GOODLETTSVILLE, TN 37072		
21a. Method of Disposition	21b. Place of Disposition	21c. Location		
BURIAL	FOREST LAWN MEMORIAL GARDENS	GOODLETTSVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number	
▶ /e/ SAMUEL BREWER	16278	▶ /e/ DONNA MARIE ROGERS	4187	
23a. Name and Address of Funeral Home			23b. License Number	
FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TN 37072			927	
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III.		05/16/2022		

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/ JENNIFER LOWE ELLIS	028060	05/13/2022

27d. Name and Address: JENNIFER LOWE ELLIS 1539 ST C ASHLAND CITY RD, CLARKSVILLE, TN 37040

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. HYPERTENSIVE HEART DISEASE	YEARS
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: DEMENTIA, CHRONIC KIDNEY DISEASE

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

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.

14266791

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 4 2 6 6

Date Issued: May-16

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

EXHIBIT C

STATE OF TENNESSEE

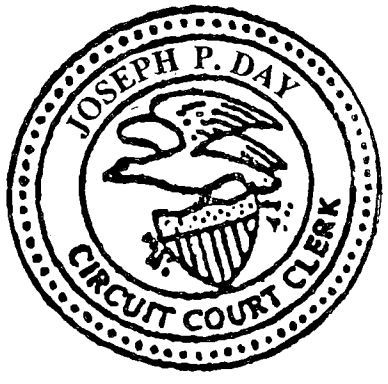
I, JOSEPH P. DAY, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the LAST WILL & TESTAMENT heretofore filed in the Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, on the 23RD day of NOVEMBER, 2022, in Docket Number 22P2030, IN RE: BLANCH M. SETTLES, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 30TH day of NOVEMBER in the year 2022 and in the 246 year of American Independence.

JOSEPH P. DAY, Clerk

By: _____
Deputy Clerk

[SEAL]



EXHIBIT

D

COPY.

EFILED 11/23/22 12:29 PM CASE NO. 22P2030 Joseph P. Day, Clerk

22P2030

LAST WILL AND TESTAMENT

OF

BLANCHE M. SETTLES

FILED
NOV 23 2022
JOSEPH P. DAY, Clerk
By _____ Deputy

I, **BLANCHE M. SETTLES**, of 205 Maplewood Lane, Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1
PROVISIONS RELATIVE TO FIDUCIARIES

1.1 **Definition.** The term "fiduciaries" means the executor, executrix, trustee, or guardian serving at any time under my will and includes successors.

1.2 **Bond**. No bond is required of any fiduciary appointed under this will or by a court.

1.3 **Waiver of Inventory and Appraisals.** I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.

1.4 **Resignation.** The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.

COPY.

EFILED 11/23/22 12:29 PM CASE NO. 22P2030 Joseph P. Day, Clerk

ARTICLE 2
DEFINITIONS

2.1 **My Spouse**. My beloved husband predeceased the making of this my Last Will and Testament.

2.2 **My Children**. My children are **DAVID RICHARD SETTLES**, born May 17, 1951; **DANNY MICHAEL SETTLES**, who predeceased the making of this my Last Will and Testament on 5 August 2006; and **TAMMY DENISE (SETTLES) CUNNINGHAM**, born February 6, 1965. All reference in this Will to child or issue shall mean these children and their issue.

2.3 My son, **DANNY MICHAEL SETTLES**, deceased, was survived by two children : **WENDY (SETTLES) WOODALL**, and **MICHAEL SETTLES**.

2.4 **Singular and Masculine Usage**. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 3
FIDUCIARIES

3.1 **Executors.** I appoint my son, **DAVID RICHARD SETTLES**, as executor of my will. If **DAVID RICHARD SETTLES** ceases to qualify or fails to serve, then **TAMMY DENISE (SETTLES) CUNNINGHAM**, shall act alone as my executrix.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 **Debts, Funeral and Administration Expenses**. My executor is to pay all burial expenses, the expenses of my last illness, and the administration expenses of my estate.

4.2 **Income Tax Treatment of Administration Expenses**. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating

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adjustments between the income and principal are to be made because of such decision.

4.3 **Taxes.**

(a). **Defined**. The terms "taxes" means any transfer tax assessed because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). **Payment**. My executor is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executor is to pay the taxes from my Remainder Estate.

ARTICLE 5
DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

5.1 I give, devise and bequeath to each of the following persons the item or items set forth opposite his/her respective name:

(a) To my daughter, **Tammy Denise (Settles) Cunningham**, the twin bedroom suite (5 piece), and all my personal items, such as jewelry, clothing, etc.

(b) To my son, **David Richard Settles**, the stove and refrigerator.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 Except as may be otherwise specifically devised in this Will, all interests in real property that I may own at the time of my death and that shall pass under this Will shall be owned by my estate and shall be titled in the name of my personal representative, who shall have full possession of and exercise full control over such property. Until distribution or other disposition of any such property my estate shall be entitled to all of the income therefrom and gains from the sale or other disposition thereof and shall discharge all of the responsibilities relating to ownership

COPY

EFILED 11/23/22 12:29 PM CASE NO. 22P2030 Joseph P. Day, Clerk

thereof, including but not limited to, payment of any taxes with respect thereto and maintenance and repairs thereof. It is my intention that all interests in real property that pass under this Will shall become assets of my probate estate at my death and shall not pass by operation of any law directly to my heirs or devisees under this Will. I give my son, **DAVID RICHARD SETTLES**, five thousand ($5,000.00) Dollars from the sale of any of my real property. I give this amount to my son, because I gave a similar amount to my daughter to purchase a vehicle. I give the balance from the sale of any of my real property to my residuary estate.

ARTICLE 7
DEALING WITH FIDUCIARIES

7.1 **Dealing with Executor**. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part of the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered, or loaned to the executor.

7.2 **Income During Administration**. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same person, and in the same proportions, as might be made if the administration were completed.

7.3 **Power to Disclaim**. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.

This is page four of my Will RMS

COPY

EFILED 11/23/22 12:29 PM CASE NO. 22P2030 Joseph P. Day, Clerk

7.4 **Joint Accounts**. If any of my accounts are joint accounts with right of survivorship, it is my intention that these joint accounts pass to the surviving joint owner at my death.

7.5 **Indemnity of Fiduciary.** I want my fiduciary to exercise its discretion without fear of incurring a liability or expense. Therefore, unless it acts capriciously or arbitrarily, my estate must indemnify the fiduciary for each monetary expense (including attorney fees) which it incurs or expends, or which arises from the exercise of discretion.

ARTICLE 8
RESIDUARY ESTATE

All the rest, residue and remainder of my estate, real, personal and mixed, of every nature and wheresover situated, including lapsed legacies and devises, remainders, reversion, expectancies, income collected during the period of administration of my estate and all property of which I have power of testamentary dispositions, control or appointment, I give the items or money set forth opposite the person's name listed below:

1. To my grandchild, **WENDY (SETTLES) WOODALL**, $500.00.
2. To my grandchild, **MICHAEL P. SETTLES**, $500.00.
3. To my grandchild, **DEARIDA R. BOLEN**, $500.00.
4. To my grandchild, **BRANDY M. STAPLETON**, $500.00.
5. To my grandchild, **HEATHER M. CUNNINGHAM**, $500.00.
6. To my two children, **DAVID RICHARD SETTLES** and **TAMMY DENISE (SETTLES) CUNNINGHAM**, I give the remainder of my Estate, share and share alike.

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ARTICLE 9

Should any beneficiary under this will, in any manner, directly or indirectly, attack of contest this will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

ARTICLE 10
SIGNATURE

This will consists of six (6) pages (each of which I have signed or initialed) covering Articles 1 through 10 inclusive. I now sign this as my Will on this the 14th day of July, 2010, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have set my hand this 14th day of July, 2010.

Blanche Settles
BLANCHE M. SETTLES

SIGNED, DECLARED and **PUBLISHED** by the said **BLANCHE M. SETTLES**, as and for her last Will, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date written.

NAME	ADDRESS
Howard M. Shipworth	P. O. Box 489 Joelton, Tn. 37080
Jerry L. Gregory	3897 CHANTHRUTTI RD. JOELTON, TN. 37080

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AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence **BLANCHE M. SETTLES**, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testatrix's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testatrix's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.

Howard M. Shipworth
WITNESS

P.O. Box 489
ADDRESS
Joelton, Tn 37080
CITY/STATE/ZIP

Jerry E. Gregory
WITNESS

3897 John Harpeth Rd
ADDRESS
Joelton Tn. 37080
CITY/STATE/ZIP

Subscribed and sworn to before me
this 14th day of July, 2010.

Bonnie K. Shipworth
NOTARY PUBLIC
My Commission Expires:

STATE OF TENNESSEE

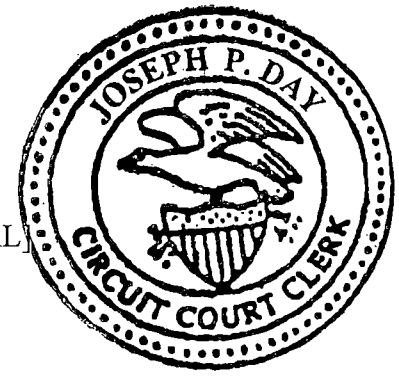
I, JOSEPH P. DAY, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the ORDER FOR MUNIMENT OF TITLE heretofore filed in the Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, on the 23RD day of NOVEMBER, 2022, in Docket Number 22P2030, IN RE: BLANCH M. SETTLES, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 30TH day of NOVEMBER in the year 2022 and in the 246 year of American Independence.

JOSEPH P. DAY, Clerk

By: _____
Deputy Clerk

[SEAL]



EXHIBIT

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EFILED 11/23/22 11:04 AM CASE NO. 22P2030 Joseph P. Day, Clerk

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**)

TWENTIETH JUDICIAL DISTRICT

METROPOLITAN **NASHVILLE** AND DAVIDSON COUNTY, **TENNESSEE**

In Re: **ESTATE OF BLANCH M. SETTLES,** deceased

DAVID RICHARD SETTLES,
PETITIONER.

Case No. 22P2030

ORDER TO PROBATE

This case was called on the 23RD day of NOVEMBER, 2022, before the Honorable Andra J. Hedrick, Seventh Circuit Court (Probate Division), Twentieth Judicial District, Metropolitan Nashville and Davidson County, Tennessee upon the following, to wit:

1. Verified Petition filed by **DAVID RICHARD SETTLES** requesting that paper writing purporting to be the Last Will and Testament of **BLANCH M. SETTLES**, deceased, be admitted to Probate only as a muniment of title.

Whereupon, the Petitioner produced paper writing purporting to be the Last Will and Testament of **BLANCH M. SETTLES**, said paper writing bearing date of July 14, 2010, having the name **BLANCH M. SETTLES**, signed thereto as testator subscribed by Jerry E. Gregory and Howard M. Skipworth as attesting witnesses, naming **DAVID RICHARD SETTLES** as Personal Representative, and waiving any bond of said Personal Representative in Article I (1.2) on page 1 of said Will, and waiving the requirement of filing any inventory or making any accounting to the Court in Article I (1.3) on page 1 of said Will..

And, it appearing from the testimony of the aforesaid Jerry E. Gregory and Howard M. Skipworth, taken upon affidavit as authorized by and in accordance with Tennessee Code Annotated, Section 32-2-110, that: each of them did subscribe his

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respective name as an attesting witness to said paper writing; that said paper writing was written in the lifetime of **BLANCH M. SETTLES**, and published, signed and subscribed by **BLANCH M. SETTLES**, in the presence of the respective attesting witnesses; that **BLANCH M. SETTLES** was then of sound mind; and that, at **BLANCH M. SETTLES** request, said attesting witnesses signed said paper writing in **BLANCH M. SETTLES** presence and in the presence of each other on July 14, 2010.

And, it appearing that: said paper writing bears the true signature of **BLANCH M. SETTLES**; that **BLANCH M. SETTLES'S** usual place of domicile and residence at the time of **BLANCH M. SETTLES'S** death was Davidson County, Tennessee; and that **BLANCH M. SETTLES** died in Hermitage, Tennessee on July 14, 2022, at the age of Ninety (90) years;

And it further appearing to the Court the said paper writing titled Last Will and Testament was executed on the day it bears date and that, at the time of the execution thereof, **BLANCH M. SETTLES** was more than eighteen (18) years of age;

It is, therefore, ORDERED, ADJUDGED AND DECREED that said paper writing is the true, whole and Last Will and Testament of **BLANCH M. SETTLES**, deceased; that the same is hereby admitted to probate as muniment of title; and that the Clerk is directed to file and record the same and that no formal administration is required.

ENTERED this the _____ day of _____, 2022.

_____

Andra J. Hedrick, Judge

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APPROVED FOR ENTRY:

HOWARD M. SKIPWORTH & ASSOCIATES

HOWARD M. SKIPWORTH #012469
Attorney for Executor
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Email: hskipworth@skipworthlaw.com

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Case Title: SETTLES V SETTLES

Case Number: 22P2030

Type: FINAL ORDER

The foregoing is hereby ORDERED, ADJUDGED AND DECREED:

Judge Andra Hedrick, Seventh Circuit

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

December 7, 2022

Howard M. Skipworth
PO Box 489
Joelton, TN 37080

RE: Settles, Blanche Date of Death: 5/4/2022 SSN: xxx-xx-4261
Our File Number: 84785

Howard M. Skipworth:

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

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