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.

NEW OWNERS:

BENJAMIN LEE DANIEL
1027 HEATHROW DRIVE
HENDERSONVILLE, TN 37075

JASON MICHAEL DANIEL
115 CAMBRIA DRIVE
WHITE HOUSE, TN 37188

Map & Parcel No: 01500018800

Karen Johnson Davidson County
Batch # 1103974 AFFIDAVITH
02/23/2024 10:33:20 AM 24 pgs
Fees: $122.00 Taxes: $0.00
20240223-0012488

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiant, James Richard owens, 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 his own free will and based upon his personal knowledge and familiarity:

The decedent, Michael Lee Daniel, and late wife, Patricia Ann Daniel, purchased house, as husband and wife, now known as 7456 Whites Creek Pike, Joelton, Davidson County, Tennessee 37080. The decedent and late wife, during their union birthed two children: Benjamin Lee Daniel and Jason Michael Daniel, adults.

1. At the time of his 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 same property conveyed to Michael L. Daniel A/K/A Michael Lee Daniel and wife, Patricia L. Daniel, by deed from William C. Gifford of record in book 8129, page 831, corrected by instrument of record in Book 8173, page 449, said Register's office. Thereafter Patricia L. Daniels A/K/A Patricia Ann Daniel died on September 5, 2008, evidenced by Certificate of Death attached hereto as Exhibit B.

SUBJECT TO mortgage secured by Rocket Mortgage, LLC.

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

REFERENCE is made to prior title recorded in Book 8173, page 449, Register's Office for Davidson County, Tennessee.

1. As evidenced by a Certificate of Death attached hereto as Exhibit "C", Michael Lee Daniel died testate on 01 June 2022.

2. The decedent died leaving no spouse.

3. The decedent died leaving two biological children: Benjamin Lee Daniel and Jason Michael Daniel.

4. Benjamin Lee Daniel and Jason Michael Daniel, 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 Michael Lee Daniel, deceased, as evidenced by the following:

a. Copy of Order For testate Administration, see EXHIBIT "D"
b. Copy of Will, 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 other than mortgage listed above.

8. This Affidavit will confirm the vesting of title to the real property located at 7456 Whites Creek Pike, Joelton, Davidson County, Tennessee, 37080 after the death of Michael Lee Daniel, in Benjamin Lee Daniel and Jason Michael Daniel, as tenants in common, being the only heirs and beneficiaries under the testate estate of Michael Lee Daniel, deceased.

T.C.A. §67-4-409(a)(1)(C)(iv) exempts this instrument from tax and T.C.A. §67-4-409(a)(1)(E) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to the heirs/beneficiaries under the testate estate of Michael Lee Daniel.

Further, Affiants saith not.

Dated this 3rd day of February, 2024.

James Richard Owens

James Richard Owens, Affiant

SWORN TO AND SUBSCRIBED before me on this the 3rd day of February, 2024.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 5-3-2027

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 **James Richard Owens**, 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 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 3rd day of February, 2024.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 5-3-2027

EXHIBIT "A"

Real Property Description

Land that was in the Second now in the First Civil District of Davidson County, Tennessee and being described according to a survey by J. Bruce Rainey, Surveyor, #823 dated October 28, 1980, revised November 20, 1980, and known as Job No.80-202, as follows:

Beginning at a point on the easterly margin of Whites Creek Pike, said point of beginning being the Southwest corner of the herein described tract and also being 360 feet northerly from the Northwest corner of Lot No. 1 of the Division of the portion of the William C. Gifford property of record in Book 5800, page 32, Register's Office for Davidson County, Tennessee; thence with the easterly margin of said Whites Creek Pike N 04 deg. 28 min. 23 sec. E 50.00 feet to an iron pin; thence leaving the margin of Whites Creek Pike S 85 deg.07 min. 59 sec. E 318.05 feet to an iron pin; thence N 01 deg. 00 min. 42 sec. E 76.54 feet to an iron pin; thence S 84 deg. 52 min. 31 sec. E 638.17 feet to a point; thence S 05 deg. 56 min. 04 sec. W 141.18 feet to a point; thence N 84 deg. 03 min. 57 sec. W 948.26 feet to the point of beginning, containing 2.37 acres more or less.

STATE OF TENNESSEE
Office of Vital Records

0805573

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): Patricia Ann Daniel
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 05, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 55
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HRS. / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 21, 1953
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 7456 Whites Creek Pike
9c. CITY, TOWN, OR LOCATION OF DEATH: Joelton
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Michael Lee Daniel
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Customer Service
12b. KIND OF BUSINESS/INDUSTRY: American General Ins. Co
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 7456 Whites Creek Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
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+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Linville
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Ann Goodwin

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mike Daniel
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7456 Whites Creek Pk., Joelton, TN 37080

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): Forest Lawn Memorial Park
20c. LOCATION-City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P O Bx 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): September 26, 2008

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 SIGNATURE AND TITLE OF PHYSICIAN: Ruth Lamar MD
25b. LICENSE NUMBER: MD0207297
25c. DATE SIGNED (Month, Day, Year): 9/23/08
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): Ruth E. Lamar, M.D., 4230 Harding Road, Suite 707 E., Nashville, TN 37205

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic Breast Cancer — Approximate Interval Between Onset and Death: 13 years
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.
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.

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 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
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):

TH-1659 (REV. 6-90) — BIRTH NO. — RDA 1330

2739387

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.

Sharon M. Leinbach
STATE REGISTRAR

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

Date Issued SEP 29 2008

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

CERTIFICATION OF VITAL RECORD

EXHIBIT B

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 037435

1. Decedent's Legal Name: MICHAEL LEE DANIEL			2. Sex: MALE	3. Date of Death: 06/01/2022
4. Time of Death (Actual): 20:01	5a. Age: 67	6. Date of Birth: 09/03/1954	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE		8c. City or Town: HERMITAGE	8d. County of Death: DAVIDSON	
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: DIRECTOR	11b. Kind of Business/Industry: STATE LABOR DEPT.	
12. Social Security Number: [redacted]	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: JOELTON	
12d. Street and Number: 7456 WHITES CREEK PIKE		12e. Inside City Limits?: YES	12f. Zip Code: 37080	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18. Father's Name: ALTON O. DANIEL		19. Mother's Name Prior to First Marriage: DORIS JEAN DUNCAN		
20a. Informant's Name: BENJAMIN DANIEL	20b. Relationship to Decedent: SON	20c. Mailing Address: 1027 HEATHROW DRIVE, HENDERSONVILLE, TN 37075		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: FOREST LAWN MEMORIAL GARDENS	21c. Location: GOODLETTSVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ SAMUEL BREWER	22b. License Number: 16278	22c. Signature of Embalmer: ▶ /e/ CAYLEY FREEMAN	22d. License Number: 20172	
23a. Name and Address of Funeral Home: FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TN 37072			23b. License Number: 927	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III	25. Date Filed: 06/05/2022			

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/ TOBY RAY SMITH	38068	06/05/2022

27d. Name and Address: TOBY RAY SMITH 5651 FRIST BLVD, SUITE 309, NASHVILLE, TN 37076

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 ENDORING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE ON CHRONIC 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. SEPTIC SHOCK	
	c. ENTEROBACTER URINARY TRACT INFECTION	
	d. STAGHORN RENAL CALCULUS	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: RHEUMATOID ARTHRITIS, DIABETES MELLITUS, ACUTE ON CHRONIC RENAL FAILURE, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, CANDIDEMIA

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	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-1650E

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.

14270326

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

Edward G. Bishop III
State Registrar

1427032 8

Date Issued: Jun-06-2022

CERTIFICATION OF VITAL RECORD

EXHIBIT
C

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

TWENTIETH JUDICIAL DISTRICT

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

In Re: **ESTATE OF MICHAEL LEE DANIEL,** deceased

BENJAMIN LEE DANIEL,
PETITIONER.

Case No. 22P2032

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 **BENJAMIN LEE DANIEL**, requesting that paper writing purporting to be the Last Will and Testament of **MICHAEL LEE DANIEL**, deceased, be admitted to Probate, and that Letters Testamentary be issued to the Petitioner.

Whereupon, the Petitioner produced paper writing purporting to be the Last Will and Testament of **MICHAEL LEE DANIEL**, of which had the name **MICHAEL LEE DANIEL**, signed thereto as testator and being: (1) Will bearing date of August 26, 2008, subscribed by Buford W. Blackwell and Howard M. Skipworth as attesting witnesses.

And, it appearing from the testimony of the aforesaid Buford W. Blackwell 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 their respective name as an attesting witness to paper writing they witnessed; that

EXHIBIT D

paper writing was written in the lifetime of **MICHAEL LEE DANIEL**, and published, signed and subscribed by **MICHAEL LEE DANIEL**, in the presence of the respective attesting witnesses; that **MICHAEL LEE DANIEL** was then of sound mind; and that, at **MICHAEL LEE DANIEL'S** request, said attesting witnesses signed said paper writing in **MICHAEL LEE DANIEL'S** presence and in the presence of each other on the date specified in paper writing:

And, it appearing that: said paper writing bears the true signature of **MICHAEL LEE DANIEL**; that **MICHAEL LEE DANIEL'S** usual place of domicile and residence at the time of death was Davidson County, Tennessee; and that **MICHAEL LEE DANIEL** died at Tristar Summit Medical Center Hermitage, Tennessee on June 1, 2022, at the age of sixty-seven (67) 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, **MICHAEL LEE DANIEL** was more than eighteen (18) years of age;

It is, therefore, ORDERED, ADJUDGED AND DECREED the said paper writing dated August 26, 2008, constitutes the true and whole and Last Will and Testament of **MICHAEL LEE DANIEL**, deceased; the same be and is hereby admitted to probate; and the Clerk is directed to file and record the same.

And it further appearing to the Court the said paper writing dated August 26, 2008, and purporting to be the Last Will and Testament of **MICHAEL LEE DANIEL** nominates Petitioner, **BENJAMIN LEE DANIEL**, Personal Representative;

And it further appears that **BENJAMIN LEE DANIEL** has not been convicted of any felony or misdemeanor or any imprisonment in a penitentiary [Tennessee Code Annotated, Section 30-1-117 (10)] and therefore is eligible for appointment as Personal Representative;

And it further appears that **MICHAEL LEE DANIEL**, deceased, was not the owner of or had a controlling interest in any ongoing business or economic enterprise that is or may

be part of the estate [Tennessee Code Annotated, Section 30-1-117 (11)];

It therefore is ORDERED **BENJAMIN LEE DANIEL** be and hereby is appointed Personal Representative of the Estate of **MICHAEL LEE DANIEL**, deceased, and the Clerk is directed to issue Letters Testamentary.

And it further appears to the Court the paper writing directs that no bond be required for the faithful performance of his duties.

It therefore is ORDERED bond is excused pursuant to Tennessee Code Annotated, Section 30-1-201 (a) (1) (A);

And it further appearing to the Court the said Last Will and Testament excuses and waives filing an Inventory;

It therefore is ORDERED that filing an Inventory is excused pursuant to Tennessee Code Annotated, Section 30-2-301 (a).

And it further appearing to the Court the said Last Will and Testament excuses and waives filing of Accountings.

It therefore is ORDERED that filing Accountings is excused pursuant to Tennessee Code Annotated, Section 30-2-601 (a) (4) (A).

It further is ORDERED that Notice to Creditors of the Estate be published pursuant to Tennessee Code Annotated, Section 30-2-306.

It further is ORDERED that Notice of this proceeding be sent to the Tennessee Bureau of TennCare, Third Party Liability Division pursuant to Tennessee Code Annotated, Section 71-5-116 (2).

It further is ORDERED the Personal Representative shall file a status report detailing any remaining estate issues within fifteen (15) months from the date of qualification and each year thereafter that the estate remains open pursuant to Tennessee Code Annotated, Section 30-2-601 (a) (1), and Local Rule 39, Special Procedures for Probate Matters, Courts of Record, Twentieth Judicial District.

ENTERED this the _____ day of _____, 2022.

_____
Andra J. Hedrick, Judge

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

Case Title: DANIEL V DANIEL

Case Number: 22P2032

Type: APPOINTING ORDER - ESTATES

The foregoing is hereby ORDERED, ADJUDGED AND DECREED:

Judge Andra Hedrick, Seventh Circuit

STATE OF TENNESSEE

****

IN RE: ***MICHAEL LEE DANIEL***

Docket No: ***22P2032***

I, JOSEPH P. DAY, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the Order heretofore entered in the above styled case on November 23, 2022 in the Seventh Circuit Court for Davidson County, Tennessee, 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, on February 5, 2024.

JOSEPH P. DAY CIRCUIT COURT CLERK

JOSEPH P. DAY, Clerk,

By: _____ ***Deputy Clerk***

22P2032

LAST WILL AND TESTAMENT

OF

MICHAEL LEE DANIEL

I, **MICHAEL LEE DANIEL**, of Joelton, 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, executor, personal representative, 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.

EXHIBIT
E

ARTICLE 2
DEFINITIONS

2.1 **My Spouse**. My beloved spouse is **PATRICIA LINVILLE DANIEL**.

2.2 **My Children**. I have two children, **BENJAMIN LEE DANIEL**, born July 28, 1980 and **JASON MICHAEL DANIEL**, born January 4, 1986.

2.3 **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 **BENJAMIN LEE DANIEL,** as executor of my will. If **BENJAMIN LEE DANIEL** fails to qualify or ceases to serve, then my son, **JASON MICHAEL DANIEL**, shall serve alone as my executor.

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 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 AND INTANGIBLE PERSONAL PROPERTY

5.1 I give all of my strictly personal property that I may own at my death, to my wife. In the event my wife shall not survive me, I give all of my strictly personal property to my children.

ARTICLE 6
REAL PROPERTY

6.1 Except as may be otherwise specifically devised in this Will, all interest 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 there from and gains from the sale or other disposition thereof and shall discharge all of the responsibilities relating to ownership 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 at my death, except such interest as may be otherwise specifically devised in this Will. I direct my executor to sell any real property owned by me at my death, as it sees fit and proper, without any court approval, and, distribute the net proceeds, after all costs and administration expenses are paid, to my wife. In the event my wife shall not survive me, I direct the net proceeds be paid to my child.

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 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.

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 **Interpretive Provision.** If a beneficiary does not survive me, but leaves a descendent who does survive me, the descendent takes the share of my deceased beneficiary, except to the extent that I have made a different disposition of the gift.

7.6 **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

All the rest, residue and remainder of my estate, real, personal and mixed, of every nature and wheresoever situated, including lapsed legacies and devises, reminders, reversions, expectancies, income collected during the period of administration of my estate, less costs and administrative expenses, I give, devise and bequeath to my beloved wife absolutely in fee simple. In the event my wife shall not survive me, I give same to my children in fee simple.

ARTICLE 9

Should any beneficiary under this will, in any manner, directly or indirectly attack or 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 26th day of August, 2008, 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 26th day of August, 2008.

Michael Lee Daniel
MICHAEL LEE DANIEL

SIGNED, DECLARED and PUBLISHED by the said **MICHAEL LEE DANIEL**, as and for his last Will, in the presence of us, the undersigned, who, at his request and in his 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 Jacksboro, Tn. 37757
Boyd W Blackwell	193 Bobb Dr Jacksboro TN 37757

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, **MICHAEL LEE DANIEL,** signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testator's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testator's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testator 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

Bryant W Blackwell
WITNESS

193 Bobb Dr.
ADDRESS
Joelton TN 37080
CITY/STATE/ZIP

Subscribed and sworn to before me this 26th day of August, 2008.

NOTARY PUBLIC
My Commission Expires: NOV 7, 2011



STATE OF TENNESSEE

****

IN RE: ***MICHAEL LEE DANIEL***

Docket No: ***22P2032***

I, JOSEPH P. DAY, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the document heretofore entered in the above styled case on November 23, 2022 in the Seventh Circuit Court for Davidson County, Tennessee, 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, on February 5, 2024.

JOSEPH P. DAY CIRCUIT COURT CLERK

JOSEPH P. DAY, Clerk,

By: _____ ***Deputy Clerk***

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: Daniel, Michael Lee Date of Death: 6/1/2022 SSN: xxx-xx-8226
Our File Number: 84786

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
F

Jason Michael Daniel, HEIR/BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 3 day of February, 2024.

NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-3-2027

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 **Jason Michael Daniel**, 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 3rd day of February, 2024.

NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-3-2027

NOTE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
Joelton, TN 37080

Benjamin Lee Daniel, HEIR/BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 3rd day of February 2024.

NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-3-2021

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 **Benjamin Lee Daniel**, 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 3rd day of February, 2024.

NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-3-2021