Box 20 MAP-121 Parcel- 138

AFFIDAVIT OF HEIRSHIP

BOOK 7927 PAGE 316

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

(Executed pursuant to T. C. A. Section 30-2-712, et seq.

From: William T. Kelley

1164 09/31 0.01 030-EDX 21.00

To: Sarah Watson Kelley
1764 Reynolds Road
Nashville, TN 37214

RE: Land in Davidson County, Tennessee being Lot No. 1, W. T. Kelley Subdivision, Map 121, parcel 138. (See attached Exhibit "E"

Property Address: 1764 Reynolds Road, Nashville, TN 37214

AFFIANTS, being first duly sworn according to law, depose and say:

1. That William T. Kelley and wife, Sarah Watson Kelley acquired fee simple title by deed filed of record in Book 5901, page 897, Register's Office for Davidson County, Tennessee.

2. That William T. Kelley died testate on March 15, 1989 in Davidson County, Tennessee, where he had resided for the past several years. The decedent was survived by his wife, Sarah Watson Kelley. She is the surviving tenant by the entirety of the aforementioned property and is presently unmarried.

A copy of the document purporting to be the Last Will and Testament of William T. Kelley is attached hereto as Exhibit "B"

3. The following Exhibits are attached and hereby incorporated by reference as if fully copied verbatim herein.

(A) Death certificate of William T. Kelley, who died testate on March 15, 1989.
(B) Last Will and Testament of William T. Kelley.
(C) Copies of the paid funeral and burial bills.
(D) State of Tennessee, Department of Revenue non-taxable certificate.
(E) Legal description of real estate.

4. That there are no unpaid debts nor taxes due upon the estate of the deceased.

5. The personal property of the decedent was jointly held with his wife, Sarah Watson Kelley.

6. That the real estate of the decedent (described herein) passed to the wife, Sarah Watson Kelley as surviving tenant by the entirety.

7. That William T. Kelley, William Taylor Kelley, and W. T. Kelley are one and the same person. Sarah W. Kelley and Sarah Watson Kelley are one and the same perosn.

8. That one of the declared purposes of this instrument is to avoid the expenses of probate and a formal administration of the estates. The parties and affiants also join in the execution of this instrument for the purposes of stating that the above facts are true and for the purpose of inducing the issuance of title insurance on the above-referenced property.

FURTHER, the Affiants saith not.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

WITNESS OUR HANDS this the 27th day of July, 1989 at office in said State and County.

Kay Long
KAY LONG

Sarah Watson Kelley
SARAH WATSON KELLEY

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Subscribed and sworn to before me, the undersigned Notary Public on this the 27th day of July, 1989. (Kay Long and Sarah Watson Kelley.

Tom G. Coleman
Notary Public

My commission expires: 3-2-1992

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Kay Long and Sarah Watson Kelley, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee this 27th day of July, 1989.

Tom G. Coleman
Notary Public

My commission expires: 3-2-1992

This instrument was prepared by:
Tom G. Coleman, Jr., Attorney
9000 East Church Street
Building B, Suite 102
Brentwood, TN 37027

62377

IDENTIFICATION REFERENCE

AUG 31 9 31 AM '89

DAVIDSON COUNTY, TN

AND DAVIDSON COUNTY

JUL 7 1989

Edia S. Wadley, M.D

(615) 327-9313

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.

BOOK 7927 PAGE 318

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR STRUCTIONS E HANDBOOK

STATE FILE NUMBER 8901282

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): William Taylor Kelley
2. SEX: Male
3. DATE OF DEATH (Month Day Year): March 15, 1989
4. SOCIAL SECURITY NUMBER (of Deceased): 413-22-6998
5a. AGE – LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month Day Year): 4/22/1922
7. BIRTHPLACE (City and State or Foreign Country): Mt. Juliet, 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 [X] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Sarah Kelley
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Post Office
12b. KIND OF BUSINESS/INDUSTRY: U.S. Government
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1764 Reynolds Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Henry Kelley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bessie Taylor

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sarah Kelley
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1764 Reynolds Rd. Nashville,Tn. 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] ... (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): National Cemetery
20c. LOCATION – City or Town, State: Madison, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Douglas Ramer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: Paul Wells
21d. LICENSE NUMBER OF EMBALMER: 3438
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Bailey Funeral Home, 429 Donelson Pk. Nashville,Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month Day Year): Mar. 24, 1989

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month Day Year):
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: T. E. Simpkins M.D.
26b. LICENSE NUMBER: 3066
26c. DATE SIGNED (Month Day Year): 3/21/89
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): T. E. Simpkins, M.D., 84 Hermitage Ave.,Nashville, TN 37210-2110

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

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. CARDIAC ARRHYTHMIA
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to a immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. MYOCARDIAL INFARCTION
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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

30. MANNER OF DEATH: 1 [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):

202.06-002

RECORDER'S MEMO

Legibility of Writing, Typing or Printing of this Document Unsatisfactory When Received

LAST WILL AND TESTAMENT OF WILLIAM TAYLOR KELLEY

I, WILLIAM TAYLOR KELLEY, presently residing at 1769 Reynolds Road, ~~Route One~~, Davidson County, Tennessee, being of sound and disposing mind and memory and wishing to make a final disposition of all of my worldly goods, both real and personal, tangible and intangible, corporeal and incorporeal, of every nature whatsoever, I hereby make, publish and declare this to be my will and testament, hereby revoking all other wills and codicils by me heretofore made.

I

I hereby direct that all of my reasonable funeral expenses be paid.

II

I hereby direct that all of my just debts be paid.

III

It is my wish that all of the remainder and residue of my estate of every nature whatsoever shall pass directly to my wife, Sarah Watson Kelley.

IV

I hereby direct, and it is my wish, that my present wife, Sarah Watson Kelley be appointed Executrix of this my Last Will and Testament. It is my further wish that she not be required to post a bond.

William Taylor Kelley (L.S.)
William Taylor Kelley

Mary E. Duke (Witness)
1636 Murfreesboro Rd. (Address)
Darla L. Duke (Witness)
1636 Murfreesboro Rd. (Address)

State of Tennessee)
) SS
County of Davidson)

On this 3rd day of August 1970 before me personally appeared William Taylor Kelley to me known, and known to me to be the same person described in and who executed the above instrument and who acknowledged to me that he executed the same.

SWORN TO AND SUBSCRIBED
before me this 3rd day of August, 1970.

L. Lee Luke
Notary Public

FUNERAL SERVICE ORDER / PURCHASE AGREEMENT

(DO NOT SIGN THIS CONTRACT IN BLANK)

Name of Deceased William Kelley Date of Death 3 (MO) 15 (DD) 87 (YR) Date of Service 3 (MO) 17 (DD) 87 (YR)

Deceased's Last Address 1764 Reynolds Rd City Nashville State Tenn Zip Code 37214

Charge to Sarah Kelley (Buyer) Age 44 Telephone No. (615) 361-6853

Buyer's Home Address 1764 Reynolds Rd City Nashville State TN. Zip Code 37214

Name and Home Address of Co-Buyer, if any _____ Telephone No. (____) _____

In this contract the words I, me and my refer to the Buyer and Co-Buyer, if any, signing this contract. The words you and your refer to the Seller whose name and address appear below. For good and valuable consideration, which each party acknowledges receiving, and recognizing the love and affection that Buyer(s) had for the deceased, I agree to buy the goods and services described below. I authorize you to prepare and care for the body of the decedent named above and to conduct the funeral and services and incur the charges listed below. You have the right to collect the total amounts due under this contract from any person who signs this contract as Buyer or Co-Buyer.

(A) PRICES CHARGED BY YOU FOR THE FOLLOWING ITEMS:

Professional & Staff Services		$
Service Accessories		
Facilities & Equipment		
Certain Livery Equipment		
Care & Preparation of Remains		1454.00
Casket Unit # ZW 2115 Inv. # 2266-C5768B-06		2855.00
Alternative Container Unit #		
Sub Total Acct. # 400-000		$ 4,349.00
Outside Enclosure Unit Type (VC) VS VO (CIRCLE ONE)		1850.00
Urns and Vases Unit Type UB UW UO (CIRCLE ONE)		
Clothing Unit Type		
Additional Livery		
Crematory		
*Flowers 407-804		112.00
Shipping Container		
*Cemetery		
Other N/P		130.00
Total (A)		$ 6,441.00

* You may receive and retain discounts on these items.

(B) CHARGES TO BE INCURRED BY YOU ON MY BEHALF (Certain Charges May Be Estimated — e means estimate)

Cemetery	$
Crematory	
Pallbearers BOOK 7927 PAGE 320	
Public Transportation	
Clergy Honoraria	
Musicians or Singers	
Gratuities	
*Flowers	
*Obituary Notices ES+	73.00
Outside Funeral Directors Expenses	
Escorts	50.00
Certified Copies	20.00
Telephone/Telegram	
Other	
Total (B)	$ 143.00

* You may receive and retain discounts on these items.

(C) OTHER

G/P Pre-Arranged Allowance	($)
Pre-Arranged Allowance	( )
Total (C)	$

(D) TAX

Total taxable amount from Section (A) ± Section (C)		$ 4987.00
Less Deductibles		(500.00)
City Tax	%	$
Local Tax 2.25	%	$ 52.69
State Tax 5.5	%	$ 246.78
Use Tax	%	$
Total (D)		$ 294.47

Total Charges: Sections (A) + (B) ± (C) + (D) $ 6,883.47

METHOD OF PAYMENT

Less: ☑ Cash Received on Account ($ 442.47)

☐ Sums consisting of my assignment to you of the proceeds of _____

_____

(type of benefit assigned) which I am making this day in a separate instrument ($)

I agree that any monies assigned above shall be paid to you within 60 days of the date of this contract. Upon your giving me at least five (5) days prior written notice that any monies due under the assignment(s) described above have not been paid to you as promised, you can require that any such unpaid amount(s) previously credited to my account be paid by me at once.

UNPAID BALANCE DUE BY 4-15 , 19 89 .... $ 6441.00

I understand that no extension of credit is involved in this transaction and I further agree that I am personally liable for payment of the applicable balance due shown above, by the date above stated, to you at your address set out below and I agree that if I have not paid said sum in full by such date a **DEFAULT CHARGE OF TEN (10%) PERCENT PER ANNUM** will be charged on any portion of the unpaid principal balance due until payment in full is made. I further agree that any additional items ordered in connection with the above funeral service shall be paid by me in cash at the time ordered. We agree that time is of the essence as to this contract.

CONFIRMATION: I confirm that I have examined the above-stated items and found them to be correct and according to the arrangements selected and that prior to signing this contract, I reviewed and approved a completed copy of this Funeral Service Order / Purchase Agreement. I also confirm that I have been informed of my right to select only such services and merchandise as I desire.

YOU HAVE NOT, BY THE EXECUTION OF THIS CONTRACT WITH ME, WAIVED ANY RIGHTS YOU HAVE TO FILE A CLAIM IN THE ESTATE OF THE ABOVE-NAMED DECEDENT. ANY AMOUNTS COLLECTED BY YOU FROM THE ESTATE OF THE DECEDENT, OR FROM ANY OTHER SOURCE, SHALL BE CREDITED AGAINST ANY AMOUNT OWED BY ME UNDER THIS CONTRACT.

YOUR NOTICE TO ME (THE RETAIL BUYER): Do not sign this contract in blank. I have read the reverse side and understand that those terms are also a part of this contract. I have been advised that I am entitled to a copy of the contract at the time I sign it and that I should keep said copy to protect my legal rights.

YOU AGREE TO FURNISH ALL SERVICES AND MERCHANDISE AS INDICATED ABOVE

Executed this 16 day of MAY , 19 87.

SELLER:

Hibbett & Hatley Funeral Home, Inc.
428 Donelson Pike
Nashville, Tennessee 37214
615) 883-2361

ACCEPTED FOR SELLER:

By: Douglas Crain (Signature)

SIGN IN INK

413-68-841 F.D. or Soc. Sec. #

Signature (1) X Sarah Kelley (Buyer)

Signature (2) _____ (Co-Buyer, if any)

NOTICE: SEE OTHER SIDE FOR ADDITIONAL TERMS, INCLUDING DISCLAIMER OF WARRANTIES AND LIMITATION OF REMEDIES, THAT ARE PART OF THIS AGREEMENT.

RECEIPT FOR FAMILY

Form FUN 0032 TN Rev. (5/88)

TENNESSEE DEPARTMENT OF REVENUE

NON-TAXABLE CERTIFICATE

NT 06743

BOOK 7927 PAGE 321

MRS. SARAH W. KELLEY
ESTATE REPRESENTATIVE

ACCT. NO. 89-07474

To MR. TOM G. COLEMAN, JR.
ATTORNEY AT LAW
9000 EAST CHURCH ST., B-102
BRENTWOOD, TN 37027

Estate of:
KELLEY, WILLIAM TAYLOR
DAVIDSON (19)
03/15/89

THIS IS TO CERTIFY that a sworn Return for Inheritance Tax has been filed with this Department by the duly qualified representative of the above named Estate; that investigation has been made of the values placed upon all forms of property set out in the Schedules filed with said Return and found to be correctly appraised, and that, after allowing all lawful debts and other deductions and the statutory exemption applicable thereto, it was ascertained that said Estate was not subject to tax, hence no assessment was made thereon.

As provided in Section 67-8-420, Tennessee Code, this certificate shall be authority for the Probate Court of the County wherein said Estate was administered to permit a final settlement or accounting by the aforesaid representative.

This, the 14th day of August, 1989.

COMMISSIONER OF REVENUE

By _____
Director of Miscellaneous Tax Division

RV-0194 (REV. 5-88)

06-002-0909

Form No. WD-6

This Form furnished by Attorneys Title Company, Inc.

FROM

WILLIAM T. KELLEY AND WIFE,
SARAH W. KELLEY

AND

TOM G. COLEMAN, JR., TRUSTEE

TO

TOM G. COLEMAN, JR., TRUSTEE

FROM

TOM G. COLEMAN, JR., TRUSTEE

TO

WILLIAM T. KELLEY AND WIFE,
SARAH W. KELLEY

BOOK 5901 PAGE 897

QUITCLAIM DEED

BOOK 7927 PAGE 322

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
WILLIAM T. KELLEY, ETUX (NAME)	NEW OWNER (NAME)	Map 121 & 135
1764 Reynolds Rd. (STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	Parcel 138
Nashville, TN 37214 (CITY) (STATE) (P. O. ZIP)	(CITY) (STATE) (ZIP)	

THIS INSTRUMENT WAS PREPARED BY

Jean G. Coleman
4000 E. Church St
Brentwood, Tenn

STATE OF TENNESSEE
COUNTY OF ~~DAVIDSON~~ Williamson

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS

$ NONE — Tasi M. Parkinson
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE 8th DAY OF June, 1987

Linda A. Forder
Notary Public

MY COMMISSION EXPIRES: 10/21/84

(AFFIX SEAL)

FOR AND IN CONSIDERATION of love and affection (and no monetary consideration) and for the express purpose of making a re-conveyance to create a tenancy by the entirety in William T. Kelley and wife, Sarah W. Kelley

We, William T. Kelley and wife, Sarah W. Kelley

by these presents do hereby quitclaim and convey unto Tom G. Coleman, Jr. , Trustee, his successors and assigns, the following described tract or parcel of land, to wit:

Land in Davidson County, Tennessee, being Lot No. 1 on the Plan of W. T. Kelley Subdivision as of record in Plan Book 5200, Page 354, Register's Office for Davidson County, Tennessee. That said Lot No. 1 consists of 2.42 acres, being tax parcel 138 and being a re-subdivision of part of the southerly part of the land marked "Dower" on the plan of the estate of James Reynolds, deceased, of record in Plan Book 2, Page 50, Chancery Court Office for Davidson County, Tennessee, and described as follows:

Beginning at a corner post 5 feet inside the easterly right of way of Reynolds Road, being the southwest corner of the Jean Goodwin property, thence southeasterly along Jean Goodwin/Stanley Gardner lines, S83°34'36"E, 640.76 feet to an iron pin, thence S24°40'24"W, 204.0 feet to an iron pin, thence N83°34'36"W, 291.16 feet to an iron pin, thence N23°59'03"E, 50.67 feet to an iron pin, thence N82°15'39"W, 340.0 feet with a fence to a corner post, thence with Reynolds Road, N22°12'15"E, 143.01 feet to the point of beginning.

Being part of the same property conveyed to William T. Kelley, a 1/2 undivided interest, by deed from Logan Paul Chandler and wife, Willie C. Chandler of record in Book 1681, Page 14, Register's Office for Davidson County, Tennessee, and conveyed to William T. Kelley and wife, Sarah W. Kelley by deed from William H Kelley and wife, Bessie T. Kelley, their 1/2 undivided interest, of record in Book 2795, Page 307, said Register's Office.

This instrument is made subject to the Plan of record in Book 5200, Page 354, said Register's Office and to all applicable local government planning, building * and zoning regulations.

This is improved ~~unimproved~~ property, known as 1764 Reynolds Rd. Nashville, TN
(House Number) (Street) P. O. Address (City or Town) (Postal Zone)

*and zoning regulations.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

RECORDER'S MEMO
Legibility of writing, typing or printing unsatisfactory in this Document when Received