THIS INSTRUMENT PREPARED
WITHOUT TITLE SEARCH, FROM
INFORMATION PROVIDED BY THE
PARTIES by:

Robert H. Stratton
Attorney At Law
4811 Lebanon Road, Suite 209
Hermitage, Tennessee 37076
(615) 902-0311

Davidson County AFFIDAVIT
Recvd: 01/06/04 15:46 9pgs
Fees:47.00 Taxes:0.00
20040106-0002127

GRANTEE: Linda L. Bowman

Map: 95-11 Parcel: 160
Book: 2283 Page: 61

ADDRESS: 2412 Springview Drive
Donelson, Tennessee 37214

Send Tax Notice to: Linda L. Bowman
2785 Posey Hill Road
Mt. Juliet, Tennessee 37122

AFFIDAVIT OF INHERITANCE
REAL ESTATE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, after first being duly cautioned and sworn, deposes and says:

Lilburn O. Gossett, deceased, the owner of the following described real estate:

Land in Davidson County, Tennessee, being Lot No. 47 on the Plan of Merry Oaks, Section II, of record in Book 2133, Page 8, Register's Office for said County.

Said Lot No. 47 fronts 116 feet on the westerly side of Springview Drive and runs back 100.4 feet on the southerly line, and 159.1 feet on the northerly line to a dead line measuring 125.7 feet.

Being the same property conveyed to E. C. Vinson by two deeds, one from E. C. Vinson and wife, Mary Y. Vinson, of record in Book 2143, Page 390, and the other from J. W. Butts, of record in Book 2278, Page 121, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Lilburn O. Gossett and wife Florence J. Gossett from E. C. Vinson and wife, Mary Y. Vinson by warranty deed dated June 22, 1954 and Book 2283, Page 61.

This property is conveyed subject to the following restriction: All easements and restrictions or record.

This is the same description as in the previous deed of record in Book 2283 at page 61.

That no survey was made and that the description herein is the same description as in the prior deed of record. This Affidavit was prepared without benefit of a Title Examination and therefore the preparer makes no certification as to the validity of the title thereto.

This is improved property known as:	2412 Springview Drive	Donelson,	Tennessee	37214
	Address	City	State	Zip

The undersigned received the following described interest in the decedent's real estate, described above, TO WIT: . The undersigned is the child of decedent.

The Tennessee Inheritance Tax Waiver has been received a copy of which is attached hereto and incorporated herein. Also attached is exhibit "A" Death Certificate and Exhibit "B" Last Will and Testament of Lilburn O. Gossett

There are no debts or encumbrances remaining which are or might become a lien on said interest in the above described real estate excepting the following:

_____

_____

_____

_____

_____

BY: Linda L. Bowman
LINDA L. BOWMAN

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **LINDA L. BOWMAN**, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person(s) described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he/she/they executed the foregoing instrument for the purposes therein contained as his/her/their 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 the 15th day of December, 2003.

BY: Kara A. Butcher
Notary Public

KARA LEA BUTCHER
Notary Public At Large
RUTHERFORD COUNTY, TN

My Commission Expires:
Aug. 20, 2007

TENNESSEE DEPARTMENT OF REVENUE

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: Lilburn O. Gossett

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted]-9305

APPLICATION:

ATTACHED: YES ___ NO ___

ON FILE: YES ___ NO ___ 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)

2412 Springview Drive
Donelson, Tennessee 37214

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

Linda L. Bowman

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)

JAN 06 2004

Date approved
Inheritance-Gift Tax Section

Robert H. Stratton
4811 Lebanon Road, Suite 209
Hermitage, Tennessee 37076

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)

"B"

LAST WILL AND TESTAMENT

of

LILBURN O. GOSSETT

I, **Lilburn O. Gossett,** of the City of Donelson, County of Davidson, State of Tennessee, being of lawful age, sound mind and memory, and under no restraint, do hereby publish and declare this to be my **Last Will and Testament**, revoking all prior wills and codicils that I have made.

A PERSONAL NOTE TO MY FAMILY

I trust that the formal terminology in this will and the absence of personal messages will not cause you to doubt my love and affection for you. You are well aware of my love and affection. Because a will is a legal instrument, the purpose of which is to dispose of property, I do not feel that it is an appropriate place for extensive personal messages. Suffice it to say that I love each of you and that my last thoughts are of you.

ARTICLE I

All estate and inheritance taxes (including interest and penalties, if any), together with all administration expenses, payable in any jurisdiction by reason of my death (including those taxes and expenses payable with respect to assets which do not pass under this will) shall be paid out of and charged generally against the principal of my residuary estate without apportionment. I waive any right of reimbursement for, recovery of, or contribution toward the payment of those taxes and administration expenses, except my personal representative shall, to the maximum extent permitted by law, seek reimbursement for, recovery of, or contribution toward the payment of federal or state estate tax attributable to property in which I have a qualifying income interest for life, over which I have power of appointment, or which is included in my gross estate by reason of Section 2036 of the Internal Revenue Code of 1986, as from time to time amended ("Code"), and which tax is not otherwise paid or payable. Any generation-skipping tax resulting from a transfer occurring under this will shall be charged to the property constituting the transfer in the manner provided by applicable law.

ARTICLE II

A. I give all the tangible personal property that I own at my death, including any household furniture and furnishings, automobiles, books, pictures, jewelry, art objects, hobby equipment and collections, wearing

apparel, and other articles of household or personal use or ornament, to my beloved daughter, **Linda L. Bowman**, if my daughter, **Linda L. Bowman**, is then living on the date of my death, or, if my daughter, **Linda L. Bowman**, is not then living, to my granddaughters, **Tracey Suzanne Bowman** and **Robin Marie Bowman**, per stirpes, in shares of substantially equal value, to be divided in such manner as they shall agree or, if they shall fail to agree upon a division within six months after the date of my death, as my personal representative(s) shall determine; provided, however, that if a descendant of mine has not reached legal age under the law of the jurisdiction in which the descendant is domiciled at the time set for distribution under this paragraph, then the person having legal custody of the descendant (i) shall represent the descendant in any division of the property, (ii) may give a binding receipt for and hold the descendant's share for his or her benefit, (iil) may sell any part or all of the share, and (iv) shall deliver the share or sale proceeds to the descendant before or when the descendant reaches legal age, all as that person considers advisable.

B. All costs of safeguarding, insuring, packing, and storing my tangible personal property before its distribution and of delivering each item to the place of residence of the beneficiary of that item shall be deemed to be expenses of administration of my estate.

ARTICLE III

I give my residuary estate, which shall not include any property over which I have power of appointment, to my beloved daughter, **Linda L. Bowman**, if then living on the date of my death, or if my daughter, **Linda L. Bowman**, is not then living, to my granddaughters, **Tracey Suzanne Bowman** and **Robin Marie Bowman**, per stirpes,; provided, however, that if any descendant of mine has not reached legal age under the law of the jurisdiction in which that descendant is domiciled at the time of distribution under this Article, then distribution of his or her share shall be made instead to SUNTRUST BANK, N.A., having an office in Nashville, Tennessee, as custodian for that descendant under the Tennessee Uniform Transfers to Minors Act, and all provisions of that Act as they exist at the time of this will shall apply to the distribution.

ARTICLE IV

A. I name my daughter, **Linda L. Bowman**, as personal representative of this Will. In the event that my daughter, **Linda L. Bowman,** shall for any reason fail to qualify, or having qualified, fails to complete the administration of my estate, I then nominate and appoint **THE SUNTRUST BANK, N.A.,** having an office in Nashville, Tennessee, to act in her stead, giving to it all rights, powers and immunities as set forth in this Article IV. No personal representative of this will shall be required to furnish bond or other security as personal representative. As used in this will, the terms "personal representatives" and "personal representative" designate the court-appointed fiduciaries or fiduciary of my estate from time to time qualified and acting in

COPY

any jurisdiction.

B. In addition to all powers granted by law, I give my personal representative(s) power, exercisable in the discretion of my personal representative(s) and without court order, to retain, sell (at public or private sale), exchange, lease for any term (even though commencing in the future or extending beyond the date of final distribution of my estate), mortgage, pledge, or otherwise deal for any purpose with the property, real , personal or mixed, from time to time comprising my estate, for such consideration and on such terms (with or without security) as my personal representative(s) shall determine; to borrow money for any purpose, at interest rates then prevailing, from any individual, bank or other source, irrespective of whether that lender is then acting as a personal representative; to invest in any property whatsoever; to compromise or abandon any claims in favor of or against my estate; to hold any property in the name of a nominee or in bearer form; to employ accountants, depositaries, attorneys, and agents (with or without discretionary powers); to execute contracts, notes, conveyances, and other instruments, including instruments containing covenants and warranties binding upon and creating a charge against my estate, and containing provisions excluding personal liability; to make distributions wholly in cash or in kind, or partly in each; to allot different kinds or disproportionate shares of property or undivided interests in property among the beneficiaries; and to determine the value of any property distributed in kind.

C. I' empower my personal representative(s) (i) to make such elections under the tax laws as my personal representatives(s) deem advisable, including an election to create qualified terminable interest property for both estate and generation-skipping tax purposes alone, and (ii) to allocate the unused portion, if any, of my GST exemption (as defined in this paragraph) to any property with respect to which I am the transferor for generation-skipping tax purposes (irrespective of whether such property passes under this will) in such manner as my personal representative(s) deem advisable, in each case without regard to the relative interests of the beneficiaries; however, my personal representative(s) shall not make adjustments between principal and income, or in the interests of the beneficiaries, to compensate for the effects of such elections and allocation. Any decision made by my personal representative(s) with respect to the exercise of any tax election or the allocation of my GST exemption shall be binding and conclusive on all persons. As used in the paragraph, the "GST Exemption" means the exemption from generation-skipping tax allowed under Section 2631 of the Code.

D. I direct that the compensation of the corporate personal representative, if any, shall be in accordance with its published schedule of fees as in effect at the time the services are rendered.

ARTICLE V

For purposes of determining who is a descendant of mine or of

any other person:

A. Legal adoption before the person adopted reached the age of twenty-one years shall be the equivalent in all respects to blood relationship; and

B. A person born out of wedlock and those claiming through that person shall be deemed to be descendants (i) of the natural mother and her ancestors, and (ii) if the natural father acknowledges paternity, of the natural father and his ancestors, in each case unless a decree of adoption terminates such natural parents' parental rights.

I signed this will on this the 5th day of April, 1996.

BY: Lilburn O. Gossett
LILBURN O. GOSSETT

On the date last above written, we saw **Lilburn O. Gossett**, in our presence, sign the foregoing instrument at its end. He then declared it to be his will and requested us to act as witnesses to it. We then, in his presence and in the presence of each other, signed our names as attesting witnesses, believing him at all times herein mentioned to be of sound mind and memory and not acting under restraint of any kind.

Linda L. Bowman
Residing at 2785 Posey Hill Rd
Mt. Juliet, Tn 37122

Regina Medler
Residing at 2503 Lebanon Rd
Nashville Tn 37214

Residing at 2503 Lebanon Rd.
Nashville Tn 37214

STATE OF TENNESSEE)
) SS
COUNTY OF Davidson)

LINDA L. BOWMAN, Regina Medler, and

Four of Five

Becky M. West, after being severally duly cautioned and sworn, depose and say that:

We are acquainted with **Lilburn O. Gossett**, who executed the annexed Last Will and Testament, consisting of 5 typewritten pages, dated April 5 1996, on that date at Dickson, Tennessee by subscribing his name at the end thereof in the presence and sight of each of us.

At the time of subscribing said Last Will and Testament, **Lilburn O. Gossett** declared the instrument so subscribed by him to be his Will, and we thereupon signed our names as witnesses at the end of said Instrument at his request and in his presence and sight, and in the presence and sight of each other.

At the time of executing said Last Will and Testament, **Lilburn O. Gossett** was over the age of eighteen years and in our opinion was of sound mind, memory and understanding and not under any restraint or in any respect Incompetent to make a Will.

This affidavit is made at the request of said **Lilburn O. Gossett.**

The annexed Will was examined by the undersigned at the time this affidavit was made.

BY: Linda L. Bowman

BY: Regina Medley

BY: Becky M. West

SWORN TO AND SUBSCRIBED before me, this 5th day of APRIL, 1996.

BY: NOTARY PUBLIC

My Commission Expires:
9-27-1999

Prepared By:

Robert H. Stratton
Attorney at Law
4811 Lebanon Road
Hermitage, Tennessee 370-76
(615) 902-0311

WILSON COUNTY

DEPARTMENT OF PUBLIC HEALTH
LEBANON, TN 37087

"A"

TYPE/PRINT IN PERMANENT

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lilburn Ollen Gossett
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 24, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9305
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 5-24-1916
7. BIRTHPLACE (City and State or Foreign Country): Thornton, Arkansas
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 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Mt. Juliet Healthcare
9c. CITY, TOWN, OR LOCATION OF DEATH: MT.Juliet
9d. COUNTY OF DEATH: Wilson
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.): Plumber/Pipe Fitter
12b. KIND OF BUSINESS/INDUSTRY: HVAC
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Donelson
13d. STREET AND NUMBER OR RURAL LOCATION: 2412 Springview Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ollen Lilburn Gossett
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Linda L. Bowman
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2785 Posey Hill Rd. Mt.Juliet, TN 37122

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Cross Mausoleum
20c. LOCATION-City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tim Nicholson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5316
21c. SIGNATURE OF EMBALMER: ▶ Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Lane Nashville,TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robin Taylor Deputy Registrar
24. DATE FILED (Month, Day, Year):

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: ▶ Deborah W. Robin, MD
25b. LICENSE NUMBER: HD0000019274
25c. DATE SIGNED (Month, Day, Year): 9/13/02
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): Dr. Deborah Robin, 1161 21st Ave. S. Nashville,TN 37232

SICIAN OR MEDICAL AMINER EXECUTING TIFICATE MUST PLETE AND SIGN ICAL CERTIFICATION IIN 48 HOURS.

INSTRUCTIONS N 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.	congestive heart failure	>1 year
DUE TO (OR AS A CONSEQUENCE OF): b.	ASCVD	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — 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.
COPD, chronic renal failure, HTN

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. 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: 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):

659 (REV. 6/99)

BIRTH NO.

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE DIVISION OF VITAL RECORDS - TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT. THIS IS VALID ONLY IF THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

SEAL

Robin Taylor, Deputy

DEPUTY REGISTRAR