THIS INSTRUMENT PREPARED BY:
Timothy L. Takacs, Attorney
201 Walton Ferry Road
Hendersonville, TN 37075

From information furnished by the parties.

Davidson County AFFIDAVIT
Recvd: 05/30/03 08:34 3pgs
Fees:17.00 Taxes:0.00
20030530-0072903

Owner
Cole Family Partners, L. P.
340 East Old Hickory Blvd.
Madison, TN 37115

Map & Parcel 098-00-0 57.00

Send Tax Notice To
Same as above

Affidavit

On May 13th, 2003, before me personally appeared John B. Cole, general partner of Cole Family Partners, L. P., to me personally known, who being by me duly sworn, on oath did say that Affiant is familiar with the family history of Patricia L. Cole , deceased, who was the owner of a **life estate** in the following property:

> Land in the 4th Civil District of Davidson County, Tennessee, described according to a survey made by Robert H. Meade, Surveyor, June 16, 1965, as follows:
>
> BEGINNING in the center of John Hager Road at the northwest corner of the property conveyed to Donald R. Durham and wife, by deed from F. H. Binkley and wife, of record in Book 3931, page 957, Register's Office for said County; thence with Durham's westerly boundary line, S 4 deg. 33' west 280.7 feet to a concrete monument; thence S 4 deg. 33' west 1106.1 feet to a concrete monument; thence N 81 deg. 34' west 300 feet to a fence post; thence N 4 deg. 32' east 1374.7 feet to the center of John Hager Road; thence with the corner of said Road, S 83 deg. 49' east 300 feet to the beginning.
>
> (Note: Grantee shall have a life estate in the first house on this property known as the "Cooking Shed," and not in the other structures on the property. This improved property is known as: 5201 John Hager Road, Hermitage, TN 37076.)
>
> Being the same property conveyed to Patricia L. Cole by deed of record in Instrument Number 20011212-0137339, Register's Office for Davidson County, Tennessee.

And that Patricia L. Cole died on September 22, 2002, and that the decedent's place of residence and homestead at the time of death was 5201 John Hagar Road, Hermitage, Tennessee.

Therefore the life estate is extinguished and the aforedescribed property vests to the sole owner **Cole Family Partners, L.P.**

State of Tennessee
County of Davidson

I, John B. Cole, being first duly sworn, make oath that I have read the foregoing Affidavit and that the facts contained therein are true and correct to the best of my knowledge, information, and belief.

John B. Cole, Affiant

Sworn to and subscribed before me on 5/13, 2003.

Paula D. Morgan
Notary Public

My Commission Expires: 7-24-2004



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0205293

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): Patricia Lee Cole
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September22, 2002
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-7610
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR MOS.
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 8-31-1921
7. BIRTHPLACE (City and State or Foreign Country): Nashville,TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 X Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): McKendree Village
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.): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Sears
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 5201 John Hager Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX 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 O 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 medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Bernard Armstrong
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Ann Campbell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jack Cole
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 410 Rolling Mill Old Hickory,TN 37138

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Crematory National Cemetery
20c. LOCATION-City or Town, State: Hermitage,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tod Biddle
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5162
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 SHute Lane Hermitage,TN 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ John P. Dunn
24. DATE FILED (Month, Day, Year): September 24, 2002

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: ▶ Renata Bluhm MD
25b. LICENSE NUMBER: MD19042
25c. DATE SIGNED (Month, Day, Year): 9.24.02
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. Renata Bluhm, 5651 Frist Blvd. Hermitage,TN 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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Debulte
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. Breast Cancer
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 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.:
RDA 1309

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.

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

John P. Dunn
John P. Dunn
Local Registrar

Date Issued SEP 24 2002

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD