Prepared By:
Charles J. Allen IV
708 Setliff Pl.
Nashville, TN 37206

Owner: Charles J. Allen IV

Send tax notice to: 5005 Bonnalynn Drive, Hermitage, Tennessee 37076

Map & Parcel No.: 04D 31966, 074-12-0, Par. 124.00

PICK-UP

AFFIDAVIT OF INHERITANCE

Davidson County AFFIDAVIT
Recvd: 09/23/03 10:14 4pgs
Fees:22.00 Taxes:0.00
20030923-0140472

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Charles J. Allen III and his wife, Toshie Allen, both residents of Davidson County, Tennessee, died on August 11, 2001 and May 31, 2002, respectively, as evidenced by copies of the death certificates attached as Exhibits A and B.

Mr. and Mrs. Allen held a tenancy by the entirety in the following described real estate:

Land in Davidson County, Tennessee, being Lot No. 520 on the Plan of Hermitage Hills, Section 5, of record in Book 3300, pages 1 and 2, Register's Office for said County, described as follows:

Said Lot No. 520 fronts 97.79 feet on the easterly margin of Bonnalynn Drive and runs back between lines, measuring 130.0 feet on the northerly side, 170.9 feet on the southerly side to a broken line on the rear on which it measures 107.18 feet.

Being the same property conveyed to Leonard B. Miller by deed from James Lance Williamson and wife, Nellie A. Williamson, of record in Book 4065, page 431, Register's Office for Davidson County, Tennessee.

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

REFERENCE is made to prior title recorded in Book 3300, pages 1 and 2 in the Register's Office of Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of the laws of descent and distribution, being the sole and surviving heir at law (as the only child) of Charles J. Allen III and Toshie Allen.

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.

Charles J. Allen IV

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Charles J. Allen IV, 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 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 at my office in said County, on this 23 day of September, 2003.

Kimberly Graves

Notary Public

KIMBERLY GRAVES NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires:
11-25-2006

Exhibit A

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0104870

AMENDED 10/24/01 BY AFFIDAVIT ONLY
TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE 2001037795

1. DECEDENT'S NAME (First, Middle, Last): Charles J. Allen III
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): August 11, 2001
4. SOCIAL SECURITY NUMBER: [redacted]-0014
5. AGE-LAST BIRTHDAY (Years): 69
6. DATE OF BIRTH (Month, Day, Year): 03-07-1932
7. BIRTHPLACE (City and State or Foreign Country): Evansville, Indiana
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 5005 [illegible] Dr. 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS: married
11. SURVIVING SPOUSE (If wife, give maiden name): Toshie Soto
12a. DECEDENT'S USUAL OCCUPATION: information manager
12b. KIND OF BUSINESS/INDUSTRY: police
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 5005 Bonnalynn Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? [ ] Yes [X] No
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+): 2
17. FATHER'S NAME (First, Middle, Last): Charles J. Allen II
18. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Faye McGowan
19a. INFORMANT'S NAME (Type/Print): Toshie Allen
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5005 Bonnalynn Drive Hermitage, Tennessee 37076
20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Meharry Medical College
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME: 9996
23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): September 10, 2001
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD032064
25c. DATE SIGNED (Month, Day, Year): 8/29/01
25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Eric Rackley, MD 5653 Crest Blvd Ste 914 Hermitage TN 37076
27. PART I. Enter the disease(s), 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. Cancer unknown primary — DUE TO (OR AS A CONSEQUENCE OF): — 7 mos
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
28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
29. MANNER OF DEATH: 1 [ ] 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)

Recd correction from state on 10/26/01 Item # 96 #13d #19a

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

04/19/02
Date Issued

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

Exhibit B

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0203204

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)	Toshie Sato Allen
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	5-31-2002
4. SOCIAL SECURITY NUMBER (of Deceased)	410-92-8444
5a. AGE-LAST BIRTHDAY (Years)	68
5b. UNDER 1 YEAR (Months)	
5c. UNDER 1 DAY (Hours / Min.)	
6. DATE OF BIRTH (Month, Day, Year)	2-10-1934
7. BIRTHPLACE (City and State or Foreign Country)	China
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	2 No
9a. PLACE OF DEATH (Check only one)	1 Inpatient (Hospital)
9b. FACILITY NAME (If not institution, give street and number)	Summit Medical Center
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.)	Housewife
12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE-STATE	Tenenssee
13b. COUNTY	Davidson
13c. CITY, TOWN OR LOCATION	Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION	5005 Bonnalynn Drive
13e. INSIDE CITY LIMITS?	1 Yes
13f. ZIP CODE	37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)	No
15. RACE-American Indian, Black, White, etc. (Specify)	Japanese
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last)	Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Unknown
19a. INFORMANT'S NAME (Type/Print)	Charles Allen
19b. RELATIONSHIP TO DECEASED	Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	5005 Bonnalynn Drive Hermitage, TN 37076
20a. METHOD OF DISPOSITION	4 Donation
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Vanderbilt School of Medicine
20c. LOCATION-City or Town, State	Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	
21c. SIGNATURE OF EMBALMER	
21d. LICENSE NUMBER OF EMBALMER	
22a. NAME AND ADDRESS OF FUNERAL HOME	
22b. LICENSE NUMBER OF FUNERAL HOME	
23. REGISTRAR'S SIGNATURE	
24. DATE FILED (Month, Day, Year)	June 11, 2002
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	MD20164
25c. DATE SIGNED (Month, Day, Year)	6/5/02
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)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)	Eric L. Raefsky, M.D. , 5653 Frist Blvd., Suite 434, Hermitage, TN 37076

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. Respiratory Failure	5 days
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): Non Small Cell Lung Cancer	3 mos
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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

29a. WAS AN AUTOPSY PERFORMED?	2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	2 No
30. MANNER OF DEATH	1 Natural
31a. DATE OF INJURY (Month, Day, Year)	
31b. TIME OF INJURY	
31c. INJURY AT WORK?	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, St	

PH-1060 (REV. 6/99)

BIRTH NO. _____ RD

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

07/09/02
Date Issued

CERTIFICATION OF VITAL RECORD