PICK-UP

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
Telephone (615) 902-0311

Davidson County AFFIDAVIT
Recvd: 02/02/04 14:57 4pgs
Fees:22.00 Taxes:0.00
20040202-0012630

Owner(s): **Maebelle N. Denney**

Map & Parcel No.:
Map: **84-1**
Parcel: **78**

Send Tax Notice To: Maebelle N. Denny
108 Blue Hills Court
Nashville, Tennessee 37214

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Comes now the undersigned, who, after being duly cautioned and sworn, deposes and says as follows:

Edwin R. Denney, decedent, the owner in fee simple of the following described real estate:

Land in Davidson County, Tennessee, being Lot 11, on the Plan of Rosebank Court, of record in Book 5106, Page 72, Register's Office for said County.

Said Lot No. 11 fronts 125 feet on the southerly side of Colbert Drive and runs back 166 feet on the easterly line and 177.2 feet on the westerly line, to a broken line in the rear, measuring 125.9 feet, thereon.

Being the same property conveyed to James T. Rogers and wife, Loretta M. Rogers, by deed from Durward B. Fuqua and wife, Susan J. Fuqua, of record in Book 5042, Page 763, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Edwin R. Denney, by warranty deed from James Thomas Rogers and Loretta M. Rogers, of record in Book 5342 at Pages 879-881, Register's Office for said Davidson County, Tennessee.

And, being subject to all other easements, restrictions or conditions of record in the Register's Office for Davidson County, Tennessee.

This is improved property known as: 2605 Colbert Drive Nashville, Tennessee 37206

died on the 4th day of October, 2003, [a copy of Edwin R. Denney's death certificate is attached hereto and incorporated herein as **Exhibit "A"**] a citizen and resident of Davidson County, Tennessee.

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

The undersigned received the following described interest in the decedent's real estate described above by the laws of descent and distribution T.C.A. § 31-2-101 *et seq.* The undersigned, **Maebelle N. Denney**, surviving spouse of the **Decedent, Edwin R. Denney,** is entitled to receive Decedent's fee simple interest in said real property.

The Tennessee Inheritance Tax waiver has been received and is attached hereto and incorporated herein as **Exhibit "B".**

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

State of Tennessee)
County of Davidson)

BY: Maebelle N. Denney
MAEBELLE N. DENNEY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **Maebelle N. Denney**, the within named bargainor, 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/she executed the foregoing instrument for the purposes therein contained as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said Davidson Co, on this the 30th day of January, 2003.

BY: _____
Notary Public

My Commission Expires:

ROBERT H. STRATTON NOTARY PUBLIC AT LARGE MY COMMISSION EXPIRES APRIL 1, 2007 WILSON COUNTY - TENNESSEE

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "A"

0305739

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): Edwin Riley Denney
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Oct. 4, 2003
4. SOCIAL SECURITY NUMBER (If Deceased): 404-28-2389
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR (Mos. / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Mar. 12, 1925
7. BIRTHPLACE (City and State or Foreign Country): Wayne County, KY
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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
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): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Maebelle Norris
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): U.S. Army
12b. KIND OF BUSINESS/INDUSTRY: U.S. Government
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 108 Blue Hills Ct.
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
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+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): William V. Denney
18. MOTHER'S NAME (First, Middle, Maiden Surname): Etta Mae Guffey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Maebelle Denney
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 108 Blue Hills Ct. Nashville, TN 37214

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): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Paul Walls
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2965
21c. SIGNATURE OF EMBALMER: Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane, Hermitage, TN 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y Ruttlen
24. DATE FILED (Month, Day, Year): October 14 2003

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Lester Porter MD
25b. LICENSE NUMBER: 11294
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 [ ] 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): Dr. Lester Porter, 4230 Harding Rd. Suite 523 Nashville, TN 37205

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

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	GI bleed on coumadin	5 days
DUE TO (OR AS A CONSEQUENCE OF): b.	DIARRHEA -	3 days
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.	Chemotherapy	3 wk.
DUE TO (OR AS A CONSEQUENCE OF): d.	Colon cancer	2 mos.

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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1398

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.

Tonya Y Ruttlen
Local Registrar

Date Issued OCT 14 2003

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

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.

EXHIBIT "B"

NAME OF DECEDENT: Edwin R. Denney

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted]-2389

APPLICATION:

ATTACHED: YES X 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)

2605 Colbert Drive
Nashville, Tennessee 37206
Map 84
Parcel 78

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

Maebelle R. Denney

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)

FEB 02 2004

Date approved
Inheritance-Gift Tax Section

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

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)