AFFIDAVIT OF INHERITANCE - REAL PROPERTY

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Chaunte Corley Neely 128 Elrosa Road Mooresville, NC 28115	same	059 00 0 041.00

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney
7100 Hardwood Lane - College Grove, TN 37046
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@adamslaw-tn.com

STATE OF NC)

COUNTY OF Iredell)

The undersigned, being duly sworn, deposes and says:

ZACH W. CORLEY, a resident of Nashville, Davidson County, State of Tennessee, who died December 8, 2022, 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:

> LAND in the 13th Civil District of Davidson County, Tennessee, and described according to a survey by George W. Watkins, Surveyor, on March 16 and 17, 1961, as follows:
>
> BEGINNING at a point in the westerly margin of Buena Vista Pike, said point being the common front corners of the property herein conveyed and the Donald Winters property; thence South 27 deg. 40 min East along the westerly margin of the said Buena Vista Pike a distance of 100.0 feet to a point; thence 70 deg. 55 min. West a distance of 429 feet to a point; thence North 9 deg. 45 min. West a distance of 130.9 feet to a point; thence North 70 deg. 55 min. East a distance of 390 feet to a point in the westerly margin of the said Buena Vista Pike, same being the point of beginning, containing 1.2 acres, more or less.
>
> This is improved property known as 5105 Buena Vista Pike, Nashville, Tennessee 37218.

THE PREVIOUS AND LAST conveyance by deed to Zach W. Corley from Mary Nell Temple, of record in Instrument Number: 20011030-0118375, Register's Office for Davidson County, Tennessee.

Karen Johnson
Batch # 1081364
12/13/2023 10:32:29 AM
Fees: $22.00 Taxes: $0.00
Davidson County
AFFIDAVITH
4 pgs
20231213-0095865

At the time of his death, ZACH W. CORLEY held a 100% interest in the real estate described above. ZACH W. CORELY is also known as ZACH WAYNE CORLEY.

ZACH WAYNE CORLEY died intestate, Case Number: 23P133, IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE (Probate Division). The heir at law of the estate is as follows:

One Hundred Percent (100%) to his daughter, CHAUNTE CORLEY NEELY.

TennCare Release is attached as *Exhibit B*.

This the 28th day of November, 2023.

Chaunte Corley Neely

CHAUNTE CORLEY NEELY,
Affiant

Subscribed and sworn to before me this
the 28 day of November, 2023.

My Commission Expires: 04/05/2028.

Kimberly Bongiorni

Notary Public
Kimberly Bongiorni

Kimberly Bongiorni
Notary Public
Iredell County
North Carolina
My Commission Expires 4/5/2028

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 081516

1. Decedent's Legal Name: ZACH WAYNE CORLEY			2. Sex: MALE	3. Date of Death: 12/08/2022
4. Time of Death (Approx.): 05:44 AM	5a. Age: 73	6. Date of Birth: 06/22/1949	7. Birthplace: GALLATIN, TN	
8a. Place of Death: OTHER RESIDENCE				
8b. Facility Name: 5170 OLD HICKORY BOULEVARD		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: CONSTRUCTION BUSINESS OWNER		11b. Kind of Business/Industry: CONSTRUCTION
12. Social Security Number: -9148	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 6150 BEALS LANE		13e. Inside City Limits?: YES	13f. Zip Code: 37218	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: ISSAC THOMAS CORLEY		19. Mother's Name Prior to First Marriage: RUBY FIGGINS		
20a. Informant's Name: CHAUNTE CORLEY NEELY	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 128 ELROSA ROAD, MOORESVILLE, NC 28115		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: ASSURANT CREMATION SERVICES OF	21c. Location: SHELBYVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ JAMES DAVID FELDHAUS	22b. License Number: 4605	22c. Signature of Embalmer: ▶	22d. License Number:	
23a. Name and Address of Funeral Home: FELDHAUS MEMORIAL CHAPEL, LLC, 2022 NORTH MAIN ST, SHELBYVILLE, TN 37160-2022			23b. License Number: 1044	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 12/14/2022		

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: ▶ /e/ SHINDANA FEAGINS	27b. License Number: 39745	27c. Date Signed: 12/13/2022

27d. Name and Address: SHINDANA FEAGINS 607 W. DUE WEST AVE, MADISON, TN 37115

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. HYPERTENSION	
	c. DIABETES TYPE 2	
	d. CHRONIC KIDNEY 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?: NO	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

14701499

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

Morgan McDonald, MD, FAAP, FACP
Commissioner

1 4 7 0 1 4 9 9
Date Issued: Dec-14-2022

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURED AUTHENTICATED PROTECTION

[redacted]

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE ROAD, 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

REQUEST FOR RELEASE
INCLUDE A DEATH CERTIFICATE

Deceased Person's Name: Zach (First) Wayne (Middle) Corley (Last)

Person Submitting Request

Name: Elizabeth L Adams

Address: 7100 Hardwood Lane (Street Address) (Suite #)

College Grove (City) TN (State) 37046 (Zip Code)

Phone: 615-293-5598 Email: eadams@adamslaw-tn.com

Information About Probate Court Case

Has a probate court case been filed? If yes, check the box and fill out the rest of this section. ☐

County the case was filed in: n/a Date the case was filed: _____

Court Case Number: _____

Request that TennCare Waive or Delay Recovery of Claim

Are you are asking TennCare to waive (drop) or delay recovery of its claim? If yes, check any boxes that apply. **See the instructions at the bottom of this page for the other documents you must send us with this page.**

Deceased is survived by a child under 21 ☐ Deceased had long-term care insurance ☐

Deceased is survived by a child that the Social Security Administration determined to be blind or permanently and total disabled. ☐

Deceased is survived by a spouse ☐ Surviving Spouse's SSN _____

Surviving spouse's full name _____

Information about Trust

Is the deceased the beneficiary of a trust with a Medicaid payback provision? If yes, check this box ☐ and list the trustee's contact information below. Please provide a copy of the trust.

Name: _____

Address: _____ (Street Address) (Suite #)

_____ (City) (State) (Zip Code)

Phone: _____ Email: _____

INSTRUCTIONS:

1. Email, mail or fax this completed page **and the deceased's death certificate** to the RFR Processing Unit.
2. If the deceased is survived by a child under 21, also send us a copy of the child's birth certificate.
3. If the deceased had long-term care insurance, also send us a copy of the policy documents with this page.
4. If the deceased was survived by a blind or disabled child, also send us a copy of the child's birth certificate and the determination/award letter from the Social Security Administration.
5. If the deceased is the beneficiary of a trust with a Medicaid payback plan, also send us a copy of the trust.