BOOK 10681 PG 368

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address of New Owner	Send Tax Bills To	Map & Parcel No
Larry Shane Gatlin & Shannon Leigh Franklin 1117 Alandee Street Nashville, TN. 37214	PNC Mortgage Corp of America 440 N Fairway Dr Vernon Hills, IL 60061	Map 52-13-B 3DX-00359 PARCEL 66

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says: Anita F. Gatlin, unmarried, was the sole owner of the following described real estate. The said Anita F. Gatlin died in Nashville, Davidson County, Tennessee, on March 12, 1996. Said land is described as follows:

> Being Unit No. 115 of the Condominium Site Plan of Phase II-C, Section 2 on the Plan of River Glen, a Planned Unit Development of record in Plat Book 8250, Page 323 amending Plat Book 7900, Pages 548 and 549 amending Plat Book 6900, Page 650, all of record in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete legal description.
>
> Being the same property conveyed to Anita F. Gatlin by deed from Fox Ridge Homes, Inc. of record in Book 9748, Page 597, Register's Office for Davidson County, Tennessee.
>
> This conveyance is subject any and all existing easements and restriction of record.
>
> This conveyance is subject to Restrictive Covenants of record in Book 7566, Page 571, Book 7724, Page 293, Book 8069, Page 158, Book 8258, Page 687 and Book 8752, Page 751, Register's Office for said County
>
> This conveyance is subject to any and all zoning regulation, building restrictions and setback lines, if any, easements and rights-of-way for public utilities.
>
> This is improved/unimproved property known as 1117 Alandee Street, Nashville, TN. 37214.

The said Larry Shane Gatlin, (unmarried) and Shannon Leigh Franklin (married) are the only children of the deceased, Anita F. Gatlin, an unmarried person at the time of her death on March 12, 1996, (see attached certificate of death).

The affiants herein being the only issues of the said Anita F. Gatlin. There being no other issue or adopted children being deceased and leaving issue.

The said Anita F. Gatlin died intestate with the affiants herein, Larry Shane Gatlin and Shannon Leigh Franklin receiving all of Anita F. Gatlin's interest in the above described property by the Laws of Descent and Distribution of the State of Tennessee.

3-17-97
Date

Larry Shane Gatlin
Larry Shane Gatlin

4-1-97
Date

Shannon Leigh Franklin
Shannon Leigh Franklin

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

Witness my hand and official seal at Nashville, Tennessee, this the 17TH day of MARCH, 1997.

Richard E. Norman Jr.
Notary Public

My Commission Expires: 9-26-98

STATE OF TENNESSEE
COUNTY OF Coffee

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Shannon Leigh Franklin the within named bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Manchester Tennessee, this the 1st day of April, 1997.

Notary Public

My Commission Expires: 1-23-97

97 NOV 12 AM 11:16
DAVIDSON COUNTY, TN.

0369084
IDENTIFICATION REFERENCE

THIS INSTRUMENT PREPARED BY:
Richard E. Norman, Jr., Attorney at Law
4220 Nolensville Road
Nashville, TN. 37211
(615) 834-4300

affinher
sonyren97

0830 11/12 0101 03CHECK 12-00

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.

96 12 99

BOOK 1068 PG 370

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Anita Frost Gatlin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 12, 1996
4. SOCIAL SECURITY NUMBER: [redacted]-4220
5a. AGE-LAST BIRTHDAY (Years): 52
5b. UNDER 1 YEAR (MOS / DYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): Mar. 15, 1943
7. BIRTHPLACE (City and State or Foreign Country): Norway Maine
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
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.): Health Related Boards
12b. KIND OF BUSINESS/INDUSTRY: State Government
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1117 Alandee St.
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 [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+): 3

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert F. Frost
18. MOTHER'S NAME (First, Middle, Maiden Surname): Esther French

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Shane Gatlin
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 212 Wildberry Lane Nashville, Tennessee 37209

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: James W. Mayo
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4197
21c. SIGNATURE OF EMBALMER: James W. Mayo
21d. LICENSE NUMBER OF EMBALMER: 4224
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, P. O. Box 210242, Nashville, Tennessee 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Phipps
24. DATE FILED (Month, Day, Year): March 14, 1996

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(s) stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Patrick B. Murphy
25b. LICENSE NUMBER: MD020157
25c. DATE SIGNED (Month, Day, Year): 3/14/96
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)

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): Dr. Patrick B. Murphy, St. Thomas Med. Plza. Suite 707, Nashville, TN 385-3751

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.	Renal cell carcinoma	
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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 [ ] 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: 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. 2-93

RDA 1389

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