[ADDRESS NEW OWNER:	[SEND TAX BILLS TO:]	MAP-PARCEL NOS]
[John M. Wilson, et al.	[ ]	]
[517 Cherry Point	[*SAME*]	]
[Old Hickory, TN 37138	[ ]	]
[	[ ]	]

[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:

Thelma F. Wilson, the owner of the real estate described as follows:

Land in Davidson County, Tennessee, being Lot No. 18 on the plan of Montague Park, as of record in Book 421, Page 141, Register's Office for said County. Said Lot No. 18 fronts 100 feet on the Southwesterly side of Grapevine Avenue and runs back between parallel lines 187.5 feet to the Northeasterly line of Lot No. 25.

Land in Davidson County, Tennessee, being Lot No. 25 on the plan of Montague Park, as of record in Book 421, Page 141, Register's Office for said County. Said Lot No. 25 fronts 100 feet on the Northeasterly side of Bluegrass Avenue and runs back between parallel lines to the Southwesterly line of Lot No. 18.

Being part of the same property conveyed to Raymond E. Wilson and wife, Thelma Wilson by Deed from Harry S. Fite and wife, Katherine G. Fite of record in Book 1876, Page 63, Register's Office for Davidson County, Tennessee. Raymond E. Wilson predeceasing Thelma Wilson on April 25, 1993, copy of Death Certificate attached, leaving Thelma Wilson as the sole owner by right of survivorship.

died on February 17, 1999, in Davidson County, Tennessee.

The estate was administered in the Probate Court of Wilson County by order dated March 31, 1999.

The undersigned, each having received a one-third (1/3) interest in the decedent's real estate described above under the terms of the decedent's last will & testament, and by the laws of decent and distribution.

The Tennessee Inheritance Tax clearance has been received being account number 440152443, a copy of which is attached.

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

Dated: July 14 1999

John M. Wilson

Kenneth R. Wilson

Barbara A. Cummings

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 John M. Wilson, 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 14th day of July, 1999.

NOTARY PUBLIC AT LARGE WILSON COUNTY, TENN.

Notary Public
My Commission Expires: 2-3-2001

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 Kenneth R. Wilson, 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 14th day of July, 1999.

NOTARY PUBLIC AT LARGE WILSON COUNTY, TENN.

Notary Public
My Commission Expires: 2-3-2001

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 Barbara A. Cummings, 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 14th day of July, 1999.

NOTARY PUBLIC AT LARGE WILSON COUNTY, TENN.

Notary Public
My Commission Expires: 2-3-2001

EXHIBIT "A"

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.

MAY 6 1993

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

Phyllis S. Wadley, M.D.

BOOK 11578 PAGE 251

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 9302242

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

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Raymond Enders Wilson
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): April 25, 1993
4 SOCIAL SECURITY NUMBER: [redacted] 8350
5a AGE - LAST BIRTHDAY (Years): 66
6 DATE OF BIRTH (Month, Day, Year): 7-5-1926
7 BIRTHPLACE (City and State or Foreign Country): Sumner Co, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): DVA Medical Center
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): Thelma Gammon
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Postmaster/Retired
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE - STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Madison
13d STREET AND NUMBER OR RURAL LOCATION: 429 Blue Grass Avenue
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37115
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): ; College (1-4 or 5+): 2

PARENTS

17 FATHER'S NAME (First, Middle, Last): Marshall Wilson
18 MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Hester

INFORMANT

19a INFORMANT'S NAME (Type/Print): DVA Files
19b RELATIONSHIP TO DECEASED: None
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th Avenue South Nashville, TN 37212

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): Springhill Cemetery
20c LOCATION - City or Town, State: Nashville, TN

DISPOSITION

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael A. Slack
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3706
21c SIGNATURE OF EMBALMER: ▶ Jeff Croy
21d LICENSE NUMBER OF EMBALMER: 3867
22a NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Puneral Home, PO Box 444, Goodlettsville, TN 37072
22b LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Mary C. Printecost
24 DATE FILED (Month, Day, Year): May 4, 1993

IDENTIFIER

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: ▶ Roger Des Prez
25b LICENSE NUMBER: MD 005878
25c DATE SIGNED (Month, Day, Year): May 3, 1993
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: ▶
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): Roger M. Des Prez,M.D., 1310 24th Avenue South Nashville, TN 37212

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Renal Failure
DUE TO (OR AS A CONSEQUENCE OF): b. Hypotension
DUE TO (OR AS A CONSEQUENCE OF): c. Inflammatory Disease Of Undiscovered Etiology
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Approximate Interval Between Onset and Death:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Obstructive Pulmonary Disease; Cor Pulmonale

28a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

29 MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
29a DATE OF INJURY (Month, Day, Year):
29b TIME OF INJURY:
29c INJURY AT WORK? 1 [ ] Yes 2 [ ] No
29d DESCRIBE HOW INJURY OCCURRED:
29e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
29f LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

EXHIBIT "B"

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.

MAY 6 1993

Julia S. Hodley, M.D.

BOOK 11578 PAGE 252

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 9302242

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For use by Physician or Institution)

DECEDENT

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2 SEX: Male
3 DATE OF DEATH (Month Day Year): April 25, 1993
4 SOCIAL SECURITY NUMBER (For Decedent): 411 20 8350
5a AGE – LAST BIRTHDAY (Years): 66
6 DATE OF BIRTH (Month Day Year): 7-5-1926
7 BIRTHPLACE (City and State or Foreign Country): Sumner Co, TN
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9b FACILITY NAME (If not institution, give street and number): DVA Medical Center
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9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Thelma Gammon
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Postmaster/Retired
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE – STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Madison
13d STREET AND NUMBER OR RURAL LOCATION: 429 Blue Grass Avenue
CENSUS TRACT
13e RESIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37115
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

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18 MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Hester

INFORMANT

19a INFORMANT'S NAME (Type/Print): DVA Files
19b RELATIONSHIP TO DECEASED: None
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th Avenue South Nashville, TN 37212

DISPOSITION

20a METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
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21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3706
21c SIGNATURE OF EMBALMER: ▶ Jeff Croy
21d LICENSE NUMBER OF EMBALMER: 3867
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22b LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24 DATE FILED (Month Day Year): May 4, 1993

CERTIFIER

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25b LICENSE NUMBER: MD 005878
25c DATE SIGNED (Month Day Year): May 3, 1993
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): Roger M. Des Prez, M.D., 1310 24th Avenue South Nashville, TN 37212

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

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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)

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DUE TO (OR AS A CONSEQUENCE OF)
b. Hypotension
DUE TO (OR AS A CONSEQUENCE OF)
c. Inflammatory Disease Of Undiscovered Etiology
DUE TO (OR AS A CONSEQUENCE OF)
d.

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SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Obstructive Pulmonary Disease; Cor Pulmonale

28a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
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30a DATE OF INJURY (Month Day Year):
30b TIME OF INJURY: AM [ ] PM [ ]
30c INJURY AT WORK? 1 [ ] Yes 2 [ ] No
30d DESCRIBE HOW INJURY OCCURRED:
31a PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
31b LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

N0019001

EXHIBIT "C"

8359360990527

TENNESSEE DEPARTMENT OF REVENUE

BOOK 11578 PAGE 253

May 30, 1999

ESTATE OF THELMA F WILSON
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE TN 37214-2914

Account Type: INHERIT TX
Account No.: 440152443
Date of Death: February 17, 1999
County: WILSON
Social Security No.: [redacted]8350

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

FILED
1999 JUL 19 PM 12:05
REGISTER OF DEEDS
WILSON COUNTY, TN

06131172

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF THELMA F WILSON
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE, TN 37214-2914

May 30, 1999
Account Type: INHERIT TX
Account No.: 440152443
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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

RV-N0019001

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