Fell 23

AFFIDAVIT OF HEIRSHIP/INHERITANCE

BOOK 8121 PAGE 848

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

FROM: Virginia Dale Robinson

TO: Bobbie Carolyn Robinson Parrish
1129 Riverwood Drive
Nashville, TN 37216

RE: Land in Davidson, Bedford and Dekalb Counties, State of Tennessee, and described as follows:

I. 916 Boscobel Street, Nashville, Davidson County, Tennessee; Property Tax Map 82-16, Parcel 352; Deed reference - Being the same property conveyed to Carl G. Robinson and wife, Virginia Robinson by deed from John W. Green and wife, Effie B. Green, of record in Book 1972, page 456, Register's Office of Davidson County, Tennessee, and described as follows:

Land in Davidson County, Tennessee, being Lot No. 7 on the Map of W. W. Totten's Addition, as of record in Book 57, page 22, Register's Office for Davidson County, Tennessee.

Said Lot No. 7 fronts 50 feet on the South side of Boscobel Street and runs back between parallel lines, 175 feet, to an alley.

II. 116 Maple Street, Shelbyville, Bedford County, Tennessee; Property Tax Map 89F "D", Parcel 7.00; Deed reference - Deed Book 83, page 319, Register's Office for Bedford County, Tennessee, described as Lots 39 & 40, Fair Oaks Addition, plan of record in Plat Book 40, page 487, said Register's Office. Appraisal of Tax Assessor: $16,700.00.

III. One Lot: 50 foot x 95 foot, at Center Hill Lake, Dekalb County, Tennessee; Property Tax Map _____, Parcel _____; Appraisal of Tax Assessor: $2,000.00.

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

1. That Affiant, Bobbie Carolyn Robinson Parrish, presently resides in Davidson, County, Tennessee, and was the only child of Carl G. Robinson and wife, Virginia Robinson.

2. That Affiant, Sylvia Heaney, presently resides in Davidson, County, Tennessee, and personally knew the decedents, Carl G. Robinson and wife, Virginia Robinson, and has personal knowledge of the facts herein stated and of this family of by reason of being their neighbor (in the past) and close personal friend during the past ____ years.

3. That Carl G. Robinson and wife, Virginia Robinson acquired fee simple title to the above-described property from John W. Green and wife, Effie B. Green, by deed filed of record on April 21, 1951 in Book 1972, page 456, Register's Office for Davidson County, Tennessee.

4. That Carl G. Robinson, died on August 10, 1985 in Davidson County, Tennessee where he had resided for the past several years. The decedent was survived by his wife and

widow, Virginia Robinson, who acquired his real estate and personal property by survivorship, under the Tennessee law of descent and distribution, and/or as exempt property.

5. That the said Virginia Robinson died testate on August 17, 1988, having been a resident of Davidson County for the past several years. A copy of the document purporting to be the Last Will and Testament of Virginia Dale Robinson is attached hereto as an exhibit. All property was devised and bequeathed to her only child, Bobbie Carolyn Robinson Parrish. Bobbie Carolyn Robinson Parrish also aquired some personal property by suvivorship. Virginia Robinson had no other children, adopted or otherwise, surviving her at her death. Virginia Robinson was unmarried at the time of her death.

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

(A) Death Certificate of Virginia Dale Robinson, who died testate on August 17, 1988.

(B) Last Will and Testament of Virginia Dale Robinson.

(C) Death certificate of Carl G. Robinson, who died testate on August 10, 1985.

(D) Copies of the paid funeral and burial bills.

(E) State of Tennessee, Department of Revenue non-taxable certificate.

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

8. That the real estate and personal property of the decedent (described herein) passed as herein shown to Bobbie Carolyn Robinson Parrish the same as it would have under the laws of descent and distribution in Tennessee Code Annotated concerning intestate succession.

9. 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, Affiants saith not.

WITNESS OUR HANDS this the 25TH day of May, 1990 at office in said State and County.

Sylvia Heaney
SYLVIA HEANEY

Bobbie Carolyn Robinson Parrish
BOBBIE CAROLYN ROBINSON PARRISH

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed and sworn to before me, the undersigned Notary Public on this the 25TH day of May, 1990. (Bobbie Carolyn Robinson Parrish)

Jim D. Coleman Jr.
Notary Public

My commission expires: 3-3-1992

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Bobbie Carolyn Robinson Parrish, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 25th day of May, 1990.

Tom D. Coleman
Notary Public

My commission expires: 3-3-1992.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed and sworn to before me, the undersigned Notary Public on this the 25th day of May, 1990. (Sylvia Heaney)

Tom D. Coleman
Notary Public

My commission expires: 3-3-1992

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Sylvia Heaney, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this ____ day of May, 1990.

Tom G. Coleman
Notary Public

My commission expires: 3-3-1992.

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

6489 06/04 0101 03CHECK 39.00

30528

IDENTIF. TREFERENCE

JUN 4 9 35 AM '90

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY TN.

EXHIBIT "A"

BOOK 8121 PAGE 851

BOOK 7844 PAGE 14

Eastland Funeral Home

FUNERAL DIRECTORS

904 GALLATIN ROAD NASHVILLE, TENNESSEE 37206
TELEPHONE 615-244-6480

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Public Health.

F. Kemp Papa Funeral Director

Sworn and subscribed before me this the 24th day of Aug. 1988

My Commission expires 1/11/1992 Charles E Wells Notary Public

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO _____

DECEASED—NAME: Virginia Dale Robinson
DATE OF DEATH: August 17,1988
AGE—LAST BIRTHDAY: 74
DATE OF BIRTH: 7-11-1914
RACE: White
American
SEX: Female
COUNTY OF DEATH: Davidson
CITY, TOWN OR LOCATION: Nashville
INSIDE CITY LIMITS: yes
HOSPITAL OR OTHER INSTITUTION: Metro General Hospital
D.O.A.
STATE OF BIRTH: Tennessee
CITIZEN OF WHAT COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
SURVIVING SPOUSE:
SOCIAL SECURITY NUMBER: [redacted]2785
SERVICE: No
USUAL OCCUPATION: Housewife
KIND OF BUSINESS OR INDUSTRY: At HOme
RESIDENCE—STATE: Tennessee
COUNTY: Davidson
CITY, TOWN, OR LOCATION: Nashville
STREET AND NUMBER: 916 Boscobel St.
INSIDE CITY LIMITS: yes
CENSUS TRACT NO.:
FATHER—NAME: Robert Givan
MOTHER—MAIDEN NAME: Nellie Allen
INFORMANT—NAME: Nash. Tn. Carolyn Parrish 1129 Riverwood Dr. MAILING ADDRESS: 37216
BURIAL, CREMATION, REMOVAL, OTHER: Burial
DATE: 8-19-88
CEMETERY OR CREMATORY—NAME: Mt OLivet
LOCATION: Nashville, Tennessee
FUNERAL DIRECTOR: Hank Spicer
LICENSE NO.: 2993
EMBALMER: Don Dupuis
LICENSE NO.: 3574
FUNERAL HOME—NAME AND ADDRESS: Eastland 904 Gallatin Rd. Nash. Tn.
REGISTRAR—SIGNATURE:
DATE RECEIVED BY LOCAL REGISTRAR:
PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED — SIGNATURE: DEGREE:
DATE SIGNED:
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED — SIGNATURE: T. E. Simpkins, M.D. TITLE:
DATE SIGNED: 8/22/88
CERTIFIER—NAME (TYPE OR PRINT): T. E. Simpkins, M.D.
MAILING ADDRESS: 84 Hermitage Ave., Nashville, TN 37210-2110

25 PART I DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC ARRHYTHMIA	
DUE TO, OR AS A CONSEQUENCE OF (b)	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c)		

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO): No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED: DATE OF INJURY: HOUR: DESCRIBE HOW INJURY OCCURRED:
INJURY AT WORK: PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.: LOCATION: STREET OR R.F.D. NO. CITY OR TOWN STATE

RECORDER'S MEMO: Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received.

EXHIBIT "B"

BOOK 7844 PAGE 7

Last Will and Testament

OF BOOK 8121 PAGE 852

VIRGINIA DALE ROBINSON

I, VIRGINIA DALE ROBINSON, a resident of Davidson County, Tennessee, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, and I hereby revoke all Wills and/or Codicils at any time heretofore made by me.

ARTICLE ONE

I hereby nominate and appoint as Executor of this, my Last Will and Testament, my husband, CARL GEORGE ROBINSON. In the event that Carl George Robinson predeceases me or is unable or unwilling to serve, I hereby nominate and appoint as Alternate Executrix BOBBIE CAROLYN ROBINSON. I further direct that each of the above shall be excused from giving bond for the faithful performance of their duties. My Executor and Alternate Executrix are excused from filing an inventory and making reports to the Court having jurisdiction over my estate.

PAGE ONE: Virginia Dale Robinson

RUSH

FELIX Z WILSON JR REGISTER
DAVIDSON COUNTY, TN

IDENTIFICATION REFERENCE
7422 05/18 0101 03DHECK

MAY 18 11 57 AM '99

33978

24.00

ARTICLE TWO

I direct that all of my funeral expenses, matured debts and the administration expenses of my estate be paid by my Executor as soon after my decease as is practicable, from my general estate.

I direct that all estate, inheritance, and any other taxes assessed by reason of my death (including any penalties or interest assessed thereon, and whether based on transfers under my Will or outside it) be paid in respect of all property included in my estate, whether or not included in my probate estate, and whether or not the property passes under this Will, or otherwise out of my general estate, without contribution by any beneficiary or recipient of any such property so includable for tax purposes.

ARTICLE THREE

The proceeds of any insurance on my life which are receivable by the Executor may be used, but only in the sole and uncontrolled discretion of the Executor, in satisfying obligations and taxes owing by my estate and to the extent not so used will pass under the disposing provisions of this Will.

PAGE TWO: Virginia Hale Robeson

The Executor, Alternate Executrix, and their successors, shall have the following powers (in addition to all others possessed by them) which shall be exercisable in their discretion without application to any Court and until final distribution is made:

To hold and retain as investments pending distribution hereunder all investments and assets owned by me at my death or which shall thereafter be included in my estate; to sell and dispose of (for the purpose of paying my debts or making contribution or for any purpose whatsoever), any or all such investments and assets of whatever kind, and all property of any kind, at any time held by them and at public or private sale, at such prices and upon such terms as they shall deem proper; to invest and reinvest in such assets as they shall deem prudent and in the best interests of the beneficiaries; to borrow money and to pledge assets comprising the estate; to compromise claims (including taxes) for or against my estate; to improve any real estate and to lease real estate as they choose, including power to give leases for periods extending beyond the duration of the estate; to foreclose, extend, assign, partially release and fully discharge mortgages; to take any and all actions respecting any form of property which an absolute owner could take; to employ agents and attorneys without change in their liability; to keep assets in the name of a nominee or nominees without mention of the fiduciary relationship in any instrument of ownership; to make, execute and deliver all assignments, transfers, documents and other legal instruments conveying property and without liability on any person dealing with them to inquire into their authority or to see to the application of any money or thing of value delivered to them; and all powers of the fiduciaries shall be exercisable without the necessity of application to any Court. I also authorize them to make any division or distribution in cash or in kind or partly to each and reasonably and in good faith to value assets and such valuation shall be conclusive upon all parties.

In addition to the foregoing, I add all the powers recited in Tennessee Code Annotated §35-618, as if the language thereof were incorporated in this Will verbatim, which powers shall be exercisable without application to any Court and until final distribution is made.

PAGE THREE: Virginia Hall Robinson

ARTICLE FIVE

I hereby give, devise and bequeath to my husband, CARL GEORGE ROBINSON, if he survives me by more than thirty (30) days, absolutely and in fee simple, my entire estate, of every kind and wherever located, including all of my property of whatever kind, character and description, whether real, personal, or mixed, tangible or intangible, wherever situated, which I may own, possess, or in any way be entitled to or have the right to dispose of at my death, and which remains after the payment of my matured debts, funeral expenses and death taxes of whatever kind or nature.

ARTICLE SIX

If my husband, Carl George Robinson, does not survive me by more than thirty (30) days, I hereby give, devise and bequeath my entire estate, of every kind and wherever located, including all of my property of whatever kind, character and description, whether real, personal or mixed, tangible or intangible, wherever situated, which I may own, possess, or in any way be entitled to or have the right to dispose of at my death, and which remains after the payment of my matured debts, funeral expenses and death taxes of whatever kind or nature, to my daughter, BOBBIE CAROLYN ROBINSON.

 Virginia Mae Robinson

ARTICLE SEVEN

If my husband, Carl George Robinson, and I shall die under such circumstances that it cannot be ascertained that we died otherwise than simultaneously, it shall be conclusively presumed for all purposes of this Will that he survived me.

ARTICLE EIGHT

This Will is not made pursuant to any contract with my husband, or any other third party, and there is no contract between my husband or any third party respecting either or both of our Wills or any other Wills. In addition, the fact that my husband, Carl George Robinson, has executed or is executing a Will contemporaneously with this Will shall not be taken to mean that we intend our Wills to be joint and mutual Wills, and I hereby disclaim any such intention and reserve the right at any time to amend, alter, modify or revoke this Will.

PAGE FIVE: Virginia Hale Robinson

ARTICLE NINE BOOK 7844 PAGE 12

This Will consists of six (6) pages (each of which I have signed) covering Articles One through Nine, inclusive. I now sign this as my Last Will and Testament on this, the 4th day of November, 1982, and pursuant to T. C. A. §32-211, I hereby request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have hereunto set my hand to this, my Last Will and Testament and declared and published it as such in the presence of witnesses, this, the 4th day of November, 1982.

Virginia Dale Robinson
VIRGINIA DALE ROBINSON, Testatrix

The foregoing instrument was signed, published and declared by the said VIRGINIA DALE ROBINSON as and for her LAST WILL AND TESTAMENT in the joint sight and presence of the undersigned who, at her request and in her sight and presence, and in the sight and presence of each other, have hereunto subscribed our names as attesting witnesses on the day and date last written.

WITNESSES:

Maurice L. Bowen

Betty Jo Covington

ADDRESSES:

204 2nd Ave. South
Franklin, Tn. 37064

204 2nd Ave. South
Franklin, Tn. 37064

PAGE SIX: Virginia Dale Robinson

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF ORIGINAL INSTRUMENT FILED IN MY OFFICE, THIS 17th DAY OF May, 19 89
BILL COVINGTON, CLERK
BY: Betty DeHaven
DEPUTY CLERK

EXHIBIT "C"

Roesch-Patton, Dorris & Charlton

Funeral Directors

BOOK 7844 PAGE 13

904 GALLATIN ROAD, P. O. BOX 22829

(615) 244-6480

NASHVILLE, TENNESSEE 37202

BOOK 8121 PAGE 858

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Public Health.

Robert E. Fugua Funeral Director

Sworn to and subscribed before me this the 22nd day of Aug, 19 85

My Commission expires Jan. 19, 1988 Charles E. Worrell, Jr. Notary Public

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

BIRTH NO. _____ STATE FILE NO _____

DECEASED

1. Deceased—Name: Carl G. Robinson
2. Date of Death (Month, Day, Year): August 19,1985
3a. Age—Last Birthday (Years): 65
4. Date of Birth (Month, Day, Year): 2-11-1920
5. Race (White, Black, American Indian, etc.): White
6. Origin or Descent (Italian, Mexican, German, etc.): American
7. Sex: Male
8. State of Birth (If not in U.S.A., name country): Tennessee
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced: Married
11. Surviving Spouse (If wife, give maiden name): Virginia Givan
12a. Social Security Number: [redacted]-2035
12b. Service in Armed Forces: No
13a. Usual Occupation: Foreman
13b. Kind of Business or Industry: Derryberry Paving Co.
14a. Residence—State: Tennessee
14b. County: Davidson
14c. City, Town, or Location: Nashville
14d. Street and Number: 916 Boscobel St.
14e. Inside City Limits: yes
14f. Census Tract No:
7a. County of Death: Davidson
7b. City, Town or Location: Nashville
7c. Inside City Limits: yes
7d. Hospital or Other Institution: Baptist
7e. Inpatient

PARENTS AND INFORMANT

15. Father—Name: Joseph Robinson
16. Mother—Maiden Name: Gannon
17. Informant—Name: Wife
Mailing Address: 37206

DISPOSITION

18a. Burial, Cremation, Removal, Other (Specify): Burial
18b. Date: 8-12-85
18c. Cemetery or Crematory—Name: Mt Olivet
18d. Location: Nashville, Tennessee
19a. Funeral Director: Robert Fugua
19b. License No.: 3455
19c. Embalmer (Signature):
19d. License No.:
19e. Funeral Home—Name and Address: Roesch Patton Nashville, Tennessee
21a. Registrar—Signature:
21b. Date Received by Local Registrar:

CERTIFIER

22a. Physician: On the basis of my knowledge, I certify that the death occurred at the place, on the date, and due to the cause(s) stated. Signature: John M. Tudor, M.D.
22b. Medical Examiner: On the basis of the examination of the body and/or the investigation, death occurred on the date and due to the cause(s) stated. Signature: _____ Title: _____
22c. Date Signed (Month, Day, Year): 8/22/85
23a. Certifier—Name (Type or Print): Dr. JohnTudor
23b. Mailing Address (Street or R.F.D. No., City or Town, State, Zip): 1921 Hayes St. Nash. Tn. 37203

CAUSE

24. Part I. Death was caused by (Enter only one cause per line for (a), (b), and (c)):
(a) Immediate Cause: CARCINOMA OF THE PROSTATE, D-STAGE
Due to, or as a consequence of:
(b)
Due to, or as a consequence of:
(c)
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last:
Part II. Other significant conditions: conditions contributing to death but not related to cause given in Part I (a):
25. Autopsy (Yes or No):
26. Accident, Suicide, Homicide, or Undetermined (Specify):
27a. Date of Injury (Month, Day, Year):
27b. Hour:
27c.
27d. Describe How Injury Occurred:
27e. Injury at Work (Specify Yes or No):
27f. Place of Injury at Home, Farm, Street, Factory, Office Bldg., etc. (Specify):
27g. Location (Street or R.F.D. No., City or Town, State):

EXHIBIT "D"

(DO NOT SIGN THIS CONTRACT IN BLANK)

Name of Deceased MRS VIRGINIA DALE ROBINSON Date of Death 8 17 88 (MO DD YR) Date of Service 8 19 88 (MO DD YR)

Deceased's Last Address 916 BOSCOBEL ST. City NASHVILLE State TN Zip Code 37206

Charge to CAROLYN PARRISH (Buyer) Age 46 Telephone No. 227-6290

Buyer's Home Address 1129 RUCKWOOD DRIVE City NASHVILLE State TN Zip Code 37216

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		1384.00
Casket Unit # ZM10082 Inv. # 266-C33793-61		1126.00
Alternative Container Unit #		
Sub Total Acct. # 460.000		$ 2510.00
Outside Enclosure Unit Type (VC) VS VO (CIRCLE ONE)		550.00
Urns and Vases Unit Type UB UW UO (CIRCLE ONE)		
Clothing Unit Type		
Additional Livery		
Crematory		
Flowers HOT-804		250.00
Shipping Container		
Other MEMORIAL PACKAGE		80.00
Total (A)		$ 3390.00

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

Cemetery		$
Crematory		
Pallbearers		
Public Transportation		
Clergy Honoraria		
Musicians or Singers		
Gratuities		
*Flowers		
*Obituary Notices	(E)	75.60
Outside Funeral Directors Expenses		
Escorts	2 CARS	80.00
Certified Copies		10.00
Telephone/Telegram		
Other		
Total (B)		$ 165.60

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* You may receive and retain discounts on these items.

(C) OTHER

G/P Pre-Arranged Allowance		($ 598.00)
Pre-Arranged Allowance		( )
Total (C)		($ 598.00)

(D) TAX

Total taxable amount from Section (A) ±Section (C)		$ 2006.00
Less Deductibles		(500.00)
City Tax	2.25 %	$ 33.30
Local Tax	— %	$ —
State Tax	5.5 %	$ 110.33
Use Tax	— %	$ —
Total (D)		$ 143.63

Total Charges: Sections (A) + (B) ± (C) + (D) $ 3101.23

METHOD OF PAYMENT

Less: ☐ Cash Received on Account ($ 1501.06)

☐ Sums consisting of my assignment to you of the proceeds of FAMILY SERVICE LIFE POLICY # 223723 ($ 1600.17)

(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 _____, 19____ .... $ — 0 —

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 17 day of August, 1988.

SELLER: ROESCH, PATTON, MORRIS & CHARLTON FUNERAL DIRECTORS
904 GALLATIN ROAD
NASHVILLE, TENNESSEE 37206
(615) 244-5450

ACCEPTED FOR SELLER:

BY: W B Parker (Signature)

SIGN IN INK

412-28-2045 F.D. or Soc. Sec. #

Signature (1) Carolyn Parrish (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 FMN 6039 TN Rev (10/87)

TENNESSEE DEPARTMENT OF REVENUE

NON-TAXABLE
CERTIFICATE

NT 17088

BOOK 8121 PAGE 860

MRS. BOBBIE C. R. PARRISH
ESTATE REPRESENTATIVE

ACCT. NO. 90-05112

To MR. TOM G. COLEMAN, JR.
ATTORNEY AT LAW
9000 BLDG. B.
BRENTWOOD, TN 37027

Estate of:
ROBINSON, VIRGINIA DALE
DAVIDSON (19)
08/17/88

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 31st day of May, 19 90.

COMMISSIONER OF REVENUE

By Jerry Davis
Director of Miscellaneous Tax Division

RV-0194 (REV. 5-88)

06-002-0909