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

Karen Johnson Davidson County
Batch # 1198606 AFFIDAVITH
10/30/2024 10:27:35 AM 31 pgs
Fees: $157.00 Taxes: $0.00
20241030-0083431

NEW OWNERS:

Linda Edwards Uselton
2249 Union Hill Road
Goodlettsville, TN 37072

Map & Parcel No: 01600005100

SEND TAX NOTICE TO:

Linda Edwards Uselton
2249B Union Hill Road
Goodlettsville, TN 37072

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Vanda R. Hamlett, 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, Vallie Mai Edwards A/K/A Vallie Mae Edwards, and husband, Joe Van Edwards purchased land known as 2249 Union Hill Road, Goodlettsville, Tennessee 37072. The decedent was predeceased in death by her husband, Joe Van Edwards on December 4, 1998, as evidenced by Certificate of Death attached as Exhibit A. The decedent and late husband gave birth to two children: Linda Edwards Uselton and Shirley Diane Cox. Shirley Diane Cox predeceased the decedent on January 15,

2008, as evidenced by Certificate of Death attached as Exhibit B. Shirley Diane Cox was survived by one Child, Karyn Ashley Cox Barnes who was allowed to live in front house by her grandmother for so long as she maintained the property and paid the taxes and insurance.

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

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

Being a part of the same property conveyed to Joe V. Edwards and Wife, Vallie Mai Edwards, by deed from Hubert Krantz, unmarried, of record in Book 2339 page 601, dated 1/15/1955, said Register's Office.

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

REFERENCE is made to prior title recorded in Book 2339, page 601, Register's Office for Davidson County, Tennessee.

1. As evidenced by a Certificate of Death attached hereto as Exhibit "D", Vallie Mai Edwards died testate on 31 March 2024.

2. The decedent died leaving no spouse.

3. The decedent died leaving one living child.

4. Linda Edwards Uselton, received one hundred percent (100%) interest in the real estate described above by virtue of being the sole beneficiary under the testate estate of Vallie Mai Edwards, decedent, subject to a life estate in and to Karyn Ashley Cox Barnes, in front house, with numerous conditions and restrictions set out in Will as evidenced by the following:

a. Certified Copy of Will, see EXHIBIT "E"
b. Certified Copy of Order dated 08/26 /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 2249 Union Hill Road, Goodlettsville, Davidson County, Tennessee, 37072 after the death of Vallie Mai Edwards, in Linda Edward Uselton, being the sole beneficiary under the Last Will and Testament of Vallie Mai Edwards, deceased, of record in the Probate Court Clerk's Office for Davidson County, Tennessee, at Nashville, under Probate Number 24P1668.

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 Vallie Mai Edwards.

Further, Affiants saith not.

Dated this 19th day of September, 2024.

Vanda R. Hamlett

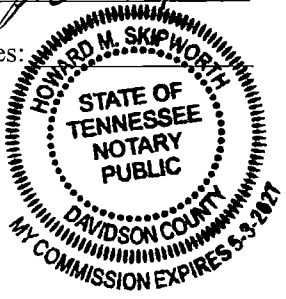
VANDA R. HAMLETT, Affiant

SWORN TO AND SUBSCRIBED before me on this the 19th day of September, 2024.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires:



STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Vanda R. Hamlett, 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 19th day of September, 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

Linda Edwards Uselton
LINDA EDWARDS USELTON, BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 19th day of September, 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 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 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 19th day of September, 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

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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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

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

9836466

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOE VAN EDWARDS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 12-04-1998
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month Day Year): 02-16-1924
7. BIRTHPLACE (City and State or Foreign Country): GOODLETTSVILLE; TN
8. WAS DECEDENT EVER IN ARMED FORCES? 1 [X] Yes 2 [ ] 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): 2249 UNION HILL ROAD
9c. CITY, TOWN, OR LOCATION OF DEATH: GOODLETTSVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): VALLIE MAE KRANTZ
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PRINTING
12b. KIND OF BUSINESS/INDUSTRY: METHODIST PUBLISHING HOUSE
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: GOODLETTSVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2249 UNION HILL ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 27072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+): 0

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES WILLIAM EDWARDS
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY FRANCES KNIGHT EDWARDS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MAE EDWARDS
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2249 UNION HILL RD, GOODLETTSVILLE, TN 37072

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): IVY POINT CEMETERY
20c. LOCATION-City or Town, State: GOODLETTSVILLE; TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ ROBERT D. ANDERSON, JR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: ▶ JIM BREWER
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT JOELTON, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Helen A. Bowen
24. DATE FILED (Month, Day, Year): December 11, 1998

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 0042384
25c. DATE SIGNED (Month, Day, Year): 12/10/98
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): ANTHONY MELUCH, M.D., 300 20th Avenue NO, Suite 301, Nashville, TN 37203

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. [illegible] 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.

SEE INSTRUCTIONS ON OTHER SIDE

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 [ ] 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 Ooccurred
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route

BIRTH NO

PH-1659
REV 2-93

EXHIBIT A

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

0800410

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

S.N.U. 2008 002835

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Shirley Diane Cox
2 SEX: Female
3 DATE OF DEATH (Month Day Year): January 15, 2008
4 SOCIAL SECURITY NUMBER (of Decedent): [redacted]
5a AGE LAST BIRTHDAY (Years): 48
5b UNDER 1 YEAR (MOS / DAYS)
5c UNDER 1 DAY (HOURS / MIN)
6 DATE OF BIRTH (Month Day Year): Dec 05 1959
7 BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 [X] Other (Specify) Hospice
9b FACILITY NAME (If not institution give street and number): Alive Hospice @ Skyline Madison Campus 930
9c CITY TOWN OR LOCATION OF DEATH: Madison 094
9d COUNTY OF DEATH: Davidson 19
10 MARITAL STATUS Married Never Married Widowed Divorced (Specify): Divorced
11 SURVIVING SPOUSE (If wife give maiden name):
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE STATE: TN
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Goodlettsville
13d STREET AND NUMBER OR RURAL LOCATION: 2249 Union Hill Road
CENSUS TRACT
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.) [ ] Yes [X] No
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 (If other than typed see instruction)

PARENTS

17 FATHER'S NAME (First Middle Last): Joe Edwards
18 MOTHER'S NAME (First Middle Maiden Surname): Vallie Mae Krantz

INFORMANT

19a INFORMANT'S NAME (Type/Print): Vallie Mae Edwards
19b RELATIONSHIP TO DECEASED: Mother
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 2249 E Union Hill Road Goodlettsville TN 37072

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): Krantz Cemetery
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 Box 68, Joelton, TN 37080
22b LICENSE NUMBER OF FUNERAL HOME: 0193 193

REGISTRAR

23 REGISTRAR'S SIGNATURE: Marsha D Starkey DR
24 DATE FILED (Month Day Year): January 28, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Wendy Wiser DO
25b LICENSE NUMBER: 1758
25c DATE SIGNED (Month Day Year): January 22, 2008
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): Wendy Wiser DO 2nd Floor, Madison, TN 3711 Alive Hospice @ Skyline Madison Campus 500 Hospital Dr.

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
Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sepsis
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. End Stage Chronic Obstructive Pulmonary Disease
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: Diabetes, Hypertension, Congestive Heart Failure

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 [X] 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 [ ] 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

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Date Issued: Sep-10-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

*016520652

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

EXHIBIT B

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "C"

A tract of land in the 10th Civil District of Davidson County, Tennessee, being the southeast part of a tract of 71 acres more or less, conveyed to Krantz by deed of record in Book 1641, page 605, Register's Office for said County, and described according to a copy of a survey thereof made by John M. Sullivan, County Surveyor, December 30, 1954, as follows:

Beginning at a point in the center line of Union Hill Road, opposite the intersection of said road and Brown's Lake Road; thence with the center of Union Hill Road, north 72° 13'east 170 feet, north 70° 18' east 300 feet, and north 63° 45' east 123 feet to the northeast corner of this tract; thence leaving the road, and along a fence, south 3° west 1400 feet to a point; thence with fence, north 87° 20' west 480 feet to a point in Walter Krantz's easterly line; thence with his line, north 0° 13' west 1165 feet to the beginning containing 14.8 acres.

INCLUDED IN THE ABOVE DESCRIPTION BUT EXPRESSLY EXCLUDED THEREFROM IS THE CONVEYANCE MADE TO LARRY G. HAWKINS OF RECORD IN BOOK 4525 page 279; described as follows:

Land in the 10th Civil District of Davidson County, Tennessee, described according to a survey of John M. Sullivan, dated July 3, 1971, as follows:

BEGINNING at a point in the center of Union Hill Road, at the northeasterly corner of the land conveyed to Joe V. Edwards and wife, of record in Book 2339, page 601 and being the northeasterly corner of the land herein described; thence leaving said road and along Carson Spivey's westerly boundary line with a fence, south 3° west 301.7 feet; thence continuing with the same, south 2° 13' west 455.2 feet; thence leaving said fence, south 83° 20' west 108.6 feet to a point; thence north 2°13' east 455.2 feet to a point; thence north 13° 55' west 227.2 feet to a point in the center of Union Hill Road; thence with the same, north 62° 35' east 78 feet to a point; thence north 61° 57' east 123 feet to the point of beginning containing 2 acres, more or less.

ALSO INCLUDED IN THE ABOVE DESCRIPTION BUT EXPRESSLY EXCLUDED THEREFROM is the conveyance made to Joe V. Edwards & et ux Vallie Mae Edwards in order to create a new parcel of record in Book 7543 page 757 and as further conveyed to Linda Uselton Selph of record in Book 10649 page 602; described as follows:

Tract 2: BEGINNING at an iron pin set in the southerly margin of Union Hill Road, a corner to Sadie E. Pewitt Property of record in Deed Book 4649, Page 731, Register's Office said Davidson County, Tennessee, and being the most northwest corner of this tract; thence, with the margin of said Road N. 75 deg. 33 min. 26 sec. E. 87.96 feet to a point; thence, continuing with the margin of said Road N. 70 deg. 12 min. 24 sec. E. 22.04 feet to an iron pin set; thence, leaving said Road and with a new line for the next four calls as follows: S. 11 deg. 59 min. 26 sec. E. 345.82 feet to an iron pin set by a post; thence, S. 5 deg. 27 min. 30 sec. E. 151.13 feet to an iron pin set by a walnut tree; thence, S. 12 deg. 24 min. 44 sec. W. 426.52 feet to an iron pin set; thence, S. 83 deg. 02 min. 14 sec. E. 331.53 feet to an iron pin set, in the line of Turner G. Binkley; thence, with the line of said Binkley S. 6 deg. 15 min. 21 sec. W. 270.72 feet to an iron pin set, corner to said Binkley and the northerly line of F.W. Gray Property; thence, with the line of said Gray N. 83 deg. 02 min. 14 sec. W. 434.26 feet to an existing iron pin, corner to said Gray and a corner to Robert E. Newlin; thence, with the line of said Newlin N. 76 deg. 24 min. 21 sec. W. 47.78 feet to an existing iron post in the line of said Newlin and being the most

southeast corner of said Pewitt; thence, with the line of said Pewitt N. 3 deg. 57 min. 04 sec. E 1123.97 feet to the beginning, containing 6.696 acres more or less.

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 020209

1. Decedent's Legal Name				2. Sex	3. Date of Death
VALLIE MAE EDWARDS				FEMALE	03/31/2024
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace		
07:30 AM	97	01/23/1927	GOODLETTSVILLE, TN		
8a. Place of Death					
DECEDENT'S HOME					
8b. Facility Name		8c. City or Town		8d. County of Death	
2249B UNION HILL ROAD		GOODLETTSVILLE		DAVIDSON	
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry	
WIDOWED		HOME MAKER		DOMESTIC	
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town	
[redacted]	TENNESSEE	DAVIDSON		GOODLETTSVILLE	
13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?		
2249B UNION HILL ROAD	YES	37072	NO		
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race			
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE			
18. Father's Name		19. Mother's Name Prior to First Marriage			
HUBERT KRANTZ		LENA UTLEY			
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address			
LINDA USELTON	DAUGHTER	2249B UNION HILL ROAD, GOODLETTSVILLE, TN 37072			
21a. Method of Disposition	21b. Place of Disposition	21c. Location			
BURIAL	IVY POINT CHURCH OF CHRIST	GOODLETTSVILLE, TN			
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number		
▶ /e/ BOBBY WAYNE COOK	6870	▶ /e/ ROBERT GREGORY DEGNAN	6919		
23a. Name and Address of Funeral Home			23b. License Number		
ANDERSON AND GARRETT FUNERAL HOME, 3501 OLD CLARKSVILLE PIKE, JOELTON, TN 37080-8892			193		
24. Registrar's Signature		25. Date Filed			
▶ /e/ EDWARD G BISHOP III		04/03/2024			

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/ JOEL SHACKSON	66385	04/02/2024

27d. Name and Address: JOEL SHACKSON 1718 PATTERSON ST, NASHVILLE, TN 37203

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. PARKINSON'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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	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 certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Date Issued: Apr-03-2024

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

016227505

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT D

STATE OF TENNESSEE

****

IN RE: ***VALLIE MAI EDWARDS***

Docket No: ***24P1668***

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 26, 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 30, 2024.

JOSEPH P. DAY CIRCUIT COURT CLERK

JOSEPH P. DAY, Clerk,

By: _____
Deputy Clerk

EXHIBIT
E

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

24P1668

FILED
AUG 26 2024
JOSEPH P. DAY, Clerk
By _____ Deputy

LAST WILL AND TESTAMENT

OF

VALLIE MAI EDWARDS

I, **VALLIE MAI EDWARDS**, of 2249B Union Hill Road, P.O. Box 1952, Goodlettsville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1
PROVISIONS RELATIVE TO FIDUCIARIES

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

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

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

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

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ARTICLE 2
DEFINITIONS

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

2.2 **My Children**. I have one living child, **LINDA EDWARDS USELTON**, and one deceased child, **SHIRLEY DIANE COX**. All reference in this Will to children or issue shall mean my child, **LINDA EDWARDS USELTON**.

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 daughter, **LINDA EDWARDS USELTON**, as executrix of my will. If **LINDA EDWARDS USELTON** ceases to qualify or fails to serve, then my granddaughter, **STEPHANIE USELTON**, shall act alone as my executrix.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

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

4.2 **Income Tax Treatment of Administration Expenses**. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating adjustments between the income and principal are to be made because of such decision.

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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
SPECIFIC BEQUESTS

5.1 If owned by me at my demise, and after all expenses and costs are paid in full, I bequeath to each of the following persons the item and/or the amounts set forth opposite his or her respective name:

1. To **JENNY LENAI BRADY**, $2,000.00.
2. To **KARYN ASHLEY COX**, $2,000.00.
3. To **DAVID MICHAEL COX**, $2,000.00.
4. To **CHRISTOPHER JOSEPH COX**, $2,000.00
5. To **TERI LYNETTE HULKA**, $2,000.00
6. To **STEPHANIE NICOLE USELTON**, $2,000.00
7. To **IVEY POINT CHURCH OF CHRIST**, $1,000.00

ARTICLE 6
DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

6.1 I give, devise and bequeath all my household effects, such as furniture, furnishings, works of art, china, and silverware, to my child, **LINDA EDWARDS USELTON**.

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ARTICLE 7
DISTRIBUTION OF REAL PROPERTY

7.1 I devise all of the real property owned by me at my death to my child, **LINDA EDWARDS USELTON**.

ARTICLE 8
DEALING WITH FIDUCIARIES

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

8.2 **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.

8.3 **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.

8.4 **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.

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

ARTICLE 9
RESIDUARY ESTATE

9.1 All the rest, residue and remainder of my estate, real, personal and mixed, of every nature and wheresoever situated, including lapsed legacies and devises, remainders, reversions, expectancies, income collected during the period of administration of my estate and all property of which I have power of testamentary dispositions, I give, devise and bequeath to my child.

ARTICLE 10

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 11
SIGNATURE

This will consists of five (5) pages (each of which I have signed or initialed) covering Articles 1 through 11 inclusive. I now sign this as my Will on this the 15th day of JUNE, 2010, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

This is page five of my Will JME
Initials

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

IN WITNESS WHEREOF, I have set my hand this 15th day of JUNE, 2010.

Vallie Mai Edwards
VALLIE MAI EDWARDS

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

NAME	**ADDRESS**
Howard M. Shipworth	P.O. Box 459 Joelton, Tn 37080
Jerry E. Gregory	3897 CANTARUTTI RD JOELTON, TN. 37080

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

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 **VALLIE MAI EDWARDS**, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testatrix's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testatrix's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.

Howard M. Hepworth
WITNESS

P. O. Box 489
Joelton, TN 37080
ADDRESS

Jerry E. Gregory
WITNESS

3897 Cantrell Rd
Joelton, TN. 37080
ADDRESS

Subscribed and sworn to before me
this 15th day of June, 2010.

Donna K. Hepworth
NOTARY PUBLIC

My Commission Expires: _____

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

FILED
AUG 26 2024
JOSEPH P. D... Clerk
By _____ Deputy

FIRST CODICIL TO THE *LAST WILL AND TESTAMENT*

Of

VALLIE MAI EDWARDS

I, **VALLIE MAI EDWARDS**, of Davidson County, Tennessee, hereby make, publish and declare this to be the First Codicil to the Last Will and Testament executed by me on the 15th day of February, 2012.

FIRST. DELETION AND ADDITION TO MY WILL:

I hereby delete Article 5 from my Last Will and Testament, and replace it with the following:

ARTICLE 5
SPECIFIC BEQUEST

5.1 If owned by me at my demise, after all expenses and costs are paid in full, I bequeath to each of the following persons the item and/or the amounts set forth opposite his or her respective name:

1. To **KARYN ASHLEY COX BARNES**, $6,000.00
2. To **KARYN ASHLEY COX BARNES**, my automobile.
3. To **TERI LYNETTE HULKA**, $2,000.00
4. To **STEPHANIE NICOLE USELTON**, $2,000.00
5. To **IVY POINT CHURCH OF CHRIST**, $1,000.00.

SECOND. DELETION AND ADDITION TO MY WILL:

I hereby delete Article 9 from my Last Will and Testament and replace it with the following to my Last Will and Testament:

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

ARTICLE 9
RESIDUARY ESTATE

9.1 All the rest, residue and remainder of my estate, real, personal and mixed of every nature and wheresoever situated, including lapsed legacies and devises, remainders, reversions, expectancies, income collected during the period of administration of my estate and all property of which I have power of testamentary dispositions, I give, devise and bequeath to my child, **LINDA EDWARDS USELTON**, in fee.

I hereby ratify, republish and reaffirm said Will in all respects except as modified by this codicil thereto.

IN WITNESS WHEREOF, I have hereunto set my hand to this Codicil No. 1 to my Last Will and Testament at Joelton, Tennessee, on this the 15th day of February, 2012.

Vallie Mai Edwards

VALLIE MAI EDWARDS

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

Signed, sealed, published and declared by the Testatrix, VALLIE MAI EDWARDS, to be Codicil No. 1 to her Last Will and Testament in the presence of all of us at one and the same time, and we at her request and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set forth.

Howard M. Shipwash
WITNESS

P. O. Box 489
ADDRESS

Joelton, Tn 37080
CITY/STATE/ZIP

Gayle Sherrill
WITNESS

3127 Union Hill Rd.
ADDRESS

Joelton, TN 37080
CITY/STATE/ZIP

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

AFFIDAVIT PROVING CODICIL

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, VALLIE MAI EDWARDS, signed, declared and published the instrument to which this Affidavit is affixed or annexed, as the Testatrix's Codicil No. 1; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the Testatrix's sight and presence, and in the sight and presence of each other, each affiant signed the instrument as witnesses; and that the Testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a Codicil and was under no duress, compulsion or constraints.

Howard M. Shepherd	Gayle Sherrill
WITNESS	**WITNESS**
P. O. Box 489	3127 Union Hill Rd.
ADDRESS	**ADDRESS**
Joelton, Tn 37080	Joelton, TN 37080
CITY/STATE/ZIP	**CITY/STATE/ZIP**

Subscribed to and sworn before me
this 15th **day of** February, **2012.**

Donni K. Skipworth

NOTARY PUBLIC
My commission expires:

DONNI K. SKIPWORTH
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

COPY

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

FILED
AUG 26 2024
JOSEPH P. DAY, Clerk
By _____ Deputy

SECOND CODICIL TO THE *LAST WILL AND TESTAMENT* Of VALLIE MAI EDWARDS

I, **VALLIE MAI EDWARDS**, of Davidson County, Tennessee, hereby make, publish and declare this to be the First Codicil to the Last Will and Testament executed by me on the 18th day of July, 2016.

FIRST. DELETION AND ADDITION TO MY WILL:

I hereby delete Article 7 from my Last Will and Testament, and replace it with the following:

ARTICLE 7
REAL ESTATE

7.1 I give and devise to my granddaughter, Karyn Ashley Cox, the house located at 2249 Union Hill Road, Goodlettsville, Davidson County, Tennessee, during the term of her life. I direct that my granddaughter shall pay all charges incident to maintaining said property including, without limitation, all assessments, insurance premiums, taxes and ordinary repairs. If my granddaughter, Karyn Ashley Cox, fails to maintain said property, abandons said property for more than forty-five (45) days or dies, said property shall vest in my daughter, Linda Edwards Uselton, in fee.

This is page one of my Second Codicil. VME
Initials

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

7.2 I devise all of the other real estate owned by me at my death to my daughter, Linda Edwards Uselton, in fee.

I hereby ratify, republish and reaffirm said Will and Codicils in all respects except as modified by this codicil thereto.

IN WITNESS WHEREOF, I have hereunto set my hand to this Codicil No. 2 to my Last Will and Testament at Joelton, Tennessee, on this the 18 day of January, 2016.

Vallie Mai Edwards
VALLIE MAI EDWARDS

Signed, sealed, published and declared by the Testatrix, VALLIE MAI EDWARDS, to be Codicil No. 2 to her Last Will and Testament in the presence of all of us at one and the same time, and we at her request and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set forth.

Howard M. Shipwash
WITNESS

P.O. Box 489
ADDRESS

Joelton Tn 37080
CITY/STATE/ZIP

Gayle Sherrill
WITNESS

3127 Union Hill Rd.
ADDRESS

Joelton, TN 37080
CITY/STATE/ZIP

EFILED 08/26/24 04:17 PM CASE NO. 24P1668 Joseph P. Day, Clerk

AFFIDAVIT PROVING CODICIL

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, VALLIE MAI EDWARDS, signed, declared and published the instrument to which this Affidavit is affixed or annexed, as the Testatrix's Codicil No. 2; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the Testatrix's sight and presence, and in the sight and presence of each other, each affiant signed the instrument as witnesses; and that the Testatrix was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a Codicil and was under no duress, compulsion or constraints.

Howard M. Shipwash	Gayle Sherrill
WITNESS	**WITNESS**
P. O. Box 489	3127 Union Hill Rd.
ADDRESS	**ADDRESS**
Joelton Tn 37080	Joelton TN 37080
CITY/STATE/ZIP	**CITY/STATE/ZIP**

Subscribed to and sworn before me this 18 **day of** July, **2016.**

Bonni K. Skipworth

NOTARY PUBLIC

My commission expires: _____

BONNI K. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-7-2019

STATE OF TENNESSEE

****

IN RE: ***VALLIE MAI EDWARDS***

Docket No: ***24P1668***

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 26, 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 30, 2024.

JOSEPH P. DAY CIRCUIT COURT CLERK

JOSEPH P. DAY, Clerk,

By: _____
Deputy Clerk

EXHIBIT
F

EFILED 08/26/24 03:36 PM CASE NO. 24P1668 Joseph P. Day, Clerk

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

TWENTIETH JUDICIAL DISTRICT

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

In Re: **ESTATE OF VALLIE MAI EDWARDS,** deceased

LINDA EDWARDS USELTON,
PETITIONER.

Case No. _____

ORDER GRANTING PROBATE OF EXECUTED WILL AND CODICILS AS MUNIMENT OF TITLE ONLY

This matter was set to be heard on August 28, 2024. The Court has reviewed the Petition of **LINDA EDWARDS USELTON** to probate the last will and testament of **VALLIE MAI EDWARDS** as a muniment of title only. The Court has conducted a hearing if necessary.

The Court finds that all information required by local rule and statute including Tennessee Code Annotated Section 32-2-111 is in the record, that the original last will and testament of **VALLIE MAI EDWARDS** has been tendered to the Circuit Court Clerk and it appears upon the representations of counsel that all interested persons were given a copy of the Petition and notice of the hearing.

LINDA EDWARDS USELTON alleges that **VALLIE MAI EDWARDS** died having an ownership interest in the following real estate:

A tract of land in the 10th Civil District of Davidson County, Tennessee, being the southeast part of a tract of 71 acres more or less, conveyed to Krantz by deed of record in Book 1641, page 605, Register's Office for said County, and described according to a copy of a survey thereof made by John M. Sullivan, County Surveyor, December 30, 1954, as follows:

Beginning at a point in the center line of Union Hill Road, opposite the intersection of said road and Brown's Lake Road; thence with the center of Union Hill Road, north 72° 13'east 170 feet, north 70° 18' east 300 feet, and north 63° 45' east 123 feet to the northeast corner of this tract; thence leaving the road, and along a fence, south 3° west 1400 feet to a point; thence with fence, north 87° 20' west 480 feet to a point in Walter Krantz's

easterly line; thence with his line, north 0° 13' west 1165 feet to the beginning containing 14.8 acres.

INCLUDED IN THE ABOVE DESCRIPTION BUT EXPRESSLY EXCLUDED THEREFROM IS THE CONVEYANCE MADE TO LARRY G. HAWKINS OF RECORD IN BOOK 4525 page 279; described as follows:

Land in the 10th Civil District of Davidson County, Tennessee, described according to a survey of John M. Sullivan, dated July 3, 1971, as follows:

BEGINNING at a point in the center of Union Hill Road, at the northeasterly corner of the land conveyed to Joe V. Edwards and wife, of record in Book 2339, page 601 and being the northeasterly corner of the land herein described; thence leaving said road and along Carson Spivey's westerly boundary line with a fence, south 3° west 301.7 feet; thence continuing with the same, south 2° 13' west 455.2 feet; thence leaving said fence, south 83° 20' west 108.6 feet to a point; thence north 2°13' east 455.2 feet to a point; thence north 13° 55' west 227.2 feet to a point in the center of Union Hill Road; thence with the same, north 62° 35' east 78 feet to a point; thence north 61° 57' east 123 feet to the point of beginning containing 2 acres, more or less.

ALSO INCLUDED IN THE ABOVE DESCRIPTION BUT EXPRESSLY EXCLUDED THEREFROM is the conveyance made to Joe V. Edwards & et ux Vallie Mae Edwards in order to create a new parcel of record in Book 7543 page 757 and as further conveyed to Linda Uselton Selph of record in Book 10649 page 602; described as follows:

Tract 2: BEGINNING at an iron pin set in the southerly margin of Union Hill Road, a corner to Sadie E. Pewitt Property of record in Deed Book 4649, Page 731, Register's Office said Davidson County, Tennessee, and being the most northwest corner of this tract; thence, with the margin of said Road N. 75 deg. 33 min. 26 sec. E. 87.96 feet to a point; thence, continuing with the margin of said Road N. 70 deg. 12 min. 24 sec. E. 22.04 feet to an iron pin set; thence, leaving said Road and with a new line for the next four calls as follows: S. 11 deg. 59 min. 26 sec. E. 345.82 feet to an iron pin set by a post; thence, S. 5 deg. 27 min. 30 sec. E. 151.13 feet to an iron pin set by a walnut tree; thence, S. 12 deg. 24 min. 44 sec. W. 426.52 feet to an iron pin set; thence, S. 83 deg. 02 min. 14 sec. E. 331.53 feet to an iron pin set, in the line of Turner G. Binkley; thence, with the line of said Binkley S. 6 deg. 15 min. 21 sec. W. 270.72 feet to an iron pin set, corner to said Binkley and the northerly line of F.W. Gray Property; thence, with the line of said Gray N. 83 deg. 02 min. 14 sec. W. 434.26 feet to an existing iron pin, corner to said Gray and a corner to Robert E. Newlin; thence, with the line of said Newlin N. 76 deg. 24 min. 21 sec. W. 47.78 feet to an existing iron post in the line of said Newlin and being the most southeast corner of said Pewitt; thence, with the line of said Pewitt N. 3 deg. 57 min. 04 sec. E 1123.97 feet to the beginning, containing 6.696 acres more or less.

The Court concludes upon consideration of the Petition, witness testimony and arguments of counsel (if applicable) and entire record that the Petition should be granted.

IT IS THEREFORE ORDERED THAT:

1. The Last will and Testament of **VALLIE MAI EDWARDS,** dated June 15, 2010, codicil number one dated February 15, 2012, and codicil number two dated July 18, 2016 are admitted to probate in common form as a muniment of title to the above described real estate.
2. An executor shall not be appointed.
3. Letters testamentary shall not be issued.
4. A Notice to Creditors shall not be published.
5. No bond shall be required.
6. No reporting to the Court shall be required.
7. Court costs are taxed to **LINDA EDWARDS USELTON.**
8. This is a final order such that the case shall close upon entry of the order.

{ELECTRONIC SIGNATURE PAGE OF JUDGE OR SPECIAL MASTER ATTACHED}

APPROVED FOR ENTRY:
HOWARD M. SKIPWORTH & ASSOCIATES

S/HOWARD M. SKIPWORTH/S
HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
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:

Karyn Ashley Cox Barnes
2249 Union Hill Road
Goodlettsville, Tennessee 37072

This the 13th day of August, 2024.

S/Howard M. Skipworth/S
HOWARD M. SKIPWORTH
S.C. Reg. No. 012469
Attorney for Petitioner
Post Office Box 489
Joelton, Tennessee 37080
Telephone: 615.876.2550
E-mail: hskipworth@skipworthlaw.com

Cc: Linda Edwards Uselton
2249B Union Hill Road
Goodlettsville, Tennessee 37072

EFILED 08/26/24 03:36 PM CASE NO. 24P1668 Joseph P. Day, Clerk

Case Title: USELTON V EDWARDS

Case Number: 24P1668

Type: FINAL ORDER

The foregoing is hereby ORDERED, ADJUDGED AND DECREED:

Judge Andra Hedrick, Seventh Circuit

TN Division of TennCare

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

August 8, 2024

Howard M. Skipworth
P.O. Box 489
Joelton, TN 37080

RE: Edwards, Vallie Mai Date of Death: 3/31/2024 SSN: xxx-xx-8345
Our File Number: 135027

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 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

EXHIBIT G