Karen Johnson
Batch # 1190946
10/08/2024 08:47:49 AM
Fees: $72.00 Taxes: $0.00
Davidson County
AFFIDAVITH
14 pgs
20241008-0077958

This Instrument Prepared by:
A. Tyler Whitaker, (BPR # 033926)
Attorney for the Petitioner
601 West Main St.
Lebanon, TN 37087
(615) 444-5511
tyler@whitakelawoffice.com

New Owner:
Rene Glenise Edens
2906 Dunmore Drive.
Donelson, TN 37214

Send Tax Bills to:
New Owner

P/O Map/Parcel:
44-028.05

AFFIDAVIT OF INHERITANCE
FOR REAL ESTATE

STATE OF Virginia
~~**COUNTY**~~ **OF** Staunton City

The Affiant, SHERRY MOUNT, Executor of the Estate of Margaret Lucille Vanatta, being duly sworn, deposes and states the following:

Margaret Lucille Vanata, a resident of Wilson County, State of Tennessee, who died July 27, 2024, as evidenced by a copy of the death certificate attached hereto as **Exhibit A**, held an undivided, fee simple interest in the following described real estate:

> Being Lot No. 39 on the Plan of Twin Lawn Subdivision, as of record in Book 2331, page 9, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 39 fronts 100.7 feet on the northerly margin of Dunmore Drive and runs back between lines, 180.3 feet on the westerly side and 191 feet on the easterly side to a dead line in the rear, on which it measures 53 feet.
>
> Being the same property conveyed to G.O. Vanatta and wife, Margaret Vanatta, by Deed from Thomas Howard Cunningham and wife, Mary D. Cunningham, of record in Book 87, page 146, Register's Office for Davidson County, Tennessee

The Estate of Margaret Lucille Vanatta received 100% fee simple interest in the real estate described above by virtue of being the sole beneficiary and recipient of the real estate upon

the death of Margaret Lucille Vanatta, pursuant to the provisions of the Decedent's Last Will and Testament and Order entered August 14, 2024, by the Probate Court of Wilson County, Tennessee, Docket No. 2024PR373. Copies of the Order and Will are attached as collective **Exhibit B**.

The TennCare release for the Decedent's estate was filed September 24, 2024, in the Probate Court of Wilson County, Tennessee, and a copy is attached as **Exhibit C**.

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, this affidavit is being used to evidence transfer of title to the property to a beneficiary.

Further Affiant Sayeth Not.

Sherry Mount, Executor of
The Estate of Margaret Lucille Vanatta

10/1/2024
Date

STATE OF Virginia
~~**COUNTY**~~ **OF** Staunton
City

Before me, a Notary Public, duly appointed, commissioned, and qualified in and for the State and County aforesaid, personally appeared the within Affiant, SHERRY MOUNT, Executor of The Estate of Margaret Vanatta, 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 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 1st day of October 2024.

Notary Public

KATIE C ROBY
NOTARY PUBLIC
REGISTRATION # 7363200
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
2/28/2027

My commission expires: 2/28/2027

STATE OF TENNESSEE
Office of Vital Records

FILED 3:13 pm REC

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

WILSON CO. PROBATE
STATE FILE NUMBER 2024 046858

1. Decedent's Legal Name			2. Sex	3. Date of Death
MARGARET LUCILLE VANATTA		AUG 14 2024	FEMALE	07/27/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
11:00 AM	92	03/16/1932	SOUTH PITTSBURY, TN	

WILSON COUNTY, PROBATE CLERK
BY: _____ DEPUTY

8a. Place of Death			
NURSING HOME/LONG TERM CARE			
8b. Facility Name	**8c. City or Town**	**8d. County of Death**	
PROVIDENCE PLACE OF MT JULIET AND GARDENS MEMORY	MOUNT JULIET	WILSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**
WIDOWED		LENDING OFFICER	FINANCE
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?**
2906 DUNMORE DR.	YES	37214	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**	
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE	
18. Father's Name	**19. Mother's Name Prior to First Marriage**		
CHARLES ONAL MOUNT	ALMA DYER		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**	
RENE' EDENS	DAUGHTER	4933 TETON DR., OLD HICKORY, TN 37138	
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**	
BURIAL	VANATTA CEMETERY	ALEXANDRIA, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**
▶ /e/ MICHAEL E HUNTER	2428	▶ /e/ PAMELA S PENLAND	4323
23a. Name and Address of Funeral Home			**23b. License Number**
HUNTER FUNERAL HOME, PO BOX 68, 208 WEST MAIN ST, WATERTOWN, TN 37184-0068			673
24. Registrar's Signature		**25. Date Filed**	
▶ /e/ EDWARD G BISHOP III		08/01/2024	

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/ BERNARD T SY	42650	08/01/2024

27d. Name and Address
BERNARD T SY 1407 W. BADDOUR PARKWAY, LEBANON, TN 37087

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. DEMENTIA	
	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	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 copy of the original certificate of death on file with the **Tennessee Dept. of Public Health**, Division of Vital Statistics, Nashville, TN.

Signed _____ Date 8/2/2024

CERTIFICATION OF VITAL RECORD

EXHIBIT
tabbies A

LODGED
AUG 14 2024

IN THE PROBATE COURT OF WILSON COUNTY, TENNESSEE

ENTERED
SEP 18 2024
AT 9:45 A.M.

IN RE:
THE ESTATE OF MARGARET LUCILLE VANATTA, DECEASED.

DOCKET NO. 2024PR373

ORDER ADMITTING WILL TO PROBATE IN SOLEMN FORM FOR PURPOSES OF MUNIMENT OF TITLE

This matter came before the Court on a Petition for Muniment of Title. Based on an examination of the Petition and the sworn testimony of Petitioner, **SHERRY GAIL MOUNT**, the Court finds the following:

1. Decedent, **MARGARET LUCILLE VANATTA**, was a resident of Wilson County, Tennessee.

2. Decedent passed on July 27, 2024, at the age of ninety-two (92).

3. Decedent left a Last Will and Testament dated February 9, 2022, which was properly signed, declared, published, and attested. The original has been filed with the Probate Court of Wilson County *In Re: The Estate of Margaret Lucille Vanatta,* File No. 2024PR373. Petitioner attached a copy of Decedent's Last Will and Testament as Exhibit C to the Petition to Admit Will to Probate in Solemn Form for Purposes of Muniment of Title, and she believes the same to be a true copy of Decedent's true and proper, original Will.

4. Petitioner is the Decedent's sister, the first-named Executor of the Decedent's Will, pursuant to the section "Executor" contained on page two of the Will; and the sole beneficiary of the Decedent's personal and household effects, pursuant to the section "Primary Remainder Beneficiaries" contained on page two of Decedent's Will.

5. Petitioner has applied to have the Will admitted solely for the purpose of muniment of title pursuant to T.C.A. § 32-2-111 to establish the transfer of the decedent's real property to her daughter, Rene Glenise Edens.

6. Decedent owned real property located at 2906 Dunmore Drive, Donelson, Tennessee.

7. Petitioner is unaware of any debts owed by the estate.

WHEREFORE, based on these findings, the Court orders the following:

STATE OF TENNESSEE, COUNTY OF WILSON
I hereby certify the foregoing to be a true and perfect copy of the original instrument on file in this case.
18th day of September, 2024
MILLIE SLOAN, CLERK & MASTER
Bette Bouton D. C&M

EXHIBIT
tabbies
"B"
Collective

PROBATE COURT OF WILSON COUNTY TENN
LEBANON

1. The Decedent's Will dated February 9, 2022, is admitted to probate for the purpose of muniment of title pursuant to T.C.A. § 32-2-111.

2. No Letters Testamentary will be issued.

3. Notice to creditors and TennCare as required by T.C.A. §§ 30-2-306 and 71-5-116 respectively is not required or ordered.

4. No Court-supervised administration is required or ordered.

ENTERED this 18th day of September 2024.

Kurley Hagan
JUDGE

APPROVED FOR ENTRY:

A. Tyler Whitaker
A. Tyler Whitaker (BPR # 033926)
Attorney for Petitioner, Sherry G. Mount
601 West Main Street
Lebanon, TN 37087
Phone: (615 444-5511
tyler@whitakerlawoffice.com

SERVED VIA HAND-DELIVERY WITH PETITION

STATE OF TENNESSEE, COUNTY OF WILSON
I hereby certify the foregoing to be a true and perfect copy of the original instrument on file in this case.
18th day of September, 2024
MILLIE SLOAN, CLERK & MASTER
Beth Bouton D. C&M

PROBATE COURT OF WILSON COUNTY TENN. LEBANON

2024PR373

ENTERED
SEP 18 2024
AT 9:45A.M.

THE LAST WILL AND TESTAMENT OF MARGARET VANATTA

ENTERED IN WILL BOOK 67, PAGE 413
SEP 18 2024

DECLARATION

I, Margaret Vanatta, a resident of the state of Tennessee and county of Davidson and being of sound mind and memory, do hereby make, publish, and declare this to be my last will and testament, thereby revoking and making null and void any and all other last will and testaments and/or codicils to last will and testaments heretofore made by me. All references herein to "**this Will**" refer only to this last will and testament.

FAMILY

At the time of executing this Will, I am unmarried. The names of my children are listed below. Unless otherwise specifically indicated in this Will, any provision for my children includes the below-named children, as well as any child of mine hereafter born or adopted.

Rene Glenise Edens
Phillip Lynn Vanatta

SPECIFIC BEQUESTS

I give to the persons named below the following specific bequests, if owned by me at the time of my death:

1. To my daughter, Rene Glenise Edens,
   I give: Residence at 2906 Dunmore Drive, Donelson, Tennessee.

   If said beneficiary does not survive me, this specific bequest will lapse, be added to the residue of my estate, and be distributed to my remainder beneficiaries as set forth below.

PRIMARY REMAINDER BENEFICIARIES

I give to the persons named below (my "Primary Remainder Beneficiaries"), all of the residue and remainder of my gross estate, real and personal, wherever situated, after payment of all my just debts, expenses, taxes and specific bequests, if any, in the percentages set forth below. Unless otherwise indicated in my Will, these shares shall be distributed outright and free of trust.

1. Name: Sherry Gail Mount
   Relation: sister
   Percentage: 100%

   If such beneficiary does not survive me, I direct that the share of my estate allocated to said beneficiary be distributed to children of said beneficiary, in equal shares.

DISTRIBUTION IF NO LIVING BENEFICIARIES

If at any time before full distribution of my estate all of my beneficiaries are deceased and this instrument directs no other disposition of the property, the remaining portion of my estate will then be distributed to my heirs determined according to the laws of intestate succession, unless specifically disinherited elsewhere in this Will.

EXECUTOR NOMINATION

I nominate my sister, Sherry Gail Mount, to be the executor of this Will.

If, for any reason, my first nominee executor is unable or unwilling to serve or to continue to serve as executor of this Will, I nominate my granddaughter, Stephanie Rene Schritenthal, to be the successor executor.

If none of the nominated executors are able, willing, and authorized to serve or to continue to serve, and the vacancy is not filled as set forth above, the majority of estate beneficiaries shall nominate a successor executor. If the majority of estate beneficiaries are unable to nominate a successor executor, the vacancy will be filled pursuant to a petition filed by the resigning executor or any person interested in the estate in a court of competent jurisdiction.

MISCELLANEOUS EXECUTOR PROVISIONS

The term "**executor**" includes any executrix, personal representative, or administrator, if those terms are used in the statutes of any state that has jurisdiction over all or any portion of my estate.

My executor will have broad and reasonable discretion in the administration of my estate to exercise all of the powers permitted to be exercised by an executor under state law, including the power to sell estate assets with or without notice, at either public or private sale, and to do everything he or she deems advisable and in the best interest of my estate and the beneficiaries thereof, all without the necessity of court approval or supervision. I direct that my executor perform all acts and exercise all such rights and privileges, although not specifically mentioned in this Will, with relation to any such property, as if the absolute owner thereof and, in connection therewith, to make, execute, and deliver any instruments, and to enter into any covenants or agreements binding my estate or any portion thereof.

If there are two co-executors serving, they shall act by unanimous agreement. If there are more than two co-executors serving, they shall act in accordance with the decision made by the majority of co-executors.

Subject to specific provisions to the contrary, I authorize my executor to distribute a share of my estate given to a minor beneficiary, up to the whole thereof, to a custodian under the applicable Transfers to Minors Act or Gifts to Minors Act, if in the executor's discretion, it is in the best interests of the beneficiary. The executor may also make distributions to a minor by making distributions to the trustee of a trust created under this Will for a minor beneficiary, the guardian of the minor's person, or the guardian of the minor's estate.

No person named as an executor is required to post any bond.

I authorize my executor to make the following choices or elections in my executor's absolute discretion, regardless of the resulting effect on any other provisions of this Will or on any person interested in my estate or in the amount of any of the taxes referred to: (a) choose a valuation date for estate or inheritance tax purposes or choose the methods to pay estate or inheritance taxes; (b) elect to treat or use an item, for either federal or state tax purposes, as either an income tax deduction or as a deduction for estate or inheritance tax purposes; (c) determine when a particular item is to be treated as taken into income or used as a tax deduction, to the extent the law provides that choice; and (d) disclaim all or any portion of any interest in property passing to my estate at or after my death, even though any of these actions may subject my estate to additional tax liabilities. No person adversely affected by my executor's exercise of discretion under this clause is entitled to any reimbursement or adjustment, and my executor is not required to make any adjustment between income and principal or in the amount of any property passing under this Will as a result of any election under this provision.

I authorize my executor, without obtaining court approval, to employ professional investment counsel on such terms as my executor considers proper, and to pay the fees of investment counsel as an expense of administration of my estate. However, my executor is under no obligation to employ any investment counsel.

I authorize my executor either to continue the operation of any business belonging to my estate for such time and in such manner as my executor may consider advisable and in the best interest of my estate, or to sell or liquidate the business at such time and on such terms as my executor may consider advisable and in the best interest of my estate. Any such good faith operation, sale, or liquidation by my executor will be at the risk of my estate and without liability on the part of my executor for any losses that may result.

DEBT

I direct that as soon as is practical after my death, the executor named pursuant to this Will review all of my just debts and obligations, including last illness and funeral expenses, except for those secured long-term debts that may be assumed by the beneficiary of such property, unless such assumption is prohibited by law or on agreement by the beneficiary. The executor is further directed to pay any attorneys' fees and any other estate administration expenses. The executor shall pay these just debts only after a creditor provides timely and sufficient evidence to support its claim and in accordance with applicable state law.

I direct that any estate, inheritance, and succession taxes, including any interest and penalties thereon, imposed by the federal government or any state, district, or territory, attributable to assets includible in my estate, passing either under or outside of this Will, be apportioned among the persons interested in my estate in accordance with applicable state and federal law. My executor is authorized and directed to seek reimbursement from the beneficiaries of my estate of any taxes paid by my executor to the extent allowed by law.

If my executor cannot collect from any person interested in the estate the amount of tax apportioned to that person, the amount not recoverable will be equitably apportioned among the other persons interested in the estate who are subject to apportionment.

If a person is charged with or required to pay tax in an amount greater than his or her prorated amount because another person does not pay his or her prorated amount, the person charged with or required to pay the greater amount has a right of reimbursement against the other person.

I further direct that if any beneficiary named in this Will is indebted to me at the time of my death, and evidence of such indebtedness is provided or made

available to my executor, that share of my estate that I give to any and each such beneficiary be reduced in value by an amount equal to the proven indebtedness of such beneficiary unless: (i) I have specifically provided in this Will for the forbearance of such debt, or (ii) such beneficiary is the sole principal beneficiary.

SIMULTANEOUS DEATH

If it cannot be established if a beneficiary of my estate survived me, the provisions of the applicable Uniform Simultaneous Death Act, as amended, or any substantially similar successor act effective on the date of my death, will apply.

NONLIABILITY OF FIDUCIARIES

Any fiduciary, including my executor and any trustee, who in good faith endeavors to carry out the provisions of this Will, will not be liable to me, my estate, my heirs, or my beneficiaries for any damages or claims arising because of their actions or inaction, or the actions of any predecessor fiduciary acting pursuant to this Will. My estate will indemnify and hold them harmless.

SAVINGS CLAUSE

If a court of competent jurisdiction at any time invalidates or finds unenforceable any provision of this Will, such invalidation will not invalidate the whole of this Will. All of the remaining provisions will be undisturbed as to their legal force and effect. If a court finds that an invalidated or unenforceable provision would become valid if it were limited, then such provision will be deemed to be written, deemed, construed, and enforced as so limited.

IN WITNESS WHEREOF, I, the undersigned testator, declare that I sign and execute this instrument on the date written below as my last will and testament and further declare that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed in this document, and that I am eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence.

(Signature of Margaret Vanatta)

Margaret Vanatta

Date: 2/9/2022

ATTESTATION

This last will and testament, which has been separately signed by Margaret Vanatta, the testator, was on the date indicated below signed and declared by the above named testator as his or her last will and testament in the presence of each of us. We, in the presence of the testator and each other, at the testator's request, under penalty of perjury, hereby subscribe our names as witnesses to the declaration and execution of the last will and testament by the testator, and we declare that, to the best of our knowledge, said testator is eighteen years of age or older, of sound mind and memory and under no constraint or undue influence.

1. _____ Dusty Meador
(Signature of witness) (Print Name)

Date: 2-9-22 402 Public Sq
(Address)

Watertown, TN 37184
City, State, ZIP

2. Rachel Vanatta Rachel Vanatta
(Signature of witness) (Print Name)

Date: 2-9-22 402 Public Sq
(Address)

Watertown TN 37184
City, State, ZIP

SELF-PROVING AFFIDAVIT

State of Tennessee
County of Wilson

I, Margaret Vanatta, the undersigned testator, being first duly sworn, do declare to the undersigned authority that I signed and executed the attached or annexed instrument as my last will and testament and that I signed it willingly, or willingly directed another to sign for me, that I executed it as my free and voluntary act for the purposes expressed in that document, and that at the time I signed the document, I was eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence.

Date: 2-9-2022

(Signature of Margaret Vanatta)

We, the undersigned witnesses, being first duly sworn, do each declare to the undersigned authority the following: (1) the testator declared to each of us that the attached or annexed instrument is his or her last will and testament; (2) the testator executed the last will in our presence; (3) each of us, in the presence of the testator and in the presence of each other, and at the testator's request, signed the last will and testament as witnesses; and (4) to the best of our knowledge the testator was at that time eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence.

1. _____ Dusty Meador
(Signature of witness) (Print Name)

2. Rachel Vanatta Rachel Vanatta
(Signature of witness) (Print Name)

Acknowledgement of Notary Public:

Subscribed, sworn and acknowledged to me on this 9 day of Feb, 2022 by Margaret Vanatta, as testator, and Dusty Meador and Rachel Vanatta, as witnesses.

Witness my hand and seal.

Signature of Notary Public: Lynn Daugherty

LYNN DAUGHERTY
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

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
#

September 23, 2024

A. Tyler Whitaker
601 W. Main St.
Lebanon, TN 37087

RE: Vanatta, Margaret Lucille Date of Death: 7/27/2024 SSN: xxx-xx-0885
Our File Number: 139070

A. Tyler Whitaker:

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 annuities, 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 or annuity, 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 or annuity when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

