This Instrument Prepared By:
LAW OFFICE OF FRANK C. INGRAHAM, ESQ., 2100 Parkway Towers, Nashville, TN 37219

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Address New Owner:	***Send Tax Bills To:***	***Map-Parcel***
VICKY L. FOURNIER	Same	83-7-146
JAMES R. WILLIAMS		Field Book 15 DA 48720
720 Powers Avenue		
Nashville, TN 37206		

Davidson County AFFIDAVIT
Recvd: 08/25/03 13:29 4pgs
Fees:22.00 Taxes:0.00
20030825-0123109

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, VICKY L. FOURNIER, Administratrix of the Estate of Nell M. Williams, being duly sworn, deposes and says:

NELL M. WILLIAMS, a resident of Davidson County, State of Tennessee, who died April 28, 2002, as evidenced by a copy of the death certificate attached as Exhibit A, held an interest in the following described real estate as a joint tenant with right of survivorship:

Real estate located in Davidson County, Tennessee, to wit:

Being Lot No. 4 of Block "B" on the Map of Tillman's Subdivision, Park One, of record in Book 1130, page 29, Register's Office, Davidson County, Tennessee.

Said Lot No. 4 fronts 65 feet on the east side of Powers Avenue and runs back between parallel lines 200 feet to a dead line in the rear.

Being the same property conveyed to Nell M. Williams by Quitclaim Deed from James Richard Williams and Vicky Lynn Fournier, of record in Book 11152, Page 377, said Register's Office.

The above legal description is identical to the legal description in the previous deed of record.

This is improved property known as 720 Powers Avenue, Nashville, Tennessee 37206.

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

REFERENCE is hereby made to prior title recorded in Book 11152, Page 377, in the Register's Office for Davidson County, Tennessee.

VICKY L. FOURNIER and JAMES R. WILLIAMS, are the only two children of NELL M. WILLIAMS. NELL M. WILLIAMS was a widow with no surviving spouse at the time of her death. As a result, VICKY L. FOURNIER and JAMES R. WILLIAMS each received a 50% tenants-in-common interest in the real estate by virtue of the laws of descent and distribution.

A Tennessee Inheritance Tax Release has been received, a copy of which is attached as Exhibit B.

Inheritance of this real estate is subject to all liens of records.

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, as this affidavit is being used to evidence transfer of title to beneficiaries.

Witness this the 25 day of Aug, 2003.

Vicky L. Fournier
VICKY L. FOURNIER,
Administratrix

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named VICKY L. FOURNIER, Administratrix of the Estate of Nell M. Williams, with whom I am personally acquainted, who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 25th day of August, 2003.

ANNA G. EVERTON
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

Anna G. Everton
NOTARY PUBLIC
My Commission Expires: 7/21/2007

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT A

0202545

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): Nell McGregor Williams
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 28, 2002
4. SOCIAL SECURITY NUMBER: 412-44-7571
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 11/10/1927
7. BIRTHPLACE (City and State or Foreign Country): Liberty, Tennessee
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): TN. CHristian Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: At Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 720 Powers Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [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): Elmus McGregor
18. MOTHER'S NAME (First, Middle, Maiden Surname): (Unknown)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vicky Fourier
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2722 Bobby Avenue Nashville, TN. 37216

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): Middle TN. Veteran's
20c. LOCATION-City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles E. Moore
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER: Jeff Plunk
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home Nashville, Tennessee 37206-3230
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE: Helen A. Bowen
24. DATE FILED (Month, Day, Year): May 10, 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 stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 35812
25c. DATE SIGNED (Month, Day, Year): 5/2/02
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): MARCUS WEA MD 300 Hosp Rd. Dr. Suite 350 Madison TN 37115

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. Post-op Resp Failure. — Approximate Interval Between Onset and Death: —
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. Cardio Degen Heart Disease — Months
DUE TO (OR AS A CONSEQUENCE OF):
c. HTN — Years
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: 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):

PH-1859 (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.

John P. Dunn
John P. Dunn
Local Registrar

MAY 10 2002
Date Issued

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

EXHIBIT 13

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: NELL M. WILLIAMS

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: [redacted]-7571

APPLICATION:

ATTACHED: YES XX NO ___

ON FILE: YES ___ NO XX 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.

DESCRIPTION OF PROPERTY:
(List only one)

Real estate located in Davidson County, Tennessee, to wit:

Being Lot No. 4 of Block "B" on the Map of Tillman's Subdivision, Park One, of record in Book 1130, page 29, Register's Office, Davidson County, Tennessee.

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TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

Vicky L Fournier

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

Amy Green

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

AUG 25 2003

Date approved
Inheritance-Gift Tax Section

Anna G. Everton, Attorney
2100 Parkway Towers
Nashville, TN 37219

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)