Davidson County DEEDWARR
Recvd: 04/27/01 10:02 18pgs
Fees:75.00 Taxes:943.50

20010427-0042445

Warranty Deed

This Instrument Prepared By:
Marbut Glenn Gaston, Jr., Attorney at Law
2211 Crestmoor Rd., Nashville, TN 37215 (615) 385-2804 TnSupCt# 003143

Old Republic Title: Owner's Title Number: SV 3427050

Name & Address of Property Owner:	Send Tax Bills To:	Map & Parcel Numbers:
Argon Realty Investments	New Owner At Same Address	Map: 130-9
632 Melrose Avenue		Parcel: 019
Nashville, TN 37211		7DZ-32320

For and in Consideration of the sum of $ 10.00---------- cash in hand paid by the hereinafter named Grantees, and other good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged,
Willie Frances Hitt Dobson, Evelyn Hitt Chaffin, Victoria James, and Dorthy Graham, Sole Heirs of the Estate of Nannie Dee Vaughan James

hereinafter called the **GRANTORS**, have bargained and sold, and by these presents do transfer and convey unto
Argon Realty Investments, a Tennessee General Partnership, with Patrick J. Riley, Jr., managing partner

hereinafter called the **GRANTEES**, their heirs and assigns, a certain tract or parcel of land in DAVIDSON County, Tennessee, described as follows, to wit:

Land in Davidson County, Tennessee, and being **Lot No. 17** of **Block "C"**, on the 2nd Revised Plan of **Highlands of Belle Meade, No. 2**, as of record at **Plat Book 1130, page 62,** Register's Office for said County, and to which reference is hereby made and the same incorporated herein for a complete description of said lot.

Being all the same property conveyed to Thomas C. James and wife, Nannie V. James by deed from Ann G. Rosenbloom, a widow, dated on July 23, 1964, and of record at Book 3793, page 372, said Register's Office, and the above description is the same as appears is said preceding deed in the chain of title.

The said Thomas C. James having since died on February 12, 1993 in Davidson County, Tennessee (see TN Death Certificate #9300830 a copy of which is attached hereto as an Exhibit), survived by his spouse, the said Nannie V. James.

The said Nannie V. James, being one and the same person as Nannie Dee Vaughan James, having since died on January 25, 2001, in Davidson County, Tennessee, see Davidson County Probate Court Rule No. 01P-177. Pursuant to the terms of her Last Will and Testament (of record at Volume Number 1655, 303712, said Probate Court Clerk's Office and a copy of which is attached hereto as an Exhibit), the following were named as the devisees of the hereinabove described real property, Willie Frances Hitt Dobson, Evelyn Hitt Chaffin, **Robert N. Hitt (predeceasing), and Leo B. James (predeceasing).**

The said **Robert N. Hitt**, having since died on March 2, 2000 in Davidson County, Tennessee (a copy of his Death Certificate is attached hereto as an exhibit). **His only surviving child is** Dorthy Graham, a/k/a Dorthy H. Graham, a daughter, and a surviving devisee under said Will and a grantor herein (see Affidavit of Heirship attached hereto as an exhibit).

The said **Leo B. James**, having since died on September 12, 2000, in Davidson County, Tennessee (a copy of his Death Certificate is attached hereto as an exhibit). **His only surviving child is** Victoria James, a daughter, and a surviving devisee under said Will and a grantor herein (see Affidavit of Heirship attached hereto as an exhibit).

*****16-pages of Exhibits follow after page 2 of this Warranty Deed******

This conveyance is subject to 2001 property taxes which have been prorated this date and the grantee assumes in full, **subject to** any reproration that will be required if the 2001 property taxes differ from the 2000 property tax amount that was used in this proration, and to the limitations shown on said plan of record at Plat Book 1130, page 62, said Register's Office.

This is improved property known as: 137 W. Brookfield Ave., Nashville, TN 37205
{unimproved / improved}

To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title, and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever. We do covenant with said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise set out herein. We do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to said land to the GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Where ever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands on this 26th day of April, 20 01

Willie Frances Hitt Dobson

Victoria James

Evelyn Hitt Chaffin

Dorthy Graham

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

The actual value or consideration, whichever is greater, for this transfer is $ 255,000.00.

Patrick J. Riley, Jr., Affiant

SUBSCRIBED AND SWORN TO BEFORE ME ON April 26, 2001.

My Commission Expires: 10-25-2003

Notary Public

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 Willie Frances Hitt Dobson, Evelyn Hitt Chaffin, Victoria James, and Dorthy Graham

the bargainors, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed this Warranty Deed for the purposes therein contained. WITNESS my hand and official seal at office on April 26, 2001.

My Commission Expires: 10-25-2003

Notary Public

STATE OF TENNESSEE:
COUNTY OF _____:

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged _____self to be the _____ of _____, the within named bargainor, a _____, and that _____, as such _____, being authorized so to do, executed this Warranty Deed for the purposes therein contained, by signing the name of said _____, by _____self as such _____. WITNESS my hand and official seal at office on _____.

My Commission Expires: _____

Notary Public

Exhibit to Warranty Deed: JamesEstateHeirs to Argon

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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 9300830

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Thomas Carter James
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Feb. 12, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): 408-03-1084
5a. AGE – LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 5, 1905
7. BIRTHPLACE (City and State or Foreign Country): Giles County, Tennessee
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 [X] 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): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Nannie Vaughan
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Assistant Treasurer
12b. KIND OF BUSINESS/INDUSTRY: American Express
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 137 West Brookfield Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
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+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas H. James
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mamie Logan

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nannie Vaughan James
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 137 West Brookfield Ave., Nashville, Tn. 37205

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): Mt. Olivet Cemetery
20c. LOCATION – City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Roesch
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 505
21c. SIGNATURE OF EMBALMER: W R. Carter
21d. LICENSE NUMBER OF EMBALMER: 3610
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Austin Bracey & Charlton, Nashville, Tenn.
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): February 25, 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: Craig R. Sussman M.D.
25b. LICENSE NUMBER: MD015609E
25c. DATE SIGNED (Month, Day, Year): 4/15/93
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Craig R. Sussman, 4230 Harding Road, Nashville, Tn. 37205

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

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.	Cardiac Arrest	
DUE TO (OR AS A CONSEQUENCE OF): b.	Ventricular Fibrillation	1
DUE TO (OR AS A CONSEQUENCE OF): c.	Acute Myocardial Infarction	1
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

SEE INSTRUCTIONS ON OTHER SIDE

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. 1/89

Exhibit to Warranty Deed: JamesEstateHeirs to Argon

LAST WILL AND TESTAMENT
OF
NANNIE DEE VAUGHAN JAMES

I, NANNIE DEE VAUGHAN JAMES, domiciled in and a resident of Davidson County, Tennessee, make, publish and declare this to be my Last Will and Testament. I revoke all wills and codicils previously made by me.

ITEM I: Appointment of Executor. I appoint FIRST AMERICAN TRUST COMPANY, N.A., as Executor of this my Last Will and Testament and direct that no bond be required of it in this capacity.

ITEM II: Payment of Debts, Expenses of Administration and Taxes. I direct that all of my legally enforceable debts, any unpaid charitable pledges (regardless of whether these pledges may be enforceable obligations of my estate), my funeral expenses, and the costs of administration of my estate be paid as soon as practicable after my death; provided, however, my Executor shall not be required to pay any obligation in advance of its maturity. I further direct that there shall be paid out of my estate as an expense of administration, without apportionment, all estate, inheritance, succession and other taxes, together with any interest or penalty thereon, (but not including any generation skipping transfer ("GST") or any tax on Qualified Terminal Interest Property (QTIP) tax assessed by reason of my death). My Executor, in its sole discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

ITEM III: Bequest of Tangible Personal Property. I give all of my clothing, jewlery, automobiles and all other tangible personal property equally to WILLIE FRANCES HITT DOBSON, EVELYN HITT CHAFFIN, ROBERT N. HITT and LEO B. JAMES. In the event the beneficiaries cannot agree on a division of the property, I devise my Executor to sell the property and the proceeds shall be divided equally among said beneficiaries.

ITEM IV: Disposition of Residuary Estate. I devise and bequeath all the property owned by me at the time of my death (my Residuary Estate) in equal shares to my cousins, WILLIE FRANCES HITT DOBSON, EVELYN HITT CHAFFIN, ROBERT N. HITT and my nephew by marriage, LEO B. JAMES with any children of any of the four persons taking his or her share if said person is deceased at the time of my death.

ITEM V: Statutory Powers Granted to Fiduciaries. I authorize my Executor (including any substitute or successor personal representative) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate, to exercise any or all the powers set forth in Section 35-50-110, Tennessee Code Annotated, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers (as set out in said statute on the date of the execution of this Will) are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

ITEM VI: Definitions and Miscellaneous Provisions.

A. Definition of Code. Reference in this Will to the Code shall mean the Internal Revenue Code of 1986, as amended from time to time until my death.

B. Accountings and Bond. No fiduciary appointed under this Will shall be required to file an accounting or inventory with any court, nor shall any fiduciary be required to post bond.

C. Fiduciary Designations. References to Executors shall always refer to the parties then acting in those capacities, whether originally appointed or serving as successors.

D. Heading and Gender Designation. Paragraph headings are for convenience only; the content of the paragraph controls over the heading. Any reference to any party herein in whatever gender shall be deemed to mean the appropriate gender.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and one preceding typewritten page, and for the purpose of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this 13th day of July, 1995, at Nashville, Tennessee.

Nannie Dee Vaughan James
NANNIE DEE VAUGHAN JAMES

The foregoing instrument was signed, published and declared by the said NANNIE DEE VAUGHAN JAMES as and for her Last Will and Testament on the day and year written above, in our presence and in the presence of each of us who, at her request, in her presence and in the presence of each other, have subscribed our names as witnesses this 13 day of July, 1995, at Nashville, Tennessee.

Edith O'Leary residing at First American Trust Co. Nashville Tennessee

Robert L Baldwin residing at Nashville, Tennessee

PAGE 2 OF MY WILL: NDVJ

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT BY WITNESSES TO WILL

Each of the aforesaid witnesses, being Edith O'Leary and Robert Baldwin, deposes and says that said witnesses subscribed to the foregoing Will of NANNIE DEE VAUGHAN JAMES, executed on the 13th day of July, 1995, having been requested by the Testatrix to make and sign this Affidavit, and having first been duly sworn before the Notary Public whose name appears below, hereby states that the said NANNIE DEE VAUGHAN JAMES was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be her Last Will and Testament, published and executed it freely, without undue influence or coercion, by initialing each page and signing the final page in the presence of all of the witnesses who were all present at the same time, and that said witnesses, in her presence, at her request, and in the presence of each other, subscribed their names as witnesses on the 13 day of July, 1995.

Edith O'Leary

Robert L. Baldwin

Sworn to and subscribed before me, this the 13th day of July, 1995.

Donna J. Daviano
Notary Public

My Commission Expires: My Commission Expires July 27, 1998

PAGE 3 OF MY WILL: ADJ

FIRST CODICIL TO
THE LAST WILL AND TESTAMENT OF
NANNIE DEE VAUGHAN JAMES

I, NANNIE DEE VAUGHAN JAMES, a resident of Davidson County, Tennessee make, publish and declare this document to be the First Codicil to the Last Will and Testament execute by me on July 13, 1995, in the presence of EDITH PERRY and ROBERT BALDWIN.

I delete the provisions of Item I in it entirety and substitute therefore the following:

ITEM I: I appoint SunTrust Bank as Executor of my Last Will and Testament.

In all other respects I ratify and confirm all of the provisions of my Will dated July 13, 1995.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this the First codicil to my Last Will and Testament, said Codicil consisting of this typewritten page and for the purpose of identification I have signed such page, in the presence of the persons witnessing it at my request on this 14th day of July, 2000 at Nashville, Tennessee.

Nannie Dee Vaughan James
NANNIE DEE VAUGHAN JAMES

The foregoing instrument was signed, published and declared by NANNIE DEE VAUGHAN JAMES, the Testatrix, to be the First Codicil to her Last Will and Testament, in our presence, and we at her request and in her presence and in the presence of each other have hereunto subscribed our names as witnesses this 14th day of July, 2000, at Nashville, Tennessee.

Judy H Tabitter residing at Nashville, TN.

Mrs. Carol C. Craig residing at Nashville, TN.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT BY WITNESSES
TO FIRST CODICIL TO WILL

Each of the aforesaid witnesses, being Judy H. Whittle and Margaret C. Craig, subscribed to the foregoing First Codicil to the Will of NANNIE DEE VAUGHAN JAMES, executed on the 14th day of July, 2000, having been requested by the Testatrix to make and sign this Affidavit, and having first been duly sworn before the Notary Public whose name appears below, hereby state that the said NANNIE DEE VAUGHAN JAMES was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be the First Codicil to her Last Will and Testament, published and executed it freely, without undue influence or coercion, by signing each page in the presence of all of us who were all present at the same time, and we, in her presence, at her request, and in the presence of each other, subscribed our names as witnesses on the 14th day of July, 2000.

Judy H Whittle

Margaret C. Craig

Sworn to and subscribed before me,

this the 14th day of July, 2000.

Melanie R. Thurmond

Notary Public

My Commission Expires NOV. 30, 2002

My Commission Expires: _____

Exhibit to Warranty Deed: JamesEstateHeirs to Argon

IN THE SEVENTH CIRCUIT COURT PROBATE DIVISION

OF DAVIDSON COUNTY, TENNESSEE

AT NASHVILLE

IN THE MATTER OF:)
)
ESTATE OF NANNIE DEE VAUGHAN JAMES,) NO. 01P-177
)
Deceased.)

PETITION TO PROBATE

The Petitioner, SUNTRUST BANK, would respectfully show to the Court, that:

1. NANNIE DEE VAUGHAN JAMES died on January 25, 2001, in Davidson County, Tennessee, over the age of 18, and, at the time of her death, her usual place of residence was Davidson County, Tennessee.

2. The decedent left a Last Will and Testament dated July 13, 1995 and a Codicil dated July 14, 2000, which were duly witnessed as more fully appears from the Affidavit by Witnesses to the Will and Codicil attached hereto.

3. The Petitioner is not aware of any instrument revoking the documents being offered for probate and believes these documents are the decedent's Last Will and Testament and Codicil.

4. The legatees and devisees under the Will are:

Name	Age	Relationship	Address
Evelyn Hitt Chaffin	Over 18	Cousin	4501 Saunders Avenue Nashville, TN 37216
Willie Frances Hitt Dobson	Over 18	Cousin	1166 Lake Road Nolensville, TN 37135
Victoria James	Over 18	None	1300 Southeast Riverside Dr. Evansville, IN 47713
Dorthy Graham	Over 18	Cousin	4115 Moss Rose Drive Nashville, TN 37216

5. The next of kin/heirs at law of the decedent are:

Name	Age	Relationship	Address
Evelyn Hitt Chaffin	Over 18	Cousin	4501 Saunders Avenue Nashville, TN 37216
Willie Frances Hitt Dobson	Over 18	Cousin	1166 Lake Road Nolensville, TN 37135
Dorthy Graham	Over 18	Cousin	4115 Moss Rose Drive Nashville, TN 37216

6. The Petitioner has provided reasonable notice of this hearing to the decedent's next of kin/heirs at law and beneficiaries.

7. SUNTRUST BANK is named as Executor in the Codicil of the decedent. The Executor is excused from the necessity of making bond, filing annual accountings and the filing of an inventory.

8. The Petitioner prays that Letters of Testamentary be issued to SUNTRUST BANK and that the Will and Codicil be admitted into Probate.

PREMISES CONSIDERED, THE PETITIONER PRAY:

1. That the Last Will and Testament of NANNIE DEE VAUGHAN JAMES dated July 13, 1995 and the Codicil dated July 14, 2000, be admitted to probate, and that Letters Testamentary be issued to SUNTRUST BANK to serve without bond and without filing an inventory or annual accounting.

Respectfully submitted,

Asst. VP & Trust Officer
SUNTRUST BANK

ALDEN H. SMITH, JR.
Sup. Ct. No. 2953

STITES & HARBISON PLLC
Eighteenth Floor
SunTrust Center
424 Church Street
Nashville, Tennessee 37219
(615) 244-5200

Attorney for Petitioner

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

SUNTRUST BANK makes oath that it has read the foregoing Petition and that the statements contained therein are true to the best of its knowledge, information and belief.

Asst. VP & Trust Officer
SUNTRUST BANK

Sworn to and subscribed before me, this the 5th day of February, 2001.

Notary Public

My Commission Expires: Sept 25, 2004

NOTARY PUBLIC AT LARGE DAVIDSON COUNTY

437256.1 2/5/01

Exhibit to Warranty Deed: JamesEstateHeirs to Argon

FILED
2001 FEB -5 AM 10: 39
RICHARD R. ROOKER, CLERK
D.C.

IN THE SEVENTH CIRCUIT COURT PROBATE DIVISION
OF DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

IN THE MATTER OF:
ESTATE OF NANNIE DEE VAUGHAN JAMES,
Deceased.

NO. 01P-177

ORDER TO PROBATE

On the 5th day of Feb., 2001, before the Probate Master of the Probate Court of Davidson County, Tennessee, SUNTRUST BANK produced paper-writings purporting to be the Last Will and Testament and Codicil of NANNIE DEE VAUGHAN JAMES, lately deceased, under which SUNTRUST BANK is nominated as Executor.

From the verified Petition filed in this cause and from the Affidavits by the witnesses attesting to said Will and Codicil, the Court makes the following findings of fact:

1. NANNIE DEE VAUGHAN JAMES died on January 25, 2001, in Davidson County, Tennessee, over age 21, and, at the time of her death, her usual place of residence was Davidson County, Tennessee.

2. NANNIE DEE VAUGHAN JAMES left a Last Will and Testament which was executed before witnesses on July 13, 1995 and Codicil dated July 14, 2000, as more fully appears from the Affidavits by Witnesses to the Will and Codicil attached hereto.

3. The Codicil of the decedent names SUNTRUST BANK as Executor. SUNTRUST BANK is duly qualified to serve in such capacity.

4. All legatees/devisees and kin/heirs at law of the decedent's have received notification as required by law.

5. The Will excuses the Executor from the necessity of making bond, filing annual accountings and the filing of an inventory.

IT IS, THEREFORE, ORDERED that the Last Will and Testament and Codicil of NANNIE DEE VAUGHAN JAMES be admitted to probate, and the Clerk is directed to record and file the same.

AND IT IS FURTHER ORDERED that Letters Testamentary be issued to SUNTRUST BANK as Executor, and that it be excused from the necessity of making bond, filing annual accountings and the filing of an inventory.

Probate Master

APPROVED FOR ENTRY:

ALDEN H. SMITH, JR.
Sup. Ct. No. 2953

STITES & HARBISON PLLC
Eighteenth Floor
SunTrust Center
424 Church Street
Nashville, Tennessee 37219
(615) 244-5200

Attorney for the Petitioner

Exhibit to Warranty Deed: JamesEstateHeirs to Argon

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.

SEP 13 2000

John P Quinn 0004871
LOCAL REGISTRAR

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): Leo Beaty James
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Sept. 12, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1866
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 4-5-1930
7. BIRTHPLACE (City and State or Foreign Country): Lawrenceburg, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
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): Betty Cox
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Gunnery Seargent
12b. KIND OF BUSINESS/INDUSTRY: U. S. Marine Corps.
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6717 Autumnwood Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
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): G.E.D.; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Julius Patton James
18. MOTHER'S NAME (First, Middle, Maiden Surname): Pearl ann Beaty

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Betty James
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6717 Autumnwood Dr. Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas H. North, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4635
21c. SIGNATURE OF EMBALMER: ▶ N/A
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pk., Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): September 13, 2000

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: MD-016053
25c. DATE SIGNED (Month, Day, Year): 9-12-00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the 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. Charles Penley, 2011 Church St., #800, Nashville, TN 37203

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.	Metastatic Adenocarcinoma of the Lung	4 yrs
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.		

SEE INSTRUCTIONS ON OTHER SIDE

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 [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
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)

PH-1659 (REV. 6/99)

BIRTH NO.

ROA 1399

Affidavit of Heirship

State of Tennessee: **Exhibit to Warranty Deed: JamesEstateHeirs to Argon**
County of Davidson:

The undersigned, hereinafter referred to as Affiant(s), of lawful age and being first duly sworn, make(s) oath as follows:

1. Affiant's name and address are as follows:

Name:	Address:	Relationship to Decedent
Willie Frances Hitt Dobson	1166 Lake Road Nolensville, TN 37137	None
Evelyn Hitt Chaffin	4501 Saunders Avenue Nashville, TN 37216	None
Victoria James	1300 Southeast Riverside Dr. Evansville, IN 47713	Daughter
Dorthy Graham	4115 Moss Rose Drive Nashville, TN 37216	None

2. Affiant personally knew **Leo B. James**, the deceased, hereinafter referred to as Decedent, and has personal knowledge of the family of Decedent by reason of the above stated relationship to Decedent.

3. Affiant (X) is ~~or ( ) is not~~ related to Decedent by blood or marriage,

4. Affiant (X) has ~~or ( ) does not~~ have a financial interest in the hereinafter described property.

5. Affiant ~~( ) knew~~ or (X) is advised that at the date of death, said Decedent ~~( ) owned~~ or (X) had an interest in the following described real estate in Davidson County, Tennessee, to wit:

137 W. Brookfield Ave., Nashville, TN 37205

Land in Davidson County, Tennessee, and being **Lot No. 17** of **Block "C"**, on the 2nd Revised Plan of **Highlands of Belle Meade, No. 2**, as of record at **Plat Book 1130, page 62**, Register's Office for said County, and to which reference is hereby made and the same incorporated herein for a complete description of said lot.

6. Decedent died on September 12, 2000, and was at that time a resident of Davidson County, Tennessee.

7. Decedent died intestate {intestate/~~testate~~}.=

8. Decedent's estate was solvent and all debts and claims of said estate have been satisfied in full.

9. That Betty James was the surviving spouse of Decedent, ~~or was the said spouse of the Decedent but who predeceased Decedent on~~ ===

10. Said surviving spouse (X) is ~~or ( ) is not~~ presently alive.

11. The following persons are all of the children born to or adopted by Decedent during Decedent's lifetime:

Victoria James

12. Therefore, the following persons constitute, as of the date of execution of this Affidavit, all of the heirs-at-law of Decedent:

NAME:	Address:	Under 18-years of age?
Victoria James	1300 Southeast Riverside Dr. Evansville, IN 47713	NO

for the purposes contained in the Will and the Estate of Nannie Dee Vaughan James.

PLEASE NOTE: In the event that the persons identified as heirs-at-law in paragraph (11) above are not the same as the persons identified in this paragraph (12), those persons so identified in paragraph (11) and not so identified in paragraph (12) should be treated by and with a separate Affidavit of Heirship.

13. Additional information, if any, either known or understood to be true by Affiant:

Affiants have each a one-quarter(¼) interest each in the herein described property and make this Affidavit to affirm that there are no others with an interest herein.

Furthermore, Affiant expressly understands and agrees that this Affidavit is being given in order to induce Marbut Glenn Gaston, Jr., Attorney at Law, for services stated or implied herein; and Belmont Title Company and its underwriter, Old Republic National Title Insurance Company {the Company} to insure title to the referenced property and for enabling the grantors thereof to receive the consideration for sale, lease, or mortgage of the herein identified property. FURTHER saith not. ***WITNESS*** my hand on April 26, 2001.

Willie Frances Hitt Dobson Affiant
Willie Frances Hitt Dobson

Evelyn Hitt Chaffin Affiant
Evelyn Hitt Chaffin

Victoria James Affiant
Victoria James

Dorthy Graham Affiant
Dorthy Graham

Sworn to and subscribed before me on April 26, 2001

My Commission Expires: 10-25-2003

Notary Public

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 Willie Frances Hitt Dobson, Evelyn Hitt Chaffin, Victoria James, and Dorthy Graham

the Affiant(s) or the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing Affidavit of Heirship for the purposes therein contained. WITNESS my hand and official seal at office on this 26th day of April, 20 01.

My Commission Expires: 10-25-2003

This instrument was prepared by:
Marbut Glenn Gaston, Jr., Lawyer
2211 Crestmoor Road, Nashville, TN 37215
(615) 385-2804 / TN SupCt # 003143

Exhibit to Warranty Deed: JamesEstateHeirs to Argon

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.

John P. Dunne
LOCAL REGISTRAR

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): ROBERT NEAL HITT
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MARCH 2, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3101
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): OCT. 2, 1931
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENN.
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): 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): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): DIANE FORHAND
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): COMMERCIAL ARTIST
12b. KIND OF BUSINESS/INDUSTRY: SELF
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: BRENTWOOD
13d. STREET AND NUMBER OR RURAL LOCATION: 6650 NOLENSVILLE ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37027
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

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALBERT LOFTON HITT
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY TENNESSEE TURBEVILLE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DORTHY H. GRAHAM
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4115 MOSS ROSE DR., NASHVILLE, TN 37216

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): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: William R Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Timothy B. Bond
21d. LICENSE NUMBER OF EMBALMER: 4259
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): March 17, 2000

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 015640
25c. DATE SIGNED (Month, Day, Year): 3/13/00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the 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): DAVID P. HALL MD 4230 HARDING RD #401 NASHVILLE TN 37205

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. myocardial infarction
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. 3-98

RDA 1399

Affidavit of Heirship

State of Tennessee:
County of Davidson: **Exhibit to Warranty Deed: JamesEstateHeirs to Argon**

The undersigned, hereinafter referred to as Affiant(s), of lawful age and being first duly sworn, make(s) oath as follows:

1. Affiant's name and address are as follows:

Name:	Address:	Relationship to Decedent
Willie Frances Hitt Dobson	1166 Lake Road Nolensville, TN 37137	sister
Evelyn Hitt Chaffin	4501 Saunders Avenue Nashville, TN 37216	sister
Victoria James	1300 Southeast Riverside Dr. Evansville, IN 47713	none
Dorthy Graham	4115 Moss Rose Drive Nashville, TN 37216	daughter

2. Affiant personally knew **Robert N. Hitt**, the deceased, hereinafter referred to as Decedent, and has personal knowledge of the family of Decedent by reason of the above stated relationship to Decedent.

3. Affiant (XX) is ~~or ( ) is not~~ related to Decedent by blood or marriage,

4. Affiant (XX) has ~~or ( ) does not~~ have a financial interest in the hereinafter described property.

5. Affiant ~~( ) knew~~ or (XX) is advised that at the date of death, said Decedent ~~( ) owned~~ or (X) had an interest in the following described real estate in Davidson County, Tennessee, to wit:

137 W. Brookfield Ave., Nashville, TN 37205

Land in Davidson County, Tennessee, and being **Lot No. 17** of **Block "C"**, on the 2nd Revised Plan of **Highlands of Belle Meade, No. 2**, as of record at **Plat Book 1130, page 62**, Register's Office for said County, and to which reference is hereby made and the same incorporated herein for a complete description of said lot.

6. Decedent died on March 2, 2000, and was at that time a resident of Davidson County, Tennessee.

7. Decedent died testate {intestate/testate}, but said Will was not admitted to Probate as all estate passed outside said Will.

8. Decedent's estate was solvent and all debts and claims of said estate have been satisfied in full.

9. That Diane Hitt was the surviving spouse of Decedent, or was the said spouse of the Decedent but who predeceased Decedent on n/a.

10. Said surviving spouse (X) is or ~~( ) is not~~ presently alive.

11. The following persons are all of the children born to or adopted by Decedent during Decedent's lifetime:

Dorthy Graham, a/k/a Dorthy H. Graham

12. Therefore, the following persons constitute, as of the date of execution of this Affidavit, all of the heirs-at-law of Decedent:

NAME:	Address:	Under 18-years of age?
Dorthy Graham	4115 Moss Rose Drive Nashville, TN 37216	NO

a/k/a Dorthy H. Graham, for the purposes contained in the Will and the Estate of Nannie Dee Vaughan James

PLEASE NOTE: In the event that the persons identified as heirs-at-law in paragraph (11) above are not the same as the persons identified in this paragraph (12), those persons so identified in paragraph (11) and not so identified in paragraph (12) should be treated by and with a separate Affidavit of Heirship.

13. Additional information, if any, either known or understood to be true by Affiant:

Affiants have each a one-quarter (¼) interest each in the herein described property and make this Affidavit to affirm that there are no others with an interest herein.

Furthermore, Affiant expressly understands and agrees that this Affidavit is being given in order to induce Marbut Glenn Gaston, Jr., Attorney at Law, for services stated or implied herein; and Belmont Title Company and its underwriter, Old Republic National Title Insurance Company {the Company} to insure title to the referenced property and for enabling the grantors thereof to receive the consideration for sale, lease, or mortgage of the herein identified property. FURTHER saith not. ***WITNESS*** my hand on April 26, 2001.

Willie Frances Hitt Dobson Affiant
Willie Frances Hitt Dobson

Evelyn Hitt Chaffin Affiant
Evelyn Hitt Chaffin

Victoria James Affiant
Victoria James

Dorthy Graham Affiant
Dorthy Graham

Sworn to and subscribed before me on April 26, 2001

My Commission Expires: 10-25-2003

Notary Public

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 Willie Frances Hitt Dobson, Evelyn Hitt Chaffin, Victoria James, and Dorthy Graham

the Affiant(s) or the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing Affidavit of Heirship for the purposes therein contained. WITNESS my hand and official seal at office on this 26th day of April, 20 01.

My Commission Expires: 10-25-2003

This instrument was prepared by:
Marbut Glenn Gaston, Jr., Lawyer
2211 Crestmoor Road, Nashville, TN 37215
(615) 385-2804 / TN SupCt # 003143