AFFIDAVIT OF INHERITANCE OF REAL ESTATE

THIS INSTRUMENT PREPARED BY: Richard E.Norman, Jr., Atty.
4220 Nolensville Road
Nashville, TN. 37211
(615) 834-4300

Address of New Owner	**Send Tax Bills To**	**Map & Parcel No**
Phillip M. Payne and Michael H. Payne 217 Willard Drive Nashville, TN. 37211	Same	Map Parcel

Davidson County AFFIDAVIT
Recvd: 06/30/03 10:40 6pgs
Fees:32.00 Taxes:0.00
20030630-0089817

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and state: Martin L. Payne, a widower, died on April 3, 2003, at the age of 78, (see attached death certificate), in Nashville, Davidson County, Tennessee. At the time of Martin L. Payne's death, he was the sole owner of the following described real estate. Said property described as follows:

> Being Lot No. 39 on the Plan of Murray Heights, of record in Book 2663, page 37, Register's Office for said County.
>
> Said Lot No. 39 fronts 151 feet on the north side of Willard Drive and runs back 413.1 feet on the west line and 385.3 feet on the east line to a dead line on which it measures 58 feet.
>
> Being the same property conveyed to Martin L. Payne and wife, Rena C. Payne, by deed from Ridgeview Homes Co., of record in Book 2808, Page 377, said Register's Office.
>
> This is improved property known as: 217 Willard Drive, Nashville, TN. 37211.

The said Martin L. Payne (a widower) died leaving a Last Will and Testament dated April 9, 2001 (see attached). Martin L. Payne died leaving two (2) surviving children, Phillip M. Payne and Michael H. Payne. There are no deceased children of the said Martin L. Payne leaving issue.

The affiants herein received all of Martin L. Payne's interest in the above described property in his Last Will and Testament and by the Laws of Descent and Distribution of the State of Tennessee.

6-26-03
Date — Phillip M. Payne

6/26/2003
Date — Michael H. Payne

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Phillip M. Payne, 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 26th day of June, 2003.

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, Michael H. Payne, 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 26th day of June, 2003.

Notary Public

My Commission Expires: 8-6-04

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METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0301988

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PE/PRINT IN PERMANENT JACK INK FOR TRUCTIONS HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARTIN LEMUEL PAYNE
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): APRIL 3, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4084
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): APRIL 20,1924
7. BIRTHPLACE (City and State or Foreign Country): ROBERTSON COUNTY, TENN.
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 [ ] Residence 6 [X] Other (Specify): 1718 PATTERSON ST.
9b. FACILITY NAME (If not institution, give street and number): THE RESIDENCE AT ALIVE HOSPICE
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.): AUTO MECHANIC
12b. KIND OF BUSINESS/INDUSTRY: NEWMAN GARAGE
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 220 WILLARD DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): 10; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): LEMUEL PAYNE
18. MOTHER'S NAME (First, Middle, Maiden Surname): MAGGIE PARKER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MICHAEL PAYNE
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 217 WILLARD DRIVE, NASHVILLE, TENN. 37211

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): JONES CEMETERY
20c. LOCATION-City or Town, State: COLUMBIA, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Tonya Y Ritter
24. DATE FILED (Month, Day, Year): April 10, 2003

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: 34321
25c. DATE SIGNED (Month, Day, Year): 4-7-03
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

/SICIAN OR MEDICAL MINER EXECUTING TIFICATE MUST MPLETE AND SIGN DICAL CERTIFICATION THIN 48 HOURS.

E 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. Lung Cancer
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 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):

I-1659 (REV. 6/99)

BIRTH NO.

ROA 13

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.

[redacted] Tonya Y Ritter 4/16/2003
Local Registrar — Date Issued

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

MARTIN L. PAYNE

I, **MARTIN L. PAYNE,** domiciled in Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking all former Wills and Codicils to Wills at anytime heretofore made by me.

ARTICLE I

I direct that all my just debts, my funeral expenses and the costs of the administration of my estate be paid as soon as possible after my death. My Co-Executors or Executor in their or his sole discretion may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

ARTICLE II

I will and devise my cherry bedroom suite to Michael H. Payne.

I will and devise my 12 gauge Winchester shotgun to Phillip Payne.

I will and devise my antique oak bedroom suite to Andrea Payne.

ARTICLE III

All the rest, residue, and remainder of my property, whether real, personal, or mixed, wheresoever situated, I will, devise, and bequeath to my two (2) children, Phillip M. Payne and Michael H. Payne in equal shares on the basis of monetary value.

Martin L. Payne
Testator

ARTICLE IV

I hereby nominate and appoint Phillip M. Payne and Michael H. Payne as my Co-Executors of this my Last Will and Testament. If either of my Co-Executors predecease me or is unable to serve, then I nominate and appoint the survivor or the other one to serve as Executor. I authorize my Co-Executors or Executor to do any and all things which in their or his sole opinion are necessary to complete the administration and settlement of my estate. I expressly give my Co-Executors or Executor power to convey land and grant title within the terms of this Will. I further direct that my Co-Executors or Executor serve without bond and I waive inventory and accounting.

IN WITNESS WHEREOF, I have subscribed my name on this the 9 day of April, 2001 at Nashville, Tennessee.

Martin L. Payne
Martin L. Payne, Testator

The foregoing instrument consisting of two (2) typewritten pages was, at the date thereof, signed, published, and declared by the said **MARTIN L. PAYNE,** as and for his Last Will and Testament in our presence, and we, the undersigned, at his request, and in his presence, and in the presence of each other, have subscribed our signatures as witnesses, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

Richard E Jamison J
WITNESS

4220 Nolensville Rd, Nashville, TN 37211
ADDRESS

Diane Drake
WITNESS

4220 Nolensville Rd, Nash Tn. 37211
ADDRESS

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, after first being duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of **MARTIN L. PAYNE,** dated the 9th day of April, 2001, to which this affidavit is attached, and that this affidavit is being made at the request of the Testator, and in accordance with Tennessee Code Annotated, 32-2-110.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testator and in his presence and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testator signed said paper writing as and for his Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Will, the Testator was, in their opinion, of sound mind.

Richard E. Jarman
WITNESS

Clarrie Davis
WITNESS

Sworn to and subscribed before me,
a Notary Public, on this the 9th
day of April, 2001.

Notary Public

My Commission Expires: 11-27-04