Karen Johnson
Batch # 1190772
10/07/2024 10:50:00 AM
Fees: $107.00 Taxes: $0.00
Davidson County
AFFIDAVITH
21 pgs
20241007-0077722

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:

Michael Anthony Krantz
2755 Ivey Point Road
Goodlettsville, TN 37072

Map & Parcel No: 01000004300

SEND TAX NOTICE TO:

Michael Anthony Krantz
2755 Ivey Point Road
Goodlettsville, TN 37072

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiant, Linda Edwards Uselton, 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, Anita R. Krantz A/K/A Anita Ritter Krantz, purchased land from Walter Krantz Sr., a widower, who retained a life estate in said property, known as 2857 Ivey Point Road, Goodlettsville, Tennessee 37072. The decedent and late husband, during their union birthed no children.

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

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

Being the property conveyed to Anita Krantz A/K/A Anita Ritter Krantz, by deed from Walter Krantz, Sr., a Widower, of record in Book 4644, page 756, Register's Office for Davidson County, Tennessee. Thereafter Walter Krantz, Sr., died on 27 November 1972, evidenced by Certificate of Death attached hereto as Exhibit B. Thereafter, Herman A. Krantz, spouse of Anita Ritter Krantz, died on February 20, 2006, evidenced by Certificate of Death attached hereto as Exhibit C.

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

REFERENCE is made to prior title recorded in Book 4644, page 756, Register's Office for Davidson County, Tennessee.

1. As evidenced by a Certificate of Death attached hereto as Exhibit D, Anita Krantz A/K/A Anita R. Krantz F/K/A Anita Rittle Krantz died testate on 03 July 2022.

2. The decedent died leaving no spouse.

3. The decedent died leaving no children.

4. Michael Anthony Krantz, received one hundred percent (100%) interest in the real estate described above by virtue of being the sole beneficiaries under the testate estate of Anita Ritter Krantz, decedent, as evidenced by the following:

a. Certified Copy of Will, see EXHIBIT E.
b. Certified Copy of Order dated 08 /08 /2024, see EXHIBIT F

5. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit G, 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 2857 Ivey Point Road, Goodlettsville, Davidson County, Tennessee, 37072 after the death of Anita Krantz A/K/A Anita R. Krantz F/K/A Anita Ritter Krantz, in Michael Anthony Krantz, being the sole beneficiary under the Last Will and Testament of Anita

Rittle Krantz, deceased, of record in the Probate Court Clerk's Office for Davidson County, Tennessee, at Nashville, under Probate Number 22P2031.

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 beneficiary under the testate estate of Anita Ritter Krantz.

Further, Affiants saith not.

Dated this 27th day of July, 2024.

Linda Uselton

LINDA EDWARDS USELTON, Affiant

SWORN TO AND SUBSCRIBED before me on this the 27th day of July, 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 **LINDA EDWARDS USELTON**, 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 27th day of July, 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

MICHAEL ANTHONY KRANTZ, BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 27th day of July, 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 **MICHAEL ANTHONY KRANTZ**, the within named 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 27th day of July, 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

EXHIBIT "A"

Real Property Description

Land in the 10th Civil District of Davidson County, Tennessee, the complete tract being shown in Book 565, page 136, Register's Office Davidson County, Tennessee, and more particularly described according to a survey by Stanford & Associates, Inc., September 14, 1972, described as Tract No. 4, and more particularly described as follows:

BEGINNING at a point in the center of Ivey Point Road and common corner with Tract No. 3; thence with the line between Tract 3 and 4, S. 59° 9′ W. 177.67 feet to a point; thence West 1016 feet to a point; thence N. 4° 51′ E. 988.36 feet to a point; thence N. 89° 5′ W. 310 feet to a point; thence N. 4° 52′ W. 579.38 feet to a point; thence N. 47° 16′ E. 351.6 feet to a point; thence S. 60° 41′ E. 87 feet to a point; thence S. 39° 14′ E. 132.9 feet to a point in the center of Ivey Point Road; thence continuing on with the center of Ivey Point Road, S. 22° 12′ E.188.8 feet, S.30° 13′ E. 311.7 feet, S. 22° 59′ E. 440.9 feet, S. 35° 57′ E. 223 feet, S. 45° 34′ E. 402.2 feet, S. 36° 1′ E. 319.6 feet to the point of beginning, and containing 27.12 acres, more or less.

1954
25
1954
BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

FILE NO. 72-034574

EXHIBIT B

1-88-NW
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

5007
TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

30610

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED — NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF DEATH (MONTH, DAY, YEAR)
1. Walter		Krantz	2. Nov. 27, 1972

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS.	UNDER 1 YEAR: DAYS	UNDER 1 DAY: HOURS	UNDER 1 DAY: MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
3. White	4. Male	5a. 81	5b.		5c.		6. Mar. 8, 1891

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7a. Davidson	7b. Nashville	7c. Yes	7d. Baptist hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tenn	9. USA	10. Widowed	11.

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. [redacted]	12b.	13a. Farmer	13b. Farming

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tenn	14b. Davidson	14c. Joelton	14d. Yes	14e. Union Hill Road

PARENTS AND INFORMANT

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Henry Krantz	16. Lutishcia Walker	17. Walter Krantz, Jr.	R-3, Goodlettsville, Tn.

CAUSE

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial - Failure	5 D 3 X
DUE TO, OR AS A CONSEQUENCE OF: (b)	Cancer prostate	428
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (c)		250

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Hypertension - mild

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. no	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M.	20d.

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20g.

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER WHO SIGNS CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS.
POWER OF SIGNATURE CAN NOT BE DELEGATED.
IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

SIGNATURE: Thomas Grizzard — DEGREE: MD — DATE SIGNED (MONTH, DAY, YEAR): 12-1-72

MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR)

20f. CERTIFIER — NAME (TYPE OR PRINT): Dr. Thos. Grizzard

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 23b. 2114 Church St., Nashville Tn. 37203

20h. VITAL RECORDS — 20i. ROLL NO. — BOOK — PAGE

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. 11-29-72	24c. Forest Lawn	24d. Goodlettsville, Tn.

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 25. Cole & Garrett-Goodlettsville, Tn. 37072

REGISTRAR — SIGNATURE: 26a. Esther D. Grant — DATE RECEIVED BY LOCAL REGISTRAR: 12-4-72

FORM T20 REV. 1-68

TENNESSEE STATE LIBRARY AND ARCHIVES

Date

I hereby certify this document to be true and exact copy of the original document as it appears on the state server and accessed by the Tennessee State Library and Archives.

Public Services USA

Page 6 of 21

I hereby certify this document to be a true and exact copy of the original document as it appears on the state server and accessed by the Tennessee State Library & Archives.

Kayce Butler

Public Services, TSL&A

7-2-24

Date

VITAL RECORDS
COUNTY Davidson
ROLL NO.
BOOK 1972
PAGE 34574
BIRTH:
DEATH: ✓
TENNESSEE STATE
LIBRARY AND ARCHIVES

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0600862

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): Herman A. Krantz
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 20, 2006
4. SOCIAL SECURITY NUMBER: 411-24-7982
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct 16, 1922
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Imperial Manor
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Anita Ritter
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Military Career
12b. KIND OF BUSINESS/INDUSTRY: U.S. Air Force
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 2470 Crocker Springs Rd.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [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); College (1-4 or 5+): 12

PARENTS

17. FATHER'S NAME (Give, Middle, Last): Walter Krantz
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jenny Utley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Anita Krantz
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2470 Crocker Springs Rd Goodlettsville, TN. 37072

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Affiliated Crematory
20c. LOCATION—City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles E Worrell Jr
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company 2707 Gallatin Road, Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Teresa L. Brown
24. DATE FILED (Month, Day, Year): February 24 2006

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: TN 36282
25c. DATE SIGNED (Month, Day, Year): 2/25/06
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): Jia Bi, M.D. 4230 Harding Rd. Suite 707 Nashville, TN. 37205

CAUSE OF DEATH

28. PART I. Enter the disease, 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. respiratory failure — Approximate interval between onset and death: hours
Due to (or as a consequence of): b. liver & GI tract bladder cancer — hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: c. — Due to (or as a consequence of):
d. — Due to (or as a consequence of):

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

30. MANNER OF DEATH: 1 [X] 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 [X] 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)

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

eby 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
t printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County.
ation or erasure voids this certification.

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

Tonya Y. Ruttlen
Local Registrar

FEB 2 1 2006
Date Issue

CERTIFICATION OF VITAL RECORD

EXHIBIT C

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 043882

1. Decedent's Legal Name: ANITA RITTER KRANTZ			2. Sex: FEMALE	3. Date of Death: 07/03/2022
4. Time of Death (Approx.): 01:12 AM	5a. Age: 100	6. Date of Birth: 12/09/1921	7. Birthplace: GERMANY	
8a. Place of Death: NURSING HOME/LONG TERM CARE				
8b. Facility Name: AHC VANCO		8c. City or Town: GOODLETTSVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: HOMEMAKER		11b. Kind of Business/Industry: DOMESTIC
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: GOODLETTSVILLE
13d. Street and Number: 2755 IVEY POINT ROAD		13e. Inside City Limits?: YES	13f. Zip Code: 37072	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: 9TH - 12TH GRADE; NO DIPLOMA	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: UNKNOWN		19. Mother's Name Prior to First Marriage: UNKNOWN		
20a. Informant's Name: MICHAEL ANTHONY KRANTZ	20b. Relationship to Decedent: NEPHEW	20c. Mailing Address: 2755 IVEY POINT ROAD, GOODLETTSVILLE, TN 37072		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: AFFILIATED CREMATORY	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ RACHEL M. KNOTT	22b. License Number: 5775	22c. Signature of Embalmer: ▶	22d. License Number	
23a. Name and Address of Funeral Home: PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216			23b. License Number: 331	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 07/05/2022		

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: ▶ /e/ JEFFREY SCOTT SUMMERS	27b. License Number: 026566	27c. Date Signed: 07/05/2022
27d. Name and Address: JEFFREY SCOTT SUMMERS 6612 MAYNARDVILLE HIGHWAY, KNOXVILLE, TN 37918		

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. ALZHEIMER'S DISEASE	
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: 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

COPY/SCAN/FAX/E-MAIL/FRAUD PROTECTION

14274671

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 2 7 4 6 7 1
Date Issued: Jul-05-2022

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATI

EXHIBIT

EFILED 11/23/22 12:30 PM CASE NO. 22P2031 Joseph P. Day, Clerk

22P2031

WILL

OF

ANITA RITTER KRANTZ

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

ITEM I
DECLARATIONS

1.1 LAST WILL: My name is Anita Ritter Krantz, a resident of Davidson County, Tennessee, and this is my Last Will and Testament, hereby revoking any and all wills and codicils heretofore made by me.

1.2 FAMILY MEMBERS: My husband, Herman Afford Krantz, predeceased the making of this Will on February 20 2006. I have no children.

1.3 GENDER: Words of any gender, including pronouns, shall be deemed to include the other gender, as appropriate, and the references to the singular shall include the plural, and vice versa, unless the context indicates such a reading would be inappropriate.

ITEM II
APPOINTMENT OF FIDUCIARIES

2.1 EXECUTOR: I nominate and appoint my beloved nephew, Michael Anthony Krantz, to serve as Personal Representative of my Will. If my nephew is deceased, or is unable, unwilling or ceases to serve, then I nominate and appoint Pamela Kay Hobbs, to serve alone as Personal Representative of my Will.

2.2 BOND: No bond is required of any fiduciary appointed under this Will or by a court.

This is page one of my Will A.R.K.
Initials

EXHIBIT

EFILED 11/23/22 12:30 PM CASE NO. 22P2031 Joseph P. Day, Clerk

2.3 WAIVER OF ACCOUNTINGS, INVENTORY AND APPRAISALS: I authorize my Personal Representative to administer and settle my estate without the necessity of filing an inventory, accountings 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.

2.4 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.

ITEM III
REAL PROPERTY

3.1 MY HOME: I own my home. I direct that any real property I own at my death is to be administered as a part of my probate estate subject to the control of the Personal Representative for purposes of administration, as authorized by Tennessee Code Annotated § 31-2-103. So long as the Personal Representative serves, the Personal Representative shall have the same power over the title to real property as an absolute owner would have including but not limited to the power to sell, mortgage, lease or otherwise convey any interest in any real estate without the signature, consent or approval of any heir, legatee, beneficiary, court or other person provided that in exercising such power the Personal Representative shall be acting in a fiduciary, not an individual, capacity.

3.2 SALE, MORTGAGE OR LEASE: I direct my Personal Representative, as soon as possible after my death, to sell any real property owned by me and distributed the net proceeds from the sale, mortgage or lease to my Residuary Estate.

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ITEM IV
TANGIBLE PERSONAL PROPERTY

4.1 LIST: There may be found with my Will a list of items and the names of the persons to whom they are to go. If such a list is found, its purpose is not to escape taxes, and I direct that the items thereon be included in any required inventory or tax return of the estate. If such a list is found with my Will, I charge my Personal Representative to honor it and carry out my wishes as expressed therein as if such list were incorporated herein verbatim and made a part hereof.

4.2 IF NEPHEW SURVIVES: Any items not on such list, or if no such list is found, then all of my tangible personal belongings, such as cars, jewelry, cash, securities, shall go to my nephew, Michael Anthony Krantz.

4.3 IF NEPHEW DECEASED: If my nephew, Michael Anthony Krantz is deceased, I give to my residuary estate any item or items not on any list as set out in paragraph 4.1 above.

ITEM V
PAYMENT OF OBLIGATIONS

5.1 DEBTS AND ADMINISTRATION: I leave to the discretion of my Personal Representative the choice of the source of funds from which shall be paid all of my legal obligations which are not secured by lien or mortgage, the expenses of my final illness, the cost of my funeral, the expense of administering my estate, and any and all taxes arising by reason of my death, whether on property passing by this Will or otherwise, and there shall be no proration of said taxes.

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ITEM VI
RESIDUARY ESTATE

6.1 DEFINED: Residuary estate shall mean all the rest, residue, and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or to which I may become entitled after the execution of this Will, including proceeds of any life insurance policies which are payable to my estate, and including all lapsed legacies and devises (but excluding any property over or concerning which I have any power of appointment). Distribution may be in cash or in kind.

6.2 IF NEPHEW SURVIVES: At the time of my death, all of my residuary property of every kind and wheresoever situated shall go to my nephew, Michael Anthony Krantz, in fee.

6.3 IF NEPHEW DECEASED: If, at the time of my death, my nephew, Michael Anthony Krantz, has predeceased me, in that event all of my residuary estate shall be distributed to Pamela Kay Hobbs, Trustee, in trust for the benefit of any living child of my nephew, Michael Anthony Krantz. The trust, if created, shall end on the twenty-fifth (25th) birthday of each child. The Trustee shall have the power to extend the distribution time for good cause (e.g. drug abuse, mental illness, etc.).

ITEM VII
COMMON DISASTER

7.1 SIMULTANEOUS DEATH: If my nephew, Michael Anthony Krantz and I should die under such circumstances that it cannot be determined which of us died first, he shall be deemed to have survived me.

This is page four of my Will A.R.K.
Initials

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ITEM VIII
FORFEITURE CLOSURE

8.1 FORFEITURE: 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.

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of April, 2015.

Anita Ritter Krantz
ANITA RITTER KRANTZ,
TESTATRIX

The above instrument consisting of five (5) typewritten pages, this included, was signed, published and declared by the said **Anita Ritter Krantz** to be her Last Will and Testament in the presence of us, who at her request, and in her sight and presence and in the sight and presence of each other, have subscribed our names as attesting witnesses thereto.

Gayle Sherrill
Witness signature

3127 Union Hill Rd.
Address

Gayle Sherrill
Print name

Joelton, TN 37080

Mazella H. Melton
Witness signature

3745 Union Hill Rd
Address

Mazella H. Melton
Print name

Joelton, Tn 37080

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AFFIDAVIT

We, Gayle Sherrill and Mazella Melton, being the attesting witnesses to the foregoing Will of **Anita Ritter Krantz** and being first duly sworn, make oath that **Anita Ritter Krantz** signed the foregoing Will consisting of 5 typewritten pages, this not included, on this the 15th day of April, 2015, in our joint sight and presence and declared the same to be her Last Will and Testament; that we, in her sight and presence and in the sight and presence of each other, at her request signed our names thereto as attesting witnesses; that we believed the Testatrix, **Anita Ritter Krantz** to be, at that time, of sound mind and disposing memory; and that this Affidavit is being made at the request of the said Testatrix.

WITNESS our signatures on this 15th day of April 2015.

Gayle Sherrill
Witness signature

3127 Union Hill Rd
Address

Gayle Sherrill
Print name

Joelton TN 37080

Mazella H. Melton
Witness signature

3345 Union Hill Rd
Address

Mazella H. Melton
Print name

Joelton, Tn 37080

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 15th day of April, 2015.

NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES:
November 3, 2015

STATE OF TENNESSEE

****

IN RE: ***ANITA RITTER KRANTZ***

Docket No: ***22P2031***

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 August 14, 2024.

JOSEPH P. DAY CIRCUIT COURT CLERK

JOSEPH P. DAY, Clerk,

By: _____
Deputy Clerk

EFILED 08/08/24 01:25 PM CASE NO. 22P2031 Joseph P. Day, Clerk

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION
AT NASHVILLE

IN THE MATTER OF:	)	
	)	
THE ESTATE OF ANITA RITTER KRANTZ	)	**Probate No. 22P-2031**
Deceased.	)	

ORDER TO CLOSE WITHOUT DETAILED ACCOUNTING

IT APPEARING to this Court that the personal representative(s) of this estate was granted Letters Testamentary by this Court for the administration of this estate, it is the opinion of this Court as follows:

1. That this estate is declared to be solvent;

2. That all claims filed against this estate have been either paid or adjudicated;

3. That, if applicable, all receipts for specific bequests under this Will have been properly filed with the Clerk;

4. That a Personal Representative Statement has been filed with the Clerk detailing the completed and proper performance of his duties pertaining to the administration of this estate, as required by statute;

5. That, if applicable, Distributee Statements have been filed by each residual distributee confirming their satisfaction regarding the performance of the personal representative, waiving their right to a detailed accounting of the estate and their acknowledgment that they have received their proper distribution from the personal representative and release the personal representative from any further liability in connection with this estate, as well as the surety if any;

6. That the Probate Code of the State of Tennessee has been complied with; and

EXHIBIT

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8. That all administrative costs involved in this estate have been paid in full.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED, that it is the opinion of this Court that this estate should be declared closed.

{ELECTRONIC SIGNATURE PAGE OF JUDGE OR SPECIAL MASTER ATTACHED}

APPROVED FOR ENTRY:
HOWARD M. SKIPWORTH & ASSOCIATES

Howard M. Skipworth

HOWARD M. SKIPWORTH #012469
Attorney for Personal Representative
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615.876.2550
Email: hskipworth@skipworthlaw.com

CERTIFICATE OF SERVICE

I certify that a true and exact copy of the foregoing Proposed Order has been served upon:

Michael Anthoney Krantz
2755 Ivey Point Road
Goodlettsville, TN 37072

Service date: 08-07-2024

S/HOWARD M. SKIPWORTH/S
HOWARD M. SKIPWORTH

EFILED 08/08/24 01:25 PM CASE NO. 22P2031 Joseph P. Day, Clerk

Case Title: KRANTZ V KRANTZ

Case Number: 22P2031

Type: FINAL ORDER - CLOSING ESTATE W/O DETAILED ACCOUNTING

The foregoing is hereby ORDERED, ADJUDGED AND DECREED:

Judge Andra Hedrick, Seventh Circuit

STATE OF TENNESSEE

****

IN RE: ***ANITA RITTER KRANTZ***

Docket No: ***22P2031***

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 August 8, 2024 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 August 14, 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: Krantz, Anita Ritter Date of Death: 7/3/2022 SSN: xxx-xx-0454
Our File Number: 84787

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