[ADDRESS NEW OWNER:	[SEND TAX BILLS TO:]	MAP-PARCEL NOS]
[Harriet A. Beaulieu,	[	]
[James H. Goodrich, Jr.	[*SAME*	] Map 96-1]
[1406 Otter Street	[	] Parcel 100]
[Anchorage, Alaska 99504	[	]
[This instrument prepared by: Waynick & Cate (DJW)		]
[P.O. Box 148058, Nashville, TN 37214 (This instrument		]
[prepared from information furnished by parties)		]

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, depose and say:

James Houston Goodrich a/k/a J. Houston Goodrich, the owner of the following described real estate:

Land in Davidson County, Tennessee, being the westerly 75 feet front and 60 feet rear of Lot No. 22 on the Map of Bluefields, Section No. 1, as of record in Book 843, page 16, of the Register's Office for said County.

Said part of said Lot No. 22 fronts 75 feet on the northerly side of Bluefield Avenue and runs back between lines, 234.9 feet on the westerly line and 236 feet more or less on the easterly line to a dead line and measures 60 feet thereon.

Being the same property conveyed to J. Houston Goodrich and wife, Delia D. Goodrich, from Eula Myrtle Stanford and husband, R.D. Stanford by deed of record in Book 1218, Page 187 Register's Office for Davidson County, Tennessee.

Delia D. Goodrich having since died leaving James Houston Goodrich sole owner as tenant by the entirety. (A copy of death certificate is attached.)

died on March 18, 1999, a resident of Davidson County, Tennessee.

The undersigned received the following described interest in the decedent's real estate described above under the terms of his Last Will & Testament dated March 25, 1987.

1. James Houston Goodrich, Jr. - ½ interest as tenants in common
2. Harriet A. Beaulieu - ½ interest as tenants in common

The Tennessee Inheritance Tax clearance has been received being account number 440142972, a copy of which is attached as Exhibit A.

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

There are no debts or encumbrances remaining which are or might become a lien on said interest in the described real estate.

James Houston Goodrich, Jr.
Son of Decedent

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 James Houston Goodrich, Jr., the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this 1 day of April, 1999.

Notary Public
My Commission Expires: 1/27/2001

Harriet A. Beaulieu
Daughter of Decedent

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 Harriet A. Beaulie, the bargainor, 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 this 1 day of April, 1999.

Notary Public
My Commission Expires: 1/27/2001

05910080
RECORDED IN MILLER REFERENCE
99 MAY 25 PM 1:47
DAVID BILLINGS
REGISTER
DAVID CO. TN.
0435 05/25 0101 03CHECK 22.00

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.

BOOK 11493 PG. 32

3991610

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): JAMES HOUSTON GOODRICH

2 SEX: M

3 DATE OF DEATH (Month Day Year): 3-18-99

4 SOCIAL SECURITY NUMBER: [redacted]-1566

5a AGE LAST BIRTHDAY (Years): 85

5b UNDER 1 YEAR: MONTHS / DAYS

5c UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (Month Day Year): 9-14-13

7 BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

8a 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): SUMMIT MEDICAL CENTER

9c CITY, TOWN, OR LOCATION OF DEATH: HERMITAGE

9d COUNTY OF DEATH: DAVIDSON

10 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): WIDOWED

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.): AIR CARGO

12b KIND OF BUSINESS/INDUSTRY: AMERICAN AIRLINES

13a RESIDENCE-STATE: TN

13b COUNTY: DAVIDSON

13c CITY, TOWN OR LOCATION: NASHVILLE

13d STREET AND NUMBER OR RURAL LOCATION: 2726 BLUEFIELD DRIVE

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

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): ; College (1-4 or 5+): 2

PARENTS

17 FATHER'S NAME (First, Middle, Last): HAYES JACKSON GOODRICH

18 MOTHER'S NAME (First, Middle, Maiden Surname): HARRIET ANN EASTWOOD

INFORMANT

19a INFORMANT'S NAME (Type/Print): JAMES H. GOODRICH, JR.

19b RELATIONSHIP TO DECEASED: SON

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 47 PEPPERBUSH WAY WINDSOR, CT 06095

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): HERMITAGE MEMORIAL GARDENS

20c LOCATION-City or Town, State: HERMITAGE, TN

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ DOUG RAINES

21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2300

21c SIGNATURE OF EMBALMER: ▶ LYNN GAUTHIER

21d LICENSE NUMBER OF EMBALMER: 4052

22a NAME AND ADDRESS OF FUNERAL HOME: HIBBETT AND HAILEY FUNERAL HOME 429 DONELSON PIKE NASHVILLE, TN 37214

22b LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Sr

24 DATE FILED (Month, Day, Year): March 29, 1999

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: ▶ James J Elrod Jr

25b LICENSE NUMBER: MD 015330

25c DATE SIGNED (Month, Day, Year): 7/25/99

26a MEDICAL EXAMINER - On the basis of examination 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. JAMES ELROD, JR. 5653 FRIST BLVD., STE. 630, HERMITAGE, TN 37076 615-391-3971

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	Refractory Ventricular Fibrillation	3 hours
DUE TO (OR AS A CONSEQUENCE OF) b.	Dilated Ischemic Cardiomyopathy	years
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.	Arteriosclerotic Heart Disease	years
d.		

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 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 [X] 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-1850
REV. 2-93

BIRTH MD

RECORDERS MEMO
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RDA 1389

6

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

FEB 17 1987

J. M. Bistowish M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(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 11493 PG. 33

8700517

IS BECOMES A LEGAL CORD WHEN PROPERLY EXE-TED AND FILED.

PE OR PRINT IN RMANENT BLACK INK.

b DECEASED

JAL RESIDENCE WHERE DE-SED LIVED. IF DEATH OC-RED IN INSTITUTION, GIVE SIDENCE BEFORE ADMIS-N.

PARENTS AND INFORMANT

RMIT REQUIRED PRIOR TO ANSPORTATION OF BODY BY MMON CARRIER OR RE-VAL FROM STATE.

DISPOSITION

CERTIFIER

DEATH NOT ATTENDED BY YSICIAN, AUTHORIZED OF-CIAL SIGN HERE. ANY YSICIAN OR MEDICAL EX-INER EXECUTING CER-ICATE MUST COMPLETE D SIGN MEDICAL CER-FICATION WITHIN 48 OURS. POWER OF GNATURE CANNOT BE ELEGATED.

CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO _____ STATE FILE NO

DECEASED—NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. Delia		Goodrich	2 January 29, 1987

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS.	DAYS	UNDER 1 DAY: HOURS	MINS.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY))	ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY))	SEX
3a. 75	3b.		3c.		4. 8/13/1911	5. White	6. American	7. Female

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET ETC.)	IF HOSP OR INST (INCLUDE DOA) (Inpatient, Res., Inpatient (Spec. Hr.))
7a. Davidson	7b. Nashville	7c. yes	7d. Donelson Life Care Center	7e. Inpatient

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tennessee	9. U.S.A.	10. Married	11. J. Houston Goodrich

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. [redacted]-8270	12b. no	13a. Housewife	13b.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
14a. Tennessee	14b. Davidson	14c. Nashville	14d. 2726 Bluefield Ave	14e. yes	14f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. Robert C. Demonbreun	16. Samuella Smith	17. Houston Goodrich	2726 Bluefield Ave. Nashville, Tn. 37214

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
18a. Burial	18b. 1/31/1987	18c. Hermitage Gardens	18d. Hermitage, Tn. 37076

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO	EMBALMER (SIGNATURE)	LICENSE NO
19a. Douglas Barnes	19b. 2300	19c. H. B. Sparkman	19d. 3476

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20. Hibbett & Hailey Nashville, Tn. 37214

REGISTRAR—SIGNATURE 21a. Esther D. Groh — 21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 2-12-87

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. 22a. R B Gaston — SIGNATURE — DEGREE MD — 22b. DATE SIGNED (MONTH, DAY, YEAR) 2/4/87

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. 23a. SIGNATURE — TITLE — 23b. DATE SIGNED (MONTH, DAY, YEAR)

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24a. R B GASTON	24b. 276 Lebanon RD Nashville TN 37214

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

IMMEDIATE CAUSE (a) Cardio Respiratory Collapse

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) Alzheimers Disease

DUE TO, OR AS A CONSEQUENCE OF:

(c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

26. AUTOPSY (YES OR NO) No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c. M.	27d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
27e.	27f.	27g.

PH-1859
Rev. 9/81 CRC

202-06-002

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NC019001

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TENNESSEE DEPARTMENT OF REVENUE

BOOK 11493 PG. 34

May 7, 1999

ESTATE OF JAMES H GOODRICH
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE TN 37214-2914

Account Type: INHERIT TX
Account No.: 440142972
Date of Death: March 18, 1999
County: DAVIDSON
Social Security No.: [redacted]-1566

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability shown to be due and paid to the State of Tennessee is denoted below:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF JAMES H GOODRICH
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE, TN 37214-2914

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RV-N0019001