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

In Re Estate of
DOROTHY DRAUGHON SMITH
Deceased.

Docket No. 02P- 2043

Davidson County AFFIDAVIT
Recvd: 10/09/03 15:16 5pgs
Fees:27.00 Taxes:0.00
20031009-0150398

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

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

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 fee simple interest in residential real property known as,

Property Address: 2202 Hemingway Drive, Nashville, Tennessee 37215

Mailing Address: 2220 Hemingway Drive Nashville, Tennessee 37215.

REFERENCE is made to prior title recorded in **Book 7245**, **Page 536** 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 her surviving spouse Alfred M. Smith, Sr.

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

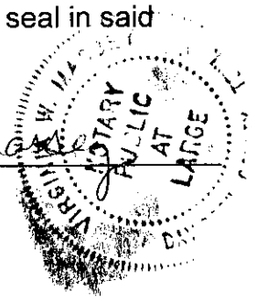
Further Affiant Sayeth Not.

Alfred M. Smith
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 9th day of October, 2003.

Virginia W. Mason
NOTARY PUBLIC



My Commission Expires: 9/30/06

METROPOLITAN GOVERNMENT
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0204392

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK.

Smith, Dorothy

16

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 (Years): 74
6. DATE OF BIRTH (Month, Day, Year): 7-27-1928
7. BIRTHPLACE (City and State or Foreign Country): Shelbyville, Tn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): Hospital: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; Other: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. 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
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Alfred M. Smith
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2220 Hemingway Dr
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] 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): [ ]; College (1-4 or 5+): 3

PARENTS

17. FATHER'S NAME (First, Middle, Last): John V. Draughon
18. MOTHER'S NAME (First, Middle, Maiden Surname): Janie Naron

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Alfred Smith
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2220 Hemingway Dr Nashville, TN 37215

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): Mt. Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c. SIGNATURE OF EMBALMER: ▸ Keith Hayden
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: ▸ [signature]
24. DATE FILED (Month, Day, Year): 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.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▸
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▸ John E. Gerber, M.D.
26b. LICENSE NUMBER: 29698
26c. DATE SIGNED (Month, Day, Year): 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) (Type/Print): 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 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.	

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] 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):

STATE FILE NO.

TH-1628 (REV. 8/99) RDA 1.39

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

ALL-STATE LEGAL® EXHIBIT 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

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

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 Sr.
24. DATE FILED (Month, Day, Year): OCTOBER 23, 2002
25c. DATE SIGNED (Month, Day, Year):

25a. PHYSICIAN – SIGNATURE AND MAILING ADDRESS:

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.

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

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

b. DUE TO (OR AS A CONSEQUENCE OF)
c. DUE TO (OR AS A CONSEQUENCE OF)
d.

Approximate Interval Between Onset and 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

PH-1665 Rev. 10-92 State MED

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. Rittler 4/17/2003
Local Registrar Date Issued

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

CERTIFICATION OF VITAL RECORD

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

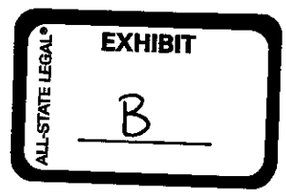
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RV-N0018901