AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address of New Owner	Send Tax Bills To	Map & Parcel No
Richard Owen Yates, Sr. & James E. Yates 2810 Westmoreland Drive Nashville, TN. 37212	Same	24 U 4850 104-14 57

Davidson County AFFIDAVIT
Recvd: 10/25/01 14:59 8pgs
Fees:42.00 Taxes:0.00

20011025-0117067

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says: Dorothy T. Yates, was the sole owner of the following described real estate. The said Dorothy T. Yates died in Nashville, Davidson County, Tennessee, on June 29, 2001. (See attached death certificate) Said land is described as follows:

> Land in Davidson County, Tennessee, being Lot No. 25 on the Map of Bransford Realty Company's Subdivision of Westmoreland, or record in Book 421, page 16, Register's Office for said County.
>
> SAID Lot No. 25 fronts 85 feet on the north side of Westmoreland Drive and runs back between lines 185 feet to an alley in the rear in which they measure 65 feet.
>
> BEING the same property conveyed to Kenneth W. Yates and wife, Dorothy T. Yates, by deed from Cora L. Patton of record in Book 4490, page 671, Register's Office for Davidson County, Tennessee.
>
> This is improved/unimproved property known as 2810 Westmoreland Drive, Nashville, TN. 37212

The said Richard Owen Yates, Sr. and James E. Yates are the only issue of the deceased, Dorothy T. Yates, a widower at the time of her death, her husband, Kenneth W. Yates, predeceased her on August 2, 1993.

The said Dorothy T. Yates died leaving a Last Will and Testament bequeathing and devising the above described property to Richard Owen Yates, Sr. and James E. Yates, the deceased's only issue, there being no other surviving issue nor children of any deceased issue. (see attached will)

10/17/01
Date

Richard Owen Yates, Sr.

10-16-01
Date

James E. Yates

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Richard Owen Yates, Sr., the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 17th day of October, 2001.

Notary Public

My Commission Expires: 8-6-04

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, James E. Yates, the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 16th day of October, 2001.

Notary Public

My Commission Expires: 8-6-04

THIS INSTRUMENT PREPARED BY:

Richard E. Norman, Jr., Attorney at Law
4220 Nolensville Road
Nashville, TN. 37211
(615) 834-4300

afinher2/imatren01#1

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0103882

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): DOROTHY TOWNZEN YATES
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JUNE 29, 2001
4. SOCIAL SECURITY NUMBER: [redacted]-1658
5a. AGE-LAST BIRTHDAY (years): 75
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): JULY 15,1925
7. BIRTHPLACE (City and State or Foreign Country): HOPKINS COUNTY, KENTUCKY
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): 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)): 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.): CLERK
12b. KIND OF BUSINESS/INDUSTRY: WEST END HARDWARE STORE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2810 WESTMORELAND DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37212
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] 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): JAMES OWEN TOWNZEN
18. MOTHER'S NAME (First, Middle, Maiden Surname): MYRTLE BURRIS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RICHARD OWEN YATES, SR.
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 940 BAXTER ROAD MURFREESBORO, TENNESSEE 37139

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): McNEELY CEMETERY
20c. LOCATION City or Town, State: DAWSON SPRINGS, KENTUCKY
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ DON WHITLEY
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: ▶ ROBERT BACON
21d. LICENSE NUMBER OF EMBALMER: 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: ROESCH PATTON AUSTIN BRACEY & CHARLTON 1715 BROADWAY, NASHVILLE, TENNESSEE 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): July 17, 2001

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
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: MD25384
26c. DATE SIGNED (Month, Day, Year): 7/10/01

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. DANTE J. GRAVES 4230 HARDING ROAD #805, NASHVILLE, TENNESSEE 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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Aortic Aneurysm	1hr
DUE TO (OR AS A CONSEQUENCE OF): b.	Coronary artery disease	4 days
DUE TO (OR AS A CONSEQUENCE OF): c.	OBesity	
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:
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 1378

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued JUL 17 2001

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

DOROTHY T. YATES

I, DOROTHY T. YATES, domiciled in Nashville, Davidson County, Tennessee, do make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I.

I direct that all of my just debts and my funeral expenses be paid by my Executor or Executors out of my general estate as soon as may be practicable after my death. My Executor or Executors shall likewise pay out of my general estate, and not out of the share of any beneficiary, all fees and expenses incident to the administration of my estate, including any such taxes as may be so assessed on account of policies of insurance on my life, jointly held property or other property taxable as a part of my estate, but not coming into the hands of my Executor or Executors. However, my Executor or Executors may elect not to pay off any real estate mortgages that he or they, in their sole discretion, choose not to pay off.

ARTICLE II.

I direct that the proceeds of all policies of insurance on my life, including accident policies, which are payable to my Executor

 DY

or Executors, in their capacity as such, or to my Administrator, in the administrator's capacity as such, or to my estate, shall be included in my general estate and used, so far as may be necessary, in paying debts, taxes, and specific legacies, or in making any other payments authorized to me made by my Executor or Executors, with any portion thereof not so used becoming a part of my residuary estate and being thus available for distribution to the beneficiaries.

ARTICLE III.

All the rest, residue and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises and all life insurance payable to my estate (but excluding any property over or concerning which I may have any power of appointment), I bequeath and devise to my sons, JAMES E. YATES, if he survives me, and RICHARD OWEN YATES, SR., if he survives me. If JAMES E. YATES should predecease me, his child or children surviving him shall take their deceased father's share equally. If RICHARD OWEN YATES, SR., should predecease me, his child or children surviving him shall take their deceased father's share equally. If both JAMES E. YATES and RICHARD OWEN YATES, SR., predecease me, their surviving child or children shall take their respective father's share equally. After-born children of JAMES E. YATES and RICHARD OWEN YATES, SR., shall be included in any distribution to their class of beneficiaries.

ARTICLE IV.

Should more than one beneficiary be entitled to distribution under this Will, and should the beneficiaries disagree as to the division of any asset or assets, or item of property, real or

personal, tangible or intangible, I direct that the item or items disagreed over be sold and that the proceeds from the sale be divided in accordance with the terms of this Will. Nothing in this Will shall be construed to prevent any beneficiary hereunder from purchasing any property sold in accordance with the provisions of this Article IV. of my Will.

ITEM II.

I nominate and appoint my sons, JAMES E. YATES and RICHARD OWEN YATES, SR., Co-Executors of this my Last Will and Testament. Should either son predecease me, or should he for any reason be unable or unwilling to serve as Executor of this my Will, I nominate, constitute and appoint my other son, Executor. I excuse my Executor(s) from giving any bond for the faithful performance of his duties and from filing an inventory and an accounting. I vest my Executor(s) with full power and authority to sell, transfer and convey any property, real or personal, which I shall own at the time of my death at such time and price and upon such terms and conditions as he may determine and to do every other act and thing necessary or appropriate for the complete administration of my estate. I authorize my Executor(s) (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 and all the powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly of 1963, T.C.A., Section 35-50-110, 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.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament consisting of this and three preceding typewritten pages, and for the purposes of identification

 DY

I have initialed each such page, all in the presence of the persons witnessing it at my request, on this 14 day of Sept, 1994.

Dorothy T Yates
DOROTHY T. YATES

On the date shown above, DOROTHY T. YATES produced to us the foregoing instrument declaring it to be her Last Will and Testament, and she signed the same in our sight and presence and we, the undersigned, at her request and in her sight and presence, and in the sight and presence of each other, have signed our names on the day and date shown above.

ATTEST TO EXECUTION OF WILL:

Mike Hanagan
Witness

Karen Ferguson
Witness

ADDRESSES:

95 White Brick Rd
Nashville, Tn

4058 Sams Creek, Pegram Tenn

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF ATTESTING WITNESSES

We, the undersigned witnesses to the foregoing Last Will and Testament to which this is attached, being more than 18 years of age and having no interest in her estate, do depose and make affidavit that DOROTHY T. YATES on the day and date shown produced this instrument, declared the same to be her Last Will and Testament and signed it as such in our sight and presence and we, at her request and in her sight and presence, and in the sight and presence of each other, signed as attesting witnesses. At the time, we considered DOROTHY T. YATES to be of sound mind and knew her to be more than 18 years of age.

Mike Hanagan

Karen Ferguson

Sworn to and subscribed before me this 16th day of September, 1994.

Kristin K. Orsland
Notary Public

My commission expires: 3/23/96

This instrument prepared by:
DALE M. QUILLEN, P.C.
95 White Bridge Road
Suite 208
Nashville, Tennessee 37205