Prepared by
William B Bradley
Atty.

Owner: William K. Weeks

T.C.A. § 30-2-712
Map No. 146-16
Parcel 52

Send tax notice to: William K. Weeks
3208 Glencliff
Nashville, TN 37211

Davidson County AFFIDAVIT
Recvd: 05/09/02 14:26 4pgs
Fees:22.00 Taxes:0.00
20020509-0057497

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Ann Looney Weeks, a resident of Davidson County, State of Tennessee who died October 30, 2000 as evidenced by a copy of the death certificate attached as **Exhibit A,** held fee simple interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 24 on the Plan of Brentwood Hall, Sec. 3, of record in Book 2133, page 14, Register's Office for said County.
>
> Said Lot No. 24 fronts 84.7 feet on the easterly side of Trousdale Drive and runs back between lines 217.5 feet on the northerly line and 161.4 feet on the southerly line to a dead line in the rear on which it measures 98.2 feet thereon.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to the prior title recorded in Book 7824, page 688 in the Register's Office of Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the decedent's Will, probated in the Seventh Circuit Court of Davidson County, State of Tennessee, Case No. 00P1948.

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being No. 440482766, a copy of which is attached as **Exhibit B.**

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

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

WILLIAM K. WEEKS

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared William K. Weeks, 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 William K. Weeks executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 30th day of April, 2002.

Sonya Hampton
NOTARY PUBLIC

My Commission Expires:
June 20, 2005

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.

Jan 5 1968 Dunn
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ANN N.M.N. WEEKS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): 10/30/2000
4. SOCIAL SECURITY NUMBER: [redacted]-6387
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): NOV.10,1925
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9. 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): Vanderbilt Medical Center
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.): ACCOUNTANT
12b. KIND OF BUSINESS/INDUSTRY: BANKING
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 5104 TROUSDALE DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37220
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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: Weeks Ann 6

PARENTS

17. FATHER'S NAME (First, Middle, Last): HARRY LOONEY
18. MOTHER'S NAME (First, Middle, Maiden Surname): JANE ALEXANDER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): WILLIAM K. WEEKS
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3208 GLENCLIFF ROAD NASHVILLE, TENNESSEE 37211

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: PAUL WALLS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2965
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
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: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): November 07, 2000

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
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: John E. Gerber, MD
26b. LICENSE NUMBER: 29698
26c. DATE SIGNED (Month, Day, Year): 10/31/2000

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): John E. Gerber, M.D.;84 Hermitage Ave;Nashville TN 37210: MEC00-2598

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. Multiple Blunt Force Injuries
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 [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 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 10/30/2000
31b. TIME OF INJURY: 01:41PM
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Driver in Motor Vehicle Accident
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Roadway
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Elysian Fields Road Nashville

PH-1659 (REV. 8/99)

EXHIBIT A

BATCH NO.

RDA 1399

N0006801

5873443020108

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF ANN L WEEKS
ATTN: WILLIAM K WEEKS
3208 GLENCLIFF RD
NASHVILLE TN 37211-3004

January 11, 2002

Account Type:	INHERIT TX
Account No.:	440482766
Date of Death:	OCTOBER 30, 2000
County:	DAVIDSON
Social Security No.:	[redacted]-6387

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

ESTATE OF ANN L WEEKS
ATTN: WILLIAM K WEEKS
3208 GLENCLIFF RD
NASHVILLE, TN 37211-3004

January 11, 2002

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Penalty:	$0.00
Total:	$0.00

RV-N0006801

EXHIBIT B