IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

In Re Estate of
DOROTHY DRAUGHON SMITH **Docket No. 02P- 2043**
Deceased.

This Instrument Prepared By:
John T. Horton, Esq.
Davies, Humphreys & Evans, PLC.
150 Second Avenue North, Suite 225
Nashville, TN 37201

Davidson County AFFIDAVIT
Recvd: 09/17/03 12:46 7pgs
Fees:37.00 Taxes:0.00
20030917-0137297

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Alfred M. Smith, being first duly sworn states the following information under oath and of his own knowledge.

1. Dorothy Draughon Smith , a resident of Nashville, Davidson County, Tennessee, who died August 6, 2002, as evidenced by a copy of the death certificate attached as Exhibit "A", held a Fifty (50%) percent tenants in common interest in the following described real estate:

> Land in Davidson County, Tennessee, being a tract marked "Draughon" and Lot No. 13 in Block "A" in the Hillsboro-Hobbs Road Subdivision, not of record, described together according to a survey made by J.R. Scott, Surveyor, December 5, 1939, as follows:
>
> Beginning at a point in the westerly margin of Hillsboro Road 190 feet northerly from the northerly margin of Hobbs Road; running thence North 55° degrees, 30 ' west 200 feet to a stake; thence North 39 ° East 60 feet to a stake; thence South 55 ° 30' East 50 feet; thence northeast 50 feet to a point; thence southeast 150 feet to westerly margin of Hillsboro Road; thence with the same South 38° West 110 feet to the beginning.
>
> Together with a non-exclusive easement of ingress and egress as more fully set out in agreement between R. H. Cottrell, Jr. and wife, and Janie Naron Draughon, of record in Book 3033, page 612, Register's Office for said County.
>
> Being part of the same property to-wit: Tracts 1 & 2 conveyed to Janie Naron Draughon, of record in Book 2097, page 223, Register's Office for said County.

REFERENCE is made to prior title recorded in Book 11743, Page 174 in the Register's Office of Davidson County, Tennessee.

2. The Last Will & Testament of Dorothy Draughon Smith was admitted to probate on December 11, 2002 in the Seventh Circuit Court , Davidson County, Tennessee, Docket No. 02P-2043. Said Last Will & Testament being registered in Wills of Record Volume Number 4995/961280 in the office of the Probate Clerk for Davidson County, Tennessee. The Last Will & Testament named Alfred M. Smith, Sr. as executor. The executor is duly qualified. All debts of the decedent have been paid. The Tennessee Inheritance Tax clearance has been received, a copy of which is attached as Exhibit "B".

3. The Last Will & Testament of Dorothy Draughon Smith conveyed her interest in the above described realty to a Qualified Terminable Interest Trust known as the Dorothy Draughon Smith Green Hills Trust, naming Alfred M. Smith, Jr., Vivian Elizabeth Smith Brown and Robert D. Smith as co-trustees of said Trust during the life of Alfred M. Smith. Upon the death of Alfred M. Smith, the Last Will & Testament of Dorothy Draughon Smith transfers and conveys any and all interest of Dorothy Draughon Smith in the above described realty to Alfred M. Smith, Jr., Vivian Elizabeth Smith Brown and Robert D. Smith in equal shares.

4. This Affidavit is being recorded pursuant to the authority of T.C.A. § 30-2-712.

Further Affiant Sayeth Not.

ALFRED M. SMITH

Before me, a Notary Public, duly appointed, qualified and commissioned in and for the State and County aforesaid, personally appeared Alfred M. Smith, the within named bargainor, with whom I am personally acquainted or proved to me 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 he 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 in said County on this the 8th day of August, 2003.

NOTARY PUBLIC

My Commission Expires: 9/30/2006

Schedule 1

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0204392

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

Smith, Dorothy

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dorothy Draughon Smith
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 08/06/2002
4. SOCIAL SECURITY NUMBER: 415-76-5025
5a. AGE-LAST BIRTHDAY: 74
6. DATE OF BIRTH: 7-27-1928
7. BIRTHPLACE: Shelbyville, Tn
8a. PLACE OF DEATH: 3 DOA
8b. FACILITY NAME: Vanderbilt Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: Married
10. SURVIVING SPOUSE: Alfred M. Smith
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Home
12a. RESIDENCE-STATE: Tn
12b. COUNTY: Davidson
12c. CITY, TOWN OR LOCATION: Nashville
12d. STREET AND NUMBER OR RURAL LOCATION: 2220 Hemingway Dr
CENSUS TRACT
12e. RESIDENCE-CITY LIMITS?: X Yes
12f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN?: X No
15. RACE: White
16. DECEDENT'S EDUCATION: 3

PARENTS

17. FATHER'S NAME: John V. Draughon
18. MOTHER'S NAME: Janie Naron

INFORMANT

19a. INFORMANT'S NAME: Alfred Smith
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS: 2220 Hemingway Dr Nashville, TN 37215

DISPOSITION

20a. METHOD OF DISPOSITION: X Burial
20b. PLACE OF DISPOSITION: Mt. Olivet Cemetery
20c. LOCATION: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER: Keith Boyd
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall Donnelly Combs Funeral Home 201 25th Ave N. - Nashville, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED: August 9, 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.
25b. LICENSE NUMBER
25c. DATE SIGNED

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.
26a. SIGNATURE AND TITLE OF MEDICAL EXAMINER: John E. Gerber, M.D.
26b. LICENSE NUMBER: 29698
26c. DATE SIGNED: 08/08/2002

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): John E. Gerber, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC02-1985

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. Pending Laboratory Investigation
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the 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?: X Yes
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: X Yes

30. MANNER OF DEATH: X Pending Investigation
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK?
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)

FH-1000 (REV. 6/99)
BIRTH NO.
ACA 139

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 Rutter 4/17/2003
Local Registrar
Date Issued

EXHIBIT
ALL-STATE LEGAL®
A

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

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

DELAYED REPORT OF DIAGNOSIS – DEATH

TENNESSEE DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK.

STATE FILE NUMBER: 0204392

1. DECEDENT'S NAME (First, Middle, Last): Dorothy Draughon Smith

2. SEX: Female

3. DATE OF DEATH (Month, Day, Year): August 6, 2002

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): July 27, 1928

9a. 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

15. RACE (American Indian, Black, White, etc. (Specify)): White

22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS FUNERAL HOME
201 25th AVE. NO., NASHVILLE, TN. 37203

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr.

24. DATE FILED (Month, Day, Year): OCTOBER 23, 2002

A DELAYED REPORT OF DIAGNOSIS MAY BE FILED IF THE CAUSE OF DEATH CANNOT BE DETERMINED WITHIN 48 HOURS AFTER DEATH.

25a. PHYSICIAN – SIGNATURE AND MAILING ADDRESS

25c. DATE SIGNED (Month, Day, Year)

26a. MEDICAL EXAMINER – SIGNATURE AND MAILING ADDRESS: John E. Gerber, M.D.
John E. Gerber, M.D. 850 R.S. Gass Blvd., Nashville TN 37216

26c. DATE SIGNED (Month, Day, Year): 10/17/2002

27. I HEREBY CERTIFY THAT THE DECEASED DIED FROM THE CAUSE STATED BELOW. THE COMPLETE CAUSE OF DEATH COULD NOT BE DETERMINED WITHIN 48 HOURS AFTER DEATH AND ENTERED ON THE CERTIFICATE OF DEATH FOR THE FOLLOWING REASON:

Awaiting toxicology.

TYPE OR PRINT IN PERMANENT BLACK INK.

MEDICAL CERTIFICATION

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARDIOMEGALY (420 GRAMS) WITH BIVENTRICULAR HYPERTROPHY.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

a. DUE TO (OR AS A CONSEQUENCE OF)

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

d.

Approximate Interval Between Onset and Death

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE. ITEM NUMBERS ARE SKIPPED SO THAT NUMBERS ARE THE SAME AS ON CERTIFICATE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No

P11-1465
REV. 10-92
State MEO

30. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could Not Be Determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY: M

31c. INJURY AT WORK? ☐ Yes ☐ 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 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 Rutter 4/17/2003
Local Registrar Date Issued

CERTIFICATION OF VITAL RECORD

N0018901

6735019030819

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

August 22, 2003

SMITH DOROTHY D
ATTN: DAVIES HUMPHREYS & EVANS
150 2ND AVE
NASHVILLE TN 37201

Account Type:	INHERIT TX
Account No.:	440646991
Date of Death:	August 6, 2002
County:	DAVIDSON
Social Security No.:	[redacted]-5025

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, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

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

SMITH DOROTHY D
ATTN: DAVIES HUMPHREYS & EVANS
150 2ND AVE
NASHVILLE, TN 37201

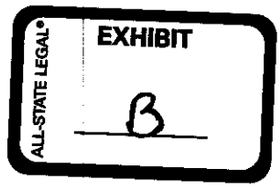
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Interest:	$0.00
Penalty:	$0.00
Total:	$0.00



RV-N0018901

For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

Chattanooga
(423) 634-6266
Suite 350
State Office Building
540 McCallie Avenue

Jackson
(731) 423-5747
Room 405 B
Lowell Thomas Building
225 Martin Luther King Blvd.

Johnson City
(423) 854-5321
204 High Point Drive

Knoxville
(865) 594-6100
Room 606
State Office Building
531 Henley Street

Memphis
(901) 213-1400
3150 Appling Road
Bartlett, TN

Nashville
(615) 253-0600
3rd Floor, AJ Building
500 Deaderick Street

ASSISTANCE

For additional information or assistance regarding this notice, you should contact the Department of Revenue. Tennessee residents may use the toll-free number, 1-800-342-1003. Nashville area and out of state callers may call (615) 253-0600. Hearing Impaired may call TDD at (615) 741-7398. You may call either of these numbers between 8:00 a.m. and 4:30 p.m. (CT), Monday through Friday, holidays excepted. You may direct any correspondence or submit write information to the following address: Tennessee Department of Revenue, 500 Deaderick Street, Nashville, TN 37242. Please provide your account number and notice number when inquiring about the notice.