[ADDRESS NEW OWNER:	[SEND TAX BILLS TO:	]MAP-PARCEL NOS]
[William K. Smith, et al.	[	]Map 085-07-0]
[3127 Stafford Drive	[*SAME*	]Parcel 38.00]
[Nashville, TN 37214	[	]]
[	[	]]
[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

BOOK 11633 PAGE 524

The undersigned, being duly sworn, depose and say:

Vester Hyram Smith, the owner of the real estate described as follows:

> Land in Davidson County, Tennessee, being Lot No. 194 on the Plan of Stanford Country Club Estates, Section 4, as of record in Book 2900, Page 84, Register's Office for said County. Said Lot No. 194 fronts 88.9 feet on the Easterly margin of Stafford Drive and runs back between lines measuring 156.0 feet on the Northerly line and 242 feet on the Southerly line to a broken line in the rear measuring 182.11 feet thereon.
>
> Being the same property conveyed to Vester G. Smith (being one and the same person as Vester H. Smith) and wife, Ruth G. Smith by Deed from Fred L. Kelly and wife, Cora Elizabeth Kelly of record in Book 5207, Page 330, Register's Office for Davidson County, Tennessee. Ruth G. Smith predeceasing Vester H. Smith on August 23, 1993, copy of Death Certificate attached.

died on December 5, 1997 in Davidson County, Tennessee.

The estate was administered in the Probate Court of Davidson County by order dated April 29, 1998, Probate No. 98P-653.

The undersigned, each having received a one-fourth (1/4) 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 440037390 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.

William K. Smith
William K. Smith

Joseph K. Smith
Joseph K. Smith

Arthur K. Smith
Arthur K. Smith

Kimberly S. Hunter
Kimberly S. Hunter

062823
DEED REF. & REFERENCE

93 AUG 25 AM 10:01
REGISTER
DAVIDSON CO., TN.

22.00 MORTGAGE TAX PAID $0.00

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 William K. Smith, 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 20 day of Aug, 1999.

Notary Public
My Commission Expires: 6/15/2002

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 Joseph K. Smith, 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 20 day of Aug, 1999.

Notary Public
My Commission Expires: 6/15/2003

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 Arthur K. Smith, 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 20 day of Aug, 1999.

Notary Public
My Commission Expires: 6/15/2003

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 Kimberly S. Hunter, 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 20 day of Aug, 1999.

Notary Public
My Commission Expires: 6/15/2003

N0018901

EXHIBIT "A"

9682197980723

TENNESSEE DEPARTMENT OF REVENUE

BOOK 11633 PAGE 526

July 26, 1998

SMITH VESTER H
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE TN 37214-2914

Account Type: INHERIT TX
Account No.: 440037390
Date of Death: December 5, 1997
County: DAVIDSON
Social Security No.: [redacted]-8321

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

SMITH VESTER H
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE, TN 37214-2914

July 26, 1998
Account Type: INHERIT TX
Account No.: 440037390
Date of Death: December 5, 1997
County: DAVIDSON
Social Security No.: [redacted]-8321

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

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

RV-N0018901

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

BOOK 11633 PAGE 527

SEP 8 1993

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.

Linda S. Mac Pherson, M.D.

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK (Cap). INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 8304512

NAME OF DECEDENT: For use by physician or funeral director

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RUTH HARDISON SMITH
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): August 23, 1993
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-2733
5a. AGE – LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR – Months
5c. UNDER 1 DAY – Hours / Min
6. DATE OF BIRTH (Month, Day, Year): Jan. 30, 1924
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9. PLACE OF DEATH (Check only one): INPATIENT 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 6 [ ] Residence 8 [ ] Other (Specify)
9b. FACILITY NAME (If not institution give street and number): PARKVIEW 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): VESTER SMITH
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): BOOKKEEPER
12b. KIND OF BUSINESS/INDUSTRY: BANK
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3127 STAFFORD 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:
16. 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 6+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROY HARDISON
18. MOTHER'S NAME (First, Middle, Maiden Surname): NEUVA THRONEBERRY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MR. VESTER SMITH
19b. RELATIONSHIP TO DECEASED: SPOUSE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3127 STAFFORD DRIVE, NASHVILLE, TN 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 6 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c. LOCATION – City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Joseph Baumgartel
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3710
21c. SIGNATURE OF EMBALMER: ▶ Don Dupwe
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Deborah McDonald
24. DATE FILED (Month, Day, Year): September 8, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Patrick Murphy
25b. LICENSE NUMBER: MD020137
25c. DATE SIGNED (Month, Day, Year):
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):

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. Gastric Cancer
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
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.

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: Hour / Min
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):

SEE INSTRUCTIONS ON OTHER SIDE

HEALTH NO

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

EXHIBIT "C"

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

BOOK 11633 PAGE 528

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.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9706636 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): VESTER HYRAM SMITH
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): DECEMBER 5, 1997
4 SOCIAL SECURITY NUMBER (If Deceased): [redacted]-8321
5a AGE-LAST BIRTHDAY (Years): 78
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): 1-28-1919
7 BIRTHPLACE (City and State or Foreign Country): JACKSON COUNTY, TENNESSEE
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] No
9d PLACE OF DEATH (Check only one): HOSPITAL: 1 [XX] 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): SUMMITT 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): SALES
12b KIND OF BUSINESS/INDUSTRY: DAIRY
13a RESIDENCE-STATE: TENNESSEE
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 3127 STAFFORD DRIVE
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [XX] 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 [XX] 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): AMOS SMITH
18. MOTHER'S NAME (First, Middle, Maiden Surname): ALMA SMITH

INFORMANT

19a INFORMANT'S NAME (Type/Print): ARTHUR KENT SMITH
19b RELATIONSHIP TO DECEASED: SON
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7934 DAUGHERTY-CAPLEY ROAD PRIMM SPRINGS, TENNESSEE 38476

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a SIGNATURE OF FUNERAL DIRECTOR: JIMMY BOND
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2230
21c. SIGNATURE OF EMBALMER: ROY MALLARD
21d LICENSE NUMBER OF EMBALMER: 3654
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23 REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): December 15, 1997

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: [signature] MD
25b. LICENSE NUMBER: 115014872
25c. DATE SIGNED (Month, Day, Year): 12/12/97
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): DR. WILLIAM BAUCOM 5653 FRIST BLVD. #630 HERMITAGE, TENNESSEE 37076

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. Pneumonia, Cancer
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. 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 2-87

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