This Instrument Prepared Without Title Search, From Information Provided By The Parties By:

Robert H. Stratton
Attorney at Law
4811 Lebanon Road, Suite 209
Hermitage, Tennessee 37076
(615) 902-0311

Davidson County AFFIDAVIT
Recvd: 06/25/01 11:51 5pgs
Fees:22.00 Taxes:0.00
20010625-0066929

Owner: Beverly Ann (Finney) Aleywine

Send Tax Notice To:

Beverly Ann (Finney) Aleywine
229 Brookhollow Drive
Old Hickory, Tennessee 37138

Map & Parcel No.:
Map: 86 - 7 - 5
Parcel: 4D 1099

PICK-UP

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

State of Tennessee)
County of Davidson)

The undersigned, being duly sworn, deposes and says:

Margaret Finney, the owner in fee simple absolute of the following described real estate:

Land in Davidson County, Tennessee, Being Lot No. 6 on the Plan of Jackson's Retreat, Phase I, Section II of record in Plat Book 5200 , Pages 334 and 335, and revised in Book 5972, Page 96, Register's Office for said County, to which reference is made for a more complete description.

Being the same property conveyed to Annie Hewitt Mosele' by deed from Timothy C. Jones and Wife, Rachel L. Baird Jones, of record in Book 8998, Page 514, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Margaret Finney by deed from Annie Hewitt Mosele' , an unmarried person, of record in Book 9709, Page 955, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all existing restrictions and easements of record.

This is the same description as in the previous deed of record in Deed Book 9709 at page 955.

died on August 25th, 1999, in Davidson County, Tennessee.

The undersigned received the following described interest in the decedent's real estate described above by the provisions of the decedent's will, a copy of which is attached hereto and incorporated herein as Exhibit "A". The undersigned is the daughter of the decedent, Margaret Finney, and is entitled to receive the decedent's entire interest herein.

That no survey was made and that the description herein is the same description as in the prior deed of record. This deed was prepared without benefit of a Title Examination and therefore the preparer makes no certification as to the validity of the title thereto.

The Tennessee Inheritance Tax clearance has been received being receipt number _____, a copy of which is attached hereto and incorporated herein as Exhibit "___".

A Tennessee Inheritance Tax Waiver has been received and a copy is attached as Exhibit "B".

Their are no debts or encumbrances remaining which are or might become a lien on said interest in the above described real estate except:

_____

_____

BY: Beverly Ann Finney Aleywine
Beverly Ann (Finney) Aleywine

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Beverly Ann (Finney) Aleywine**, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said Hermitage TN, on this the 22nd day of June, 2001.

BY: _____
Notary Public

ROBERT H. STRATTON NOTARY PUBLIC AT LARGE WILSON CO. TENN.

My Commission Expires:
5/25/2003

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

COPY

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

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Margaret Dorothy Banik Finney
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 25,1999
4. SOCIAL SECURITY NUMBER: 174-12-4662
5a. AGE LAST BIRTHDAY: 78
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Year): 10/30/1920
7. BIRTHPLACE (City and State or Foreign Country): Munhall Pennsylania
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 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.): Westinghouse
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 1020 Carrage -Way Ct.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
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): Michael Banik
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ann Sotak

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Bervely Aleywine
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 229 Brookhollow Dr., Old Hickory, Tenn. 37138

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): St. Micheal Cemetery
20c. LOCATION City or Town, State: Munhall Pennsylania
21a. SIGNATURE OF FUNERAL DIRECTOR: Brad Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER: George Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Ln., Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): September 09, 1999

CERTIFIER

25. 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: E Hurt, MD
25b. LICENSE NUMBER: MD 1734
25c. DATE SIGNED (Month, Day, Year): 9.3.99
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. Joseph E. Hurt 5653 Friar Blvd., Suite 730, 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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive Heart Failure — Approximate Interval Between Onset and Death: 1 WK
DUE TO (OR AS A CONSEQUENCE OF):
b. Arteriosclerotic Heart Disease — Unknown
DUE TO (OR AS A CONSEQUENCE OF):
c. Generalized Atherosclerosis
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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Diabetes Mellitus - Chronic Obstructive Lung Disease - Peripheral Vascular Disease

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 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
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)

(OVER)

Exhibit "A"

PH-1699
REV. 3-98

ROA 1399

INSTRUCTIONS FOR ITEM 28. -- CAUSE OF DEATH

Item 28. - Cause of Death
The cause of death means the disease, abnormality, injury, or poisoning that caused the death, NOT the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part I, the immediate cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause, should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave interval blank; if unknown, so specify.

In Part II, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

See examples below.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Rupture of myocardium DUE TO (OR AS A CONSEQUENCE OF):	Mins.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.	Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF):	6 days
c.	Coronary atherosclerosis DUE TO (OR AS A CONSEQUENCE OF):	5 years
d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Diabetes, Chronic obstructive pulmonary disease, smoking

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] 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? (Yes or no)	31d. DESCRIBE HOW INJURY OCCURRED
	M		

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

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.	Cerebral laceration DUE TO (OR AS A CONSEQUENCE OF):	10 mins.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.	Open skull fracture DUE TO (OR AS A CONSEQUENCE OF):	10 mins.
c.	Automobile accident DUE TO (OR AS A CONSEQUENCE OF):	10 mins.
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 [X] No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [X] 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? (Yes or no)	31d. DESCRIBE HOW INJURY OCCURRED
11/15/89	1 p. M	No	2-car collision--driver

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Street

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Route 4, Nashville, TN

99-04845 D.O.D. 08/25/1999 MARGARET DOROTHY BANIK FINNEY

ADDITIONAL INFORMATION BY PHYSICIAN

Chronic Hypertension
Chronic Depression
Ischemic Colitis of Fecal
Cardiac Fracture

FOR OFFICIAL USE ONLY

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX RELEASE
FOR REAL OR PERSONAL PROPERTY

NOTICE: THIS DOCUMENT BECOMES AN OFFICIAL STATE RECORD WHEN COMPLETED. INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY IN INK. COMPLETE A SEPARATE INHERITANCE TAX RELEASE FORM FOR EACH PARCEL OF REAL PROPERTY OR FOR EACH BANK OR CORPORATION.

NAME OF DECEDENT: MARGARET DOROTHY BANIK FINNEY

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: [redacted] -4662

APPLICATION:

ATTACHED: YES XX NO ___

ON FILE: YES ___ NO ___ IF SO DATE FILED ___

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property now in your custody, or standing on your records in the name of the captioned decedent.

DEPARTMENT OF REVENUE INHERITANCE TAX RELEASE

DESCRIPTION OF PROPERTY: (List only one)

1020 CARRIAGE WAY COURT
HERMITAGE, TENNESSEE 37076
Davidson County

See Deed attached

Beverly Ann Aleywine
Beverly Ann Aleywine
Representative of the Estate
(Not valid unless signed)

RETAIN PINK COPY FOR YOUR RECORDS. RETURN WHITE AND YELLOW COPIES TO THE TENNESSEE DEPARTMENT OF REVENUE, 500 DEADERICK ST., NASHVILLE, TN 37242.

DEPARTMENTAL USE ONLY

Vicki Jones
For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

JUN 25 2001
Date approved
Inheritance-Gift Tax Section

ROBERT H. STRATTON
ATTORNEY AT LAW
4811 LEBANON RD., SUITE 209
HERMITAGE, TN 37076
(615) 902-0311

Release will be mailed to address to the left. Type or print clearly in ink the complete address (include street number and zip code.) Address should be contained within the space provided.

RV-F1401501 (Rev. 6-00)