THIS INSTRUMENT PREPARED BY:

Mail

Homer R. Ayers, Attorney At Law
Bank of Goodlettsville, Suite 201
112 Long Hollow Pike
Goodlettsville, Tennessee 37072

BOOK 9152 PAGE 157

AFFIDAVIT OF HEIRSHIP

ADDRESS NEW OWNERS:	PERSON OR ENTITY RESPONSIBLE FOR PAYMENT OF REAL PROPERTY TAXES:	MAP-PARCEL NOS.
Jack H. Polk 701 Elba Drive Goodlettsville, TN 37072	Same as New Owner	Map 026-05-0 Parcels 8.00 & 9.00 Field Book #: GO07746 & GO07748

The undersigned, JACK H. POLK, being more than eighteen (18) years of age and sui juris, after being duly sworn, makes affidavit, under oath, as follows:

1. That J. E. Polk, a/k/a J. E. Polk, Jr., died on April 21, 1969, at the age of seventy-four (74) years, survived by his wife, Bonnie H. Polk, who died on August 30, 1993, at the age of eighty-eight (88) years, a copy of her death certificate being attached hereto as Exhibit A.

2. That the undersigned, Jack H. Polk, who is fifty-eight (58) years of age, and who resides at 701 Elba Drive, Goodlettsville, Tennessee 37072, is the only child born to or adopted by J. E. Polk, a/k/a J. E. Polk, Jr., and/or Bonnie H. Polk, during their respective lifetimes, and he is their only heir-at-law.

3. That Bonnie H. Polk left a Last Will and Testament dated June 7, 1971, giving, devising and bequeathing all of her property, real, personal or mixed, to the undersigned, Jack H. Polk, to be his absolutely, a copy of said Will being attached hereto as Exhibit B.

4. That the said Last Will and Testament of Bonnie H. Polk was not filed for probate by reason that all of the assets, accounts and other personal property owned by Bonnie H. Polk at the time of her death were in the names of Bonnie H. Polk and Jack H. Polk with survivorship obtaining.

5. That all of the debts and obligations owing by Bonnie H. Polk, during her lifetime or by reason of her death, have been fully paid and satisfied and that a copy of the non-taxable certificate from the Tennessee Department of Revenue is attached hereto as Exhibit C.

6. That J. E. Polk and wife, Bonnie H. Polk, owned certain real property in the City of Goodlettsville, in the County of Davidson and in the State of Tennessee, which property became vested in the undersigned, Jack H. Polk, as the only heir-at-law of Bonnie H. Polk and her only devisee and beneficiary under her Last Will and Testament attached hereto as Exhibit B, said property being more specifically and particularly described as follows, to-wit:

> LOTS Nos. 4 and 5 in Block "D" of Roscoe Place Subdivision in Davidson County, Tennessee, as shown by the plat of record in Book 843, page 72, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete and accurate description of the metes and bounds of said Lots.
>
> SAID Lots together front 100 feet on the northerly side of Roscoe Street and run back between parallel lines 150 feet to a dead line which measures 100 feet.

BEING in part the properties conveyed to J. E. Polk, a/k/a J. E. Polk, Jr., and wife, Bonnie H. Polk, by deeds of record in Book 954, page 80, and in Book 1349, page 183, Register's Office for Davidson County, Tennessee. And the said J. E. Polk, a/k/a J. E. Polk, Jr., died on April 21, 1969, at which time the said property became vested in Bonnie H. Polk. And, Bonnie H. Polk died on August 30, 1993, at which time the said property became vested in Jack H. Polk, as her only heir-at-law and the only devisee and beneficiary under her Last Will and Testament dated June 7, 1971.

7. That the undersigned, Jack H. Polk, agrees to indemnify and hold harmless any subsequent purchaser or any subsequent mortgagee, together with any title insurer, insuring the title to the said property, from any cost, expense or judgment relating to any claim, demand or suit, concerning ownership or title to the said property or concerning any debt or obligation alleged to be owing by the estates of J. E. Polk, a/k/a J. E. Polk, Jr., and/or Bonnie H. Polk, including but not limited to their respective court costs, litigation expenses and reasonable attorney's fees.

WITNESS my hand on this the 10 day of November, 1993.

Jack H. Polk
JACK H. POLK

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, JACK H. POLK, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 10TH day of November, 1993.

Adam Parrish
NOTARY PUBLIC

ADAM PARRISH NOTARY PUBLIC TENN

My Commission Expires: 1-23-94

EXHIBIT A BOOK 9152 PAGE 159

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.

OCT 27 1993

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

9305369

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

1 DECEDENT'S NAME (First, Middle, Last): Bonnie Evelyn Polk	2 SEX: Female	3 DATE OF DEATH (Month, Day, Year): August 30, 1993	
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3373	5a AGE – LAST BIRTHDAY (Years): 88	5b UNDER 1 YEAR: months / days	5c UNDER 1 DAY: hours / minutes
6 DATE OF BIRTH (Month, Day, Year): Aug. 2, 1905	7 BIRTHPLACE (City and State or Foreign Country): Elkton, Kentucky		
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No	9a PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)		
9b FACILITY NAME (If not institution, give street and number): Vanco MAnor Nursing Home	9c CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville	9d COUNTY OF DEATH: Davidson	
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widow	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: Domestic
13a RESIDENCE – STATE: Tenn.	13b COUNTY: Davidson	13c CITY, TOWN OR LOCATION: Goodlettsville	13d STREET AND NUMBER OR RURAL LOCATION: 204 Roscoe St.
CENSUS TRACT: 3	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 0 [X] No. Specify, if yes:
15 RACE – American Indian, Black, White, etc. (Specify): White	16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):		
PARENTS	17 FATHER'S NAME (First, Middle, Last): Tom Hadden	18 MOTHER'S NAME (First, Middle, Maiden, Surname): Myrtle Crawford	
INFORMANT	19a INFORMANT'S NAME (Type/Print): Jack Polk	19b RELATIONSHIP TO DECEASED: Son	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 701 Elba Dr., 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): Spring Hill Cemetery	20c LOCATION – City or Town, State: Nashville, TEnn.
FUNERAL DIRECTOR	21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Timothy M. Garrett	21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2943	21c SIGNATURE OF EMBALMER: ▶ Jeff Croy; 21d LICENSE NUMBER OF EMBALMER: 3867
	22a NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett, P.O. Bx 444, Goodlettsville, Tenn. 37070	22b LICENSE NUMBER OF FUNERAL HOME: 718	
REGISTRAR	23 REGISTRAR'S SIGNATURE: ▶ Marsha H. Higgerstaff	24 DATE FILED (Month, Day, Year): October 27, 1993	
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: ▶ Stephen White M.D.	25b LICENSE NUMBER: MD14198	25c DATE SIGNED (Month, Day, Year): 10/8/93
	26a MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)
	27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Stephen White, M.D., 740 Conference Dr., Goodlettsville, Tn. 37072		

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

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.	myocardial infarction	minutes
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.	Athero.sclerotic heart disease	years
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: 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 [ ] No		
30 MANNER OF DEATH: 1 [X] Natural 6 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide	31a DATE OF INJURY (Month, Day, Year)	31b TIME OF INJURY: M	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)		

BIRTH NO

PH-1659
REV. 1/89

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

[redacted]

EXHIBIT B

BOOK 9152 PAGE 160

Last Will and Testament

COPY

I, Bonnie H. Polk of Goodlettsville, in the County of Davidson, State of Tennessee, being of sound mind and memory and considering the uncertainty of this frail and transitory life, do therefore make, ordain, publish and declare this to be my last WILL AND TESTAMENT.

FIRST, I order and direct that my Executor hereinafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be.

SECOND, After the payment of such funeral expenses and debts, I give, devise, and bequeath

To my son, Jack H. Polk, all the remainder, both Real and Personal, of my estate.

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

LASTLY, I make, constitute and appoint Jack H. Polk, without bond to be Executor of this, my last will and Testament, hereby revoking all former wills by me made

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal the 7th day of June, in the year of our Lord, one thousand nine hundred seventy one.

Bonnie H. Polk Seal

This instrument was on the day of the date thereof, signed, published and declared by the said testator Bonnie H. Polk to be her last Will and Testament in the presence of us who at her request have subscribed our names thereto as witnesses in her presence and in the presence of each other and who do hereby certify that at the time of the execution of said will, the testator was of sound and disposing mind and memory and understanding and under no restraint.

Ruth H. Buston

Judy P. Atkins

EXHIBIT C

TENNESSEE DEPARTMENT OF REVENUE

NON-TAXABLE
CERTIFICATE

NT 63421

BOOK 9152 PAGE 161

JACK H. POLK
ESTATE REPRESENTATIVE

ACCT. NO. 93-09429

To MR. HOMER R. AYERS

ATTORNEY AT LAW
112 LONG HOLLOW PIKE, STE. 201
GOODLETTSVILLE, TN 37072

Estate of:
POLK, BONNIE H.

DAVIDSON (19)

08/30/93

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 Estate. The values as reported on all forms of property within the return appear to be fairly reported. The allowance of all lawful debts, deductions and the applicable statutory exemption, exempts the estate from taxation.

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

This, the 27th day of October, 19 93

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

COMMISSIONER OF REVENUE

By _____
Director of Office Audit and Examination

(94)(REV. 9 91) 15 002 1900

85857
IDENTIFICATION REFERENCE

93 NOV 15 PM 2:00
FELIX A. [illegible] REGISTER
DAVIDSON COUNTY, TN.

3497 11/15 0101 03CHECK 20.00