Send tax notice to the four Owners:

1. Rucker Kenneth Chunn
   104 Teresa Drive
   Old Hickory, TN 37138

2. Earl Woodrow Chunn
   1101 Tiffany Drive
   Wilson, NC 27893

3. Marva Chunn Brumitt
   719 Hart Lane
   Nashville, TN 37216

4. Joy Chunn Delius
   3910 Burrus Street
   Nashville, TN 37216

T.C.A. § 30-2-712

Map & Parcel No.:

Davidson County AFFIDAVIT
Recvd: 02/05/04 16:01 15pgs
Fees:77.00 Taxes:0.00
20040205-0014412

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Each of the undersigned, being duly sworn, deposes and says:

Naomi C. Chunn, a resident of Davidson County, State of Tennessee, who died on April 16, 1990 as evidenced by a copy of the death certificate attached as **Exhibit A**, held with her husband as tenants by the entirety prior to her death the following described real estate:

> Land in Davidson County, Tennessee, being the easterly 95.6 feet of the southerly 200 feet of Lot No. 165 on the Plan of Maplewood Heights Subdivision, as of record in Book 547, pages 77 and 78, and Book 1879, page 209, Register's Office for Davidson County, Tennessee.
>
> Said part of Lot No. 165 fronts 95.6 feet on the northerly side of Ben Allen Road, and runs back between parallel lines with the westerly margin of Edwards Avenue 200 feet to a dead line.
>
> Being the same property conveyed to Marvin E. Chunn and wife, Naomi C. Chunn, by deed from Wiley C. Murff and wife, Thelma Louise Murff, of record in Book 2649, page 131, Register's Office for Davidson County, Tennessee (the "Property").

Reference is made to prior title recorded in Book 1848, Page 83 in the Register's Office of Davidson County, Tennessee.

Marvin E. Chunn received 100% interest in the Property by virtue of being the surviving tenant by the entirety.

Marvin E. Chunn, a resident of Davidson County, State of Tennessee, who died on October 13, 2003 as evidenced by a copy of the death certificate attached as **Exhibit B**, held a fee simple interest in the Property prior to his death.

Each of the undersigned received a twenty-five percent (25%) undivided interest in the Property by virtue of being the recipient of twenty-five percent (25%) of Marvin E. Chunn's estate, which included the Property, under the provisions of Marvin E. Chunn's will attached as **Exhibit C**.

A Tennessee Inheritance Tax Waiver has been received being number no longer issued by State, a copy of which is attached as **Exhibit D**.

There are no debts or encumbrances remaining that are or might become a lien on any interest in the Property.

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 beneficiaries.

Rucker Kenneth Chunn

Earl Woodrow Chunn

Marva Chunn Brumitt

Joy Chunn Delius

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Rucker Kenneth Chunn , 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 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 26 day of Dec, 2003

Helene Meadors
Notary Public

My commission expires: _____

HELENE MEADORS NOTARY PUBLIC AT LARGE DAVIDSON CO., TENN. MY COM. EXP. JULY 30, 2005

STATE OF NORTH CAROLINA
COUNTY OF Wilson

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Earl Woodrow Chunn, 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 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 30 day of Dec., 2003.

Helene Worrell
Notary Public

HELENE WORRELL NOTARY PUBLIC WILSON COUNTY, NC

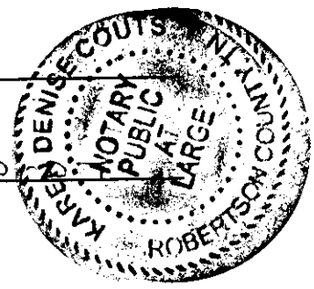
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Marva Chunn Brumitt, 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 she executed the foregoing instrument for the purposes therein contained as her 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 26 day of December, 2003

Karen D. Couts
Notary Public

My commission expires: 1-30



STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Joy Chunn Delius, 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 she executed the foregoing instrument for the purposes therein contained as her 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 26 day of December, 2003

Karen D. Couts
Notary Public

My commission expires: 1-30

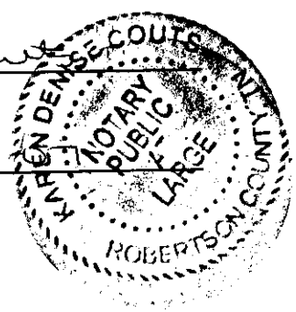


EXHIBIT A

Death Certificate of Ethel Naomi Campbell Chunn

See attached

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: M 9001817

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ETHEL NAOMI CAMPBELL CHUNN
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 16, 1990
4. SOCIAL SECURITY NUMBER: [redacted]-4320
5a. AGE – LAST BIRTHDAY (Years): 64
5b. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): 2-26-26
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. EVER IN U.S. ARMED FORCES? 1 Yes 2 X 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): NASHVILLE MEMORIAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARVIN E. CHUNN
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:
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN, OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 719 BEN ALLEN ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 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): WILLIAM RAYMOND CAMPBELL
18. MOTHER'S NAME (First, Middle, Maiden Surname): BERTHA ETHEL KEATON

INFORMANT

NAME OF DECEDENT For use by physician or institution

18a. INFORMANT'S NAME (Type/Print): MARVIN E. CHUNN
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 719 BEN ALLEN RD., NASH., TN 37216

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): FOREST LAWN MEM. GARDS.
20c. LOCATION – City or Town, State: GOODLETTSVILLE
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tracy D. Hight
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER: ▶ RODGER B. KING
21d. LICENSE NUMBER OF EMBALMER: 3923
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 DICKERSON RD GOODLETTSVILLE, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 732

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Gentsboost
24. DATE FILED (Month, Day, Year): April 23, 1990

CERTIFIER

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: ▶ Dion D. Hayes MD
25b. LICENSE NUMBER: MD 1732
25c. DATE SIGNED (Month, Day, Year): 4/18/90
26a. 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: ▶
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. GEORGE HAGAN 610 W DUE WEST AVE., MADISON, TN 37115

SEE INSTRUCTIONS ON 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. Cerebral Hemorrhage	
	DUE TO (OR AS A CONSEQUENCE OF): Hypertensive Vascular Disease	25 Yrs
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.

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

30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be
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
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

EXHIBIT B

Death Certificate of Marvin Earl Chunn

See attached

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0305907

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): Marvin Earl Chunn
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 14, 2003
4. SOCIAL SECURITY NUMBER: [redacted]8787
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept. 15, 1922
7. BIRTHPLACE (City and State or Foreign Country): Lewisburg, Tennessee
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 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): 1710 Patterson
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice-The Residence
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): Geraldine London
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mail Carrier
12b. KIND OF BUSINESS/INDUSTRY: U.S. Postal Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2526 Meadowood Drive
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+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Rucker Chunn
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mable Claire Turner

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Rucker Chunn
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 104 Teresa Drive Old Hickory, TN 37138

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): Forest Lawn Memorial Gardens
20c. LOCATION-City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Ann Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: Alfred E. Knight III
21d. LICENSE NUMBER OF EMBALMER: 4934
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 Dickerson Pike, Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: Teresa L. Brown
24. DATE RECEIVED (Month, Day, Year): October 21, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month, Day, Year): 10/20/03
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. James Bridges, 1710 Patterson St., Nashville, TN 37203

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. Lung cancer
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 [ ] 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 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)

BIRTH NO.

PH-1659 (REV. 6/99)

RDA 1399

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 21 2003

THE SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT C

Last Will and Testament of Marvin Earl Chunn

See attached

LAST WILL AND TESTAMENT OF MARVIN EARL CALLINN

I, BEING OF SOUND MIND AND DISPOSING MEMORY, DO HEREBY MAKE, PUBLISH AND DECLARE THIS MY LAST WILL AND TESTAMENT, REVOKING ANY AND ALL WILLS AND CODICILS HERETOFORE MADE BY ME.

ARTICLE I

I HEREBY APPOINT MY SON RUCKER KENNETH CALLINN OF 315 SOUTHWINDS DRIVE, HERMITAGE, TN 37076, AS MY EXECUTOR OF THIS MY LAST WILL AND TESTAMENT. IF MY AFORESAID SON IS UNABLE, UNWILLING OR LATER CEASES TO SERVE AS EXECUTOR FOR ANY REASON, I THEN NAME AND APPOINT MY DAUGHTER, MARVA DAWN CALLINN, AS ALTERNATE EXECUTRIX.

HAVING EXPLICIT FAITH IN SAID EXECUTOR AND ALTERNATE EXECUTRIX, I DIRECT NO BOND SHALL BE REQUIRED OF THEM IN THE PERFORMANCE OF THEIR DUTIES IN ANY JURISDICTION WHATEVER.

ARTICLE II

I DIRECT THAT MY EXECUTOR PAY ALL OF MY LAWFUL DEBTS, INCLUDING FUNERAL EXPENSES, THE EXPENSES OF ADMINISTRATION OF MY ESTATE, INHERITANCE, ESTATE AND OTHER TAXES THAT MAY BE IMPOSED UPON MY ESTATE, INCLUDING INTEREST AND PENALTIES THEREON, AS SOON AFTER

 Initials: MEC

PAGE II

MY DEATH AS PRACTICABLE, HOWEVER, DEBTS SECURED BY MORTGAGES OR OTHER SECURITY INSTRUMENTS MAY BE PAID OFF OR RETAINED IN THE DISCRETION OF MY EXECUTOR.

ARTICLE III

I HEREBY GIVE MY EXECUTOR THE THE POWER TO SELL, MORTGAGE, CONVEY, INVEST, REINVEST, CONTROL AND DEAL WITH THE ASSETS OF MY ESTATE IN ACCORDANCE WITH THE TERMS AND PROVISIONS OF THIS INSTRUMENT.

ARTICLE IV

I HEREBY DIRECT THAT THE REST, RESIDUE AND REMAINDER OF MY ESTATE BE DIVIDED INTO FOUR (4) EQUAL SHARES, WHICH SHALL BE DISTRIBUTED AS FOLLOWS:

A. ONE SHARE SHALL PASS TO MY SON, EARL WOODROW CAHOON, PRESENTLY OF WILSON, N.C. IF HE PREDECEASES ME, HIS SHARE SHALL BE DIVIDED AMONG HIS ISSUE, NAMELY, BRIAN ANDREW CAHOON AND AMY JOAN CAHOON. IF THEY PREDECEASE ME, TO MY REMAINING HEIRS.

B ONE SHARE TO PASS TO MY SON TUCKER KENNETH CAHOON, PRESENTLY OF HERMITAGE, TN. IF HE PREDECEASES ME, TO PASS TO HIS ISSUE, NAMELY; JENNIFER KAY CAHOON AND STACY ELAINE CAHOON. IF THEY PREDECEASE ME, THEN TO MY REMAINING HEIRS

 Jeffrey Cahoon

PAGE III of MARVIN EARL CHEVIS'S LAST WILL & TESTAMENT

C. ONE SHARE SHALL PASS TO MY DAUGHTER, MARVA DAWN CHEVIS, PRESENTLY OF NASHVILLE, TN. IF SHE PREDECEASES ME AND HAS NO ISSUE, HER SHARE SHALL BE EQUALLY DIVIDED AMONG MY SURVIVING HEIRS.

D. ONE SHARE SHALL PASS TO MY DAUGHTER, JOY BETH CHEVIS, PRESENTLY OF NASHVILLE, TN. IF SHE PREDECEASES ME AND HAS ISSUE, THEN TO HER ISSUE, BUT IF NO ISSUE THEN HER SHARE SHALL PASS TO MY REMAINING HEIRS.

ARTICLE V

MY EXECUTOR OR ALTERNATE EXECUTRIX SHALL HAVE ALL OF THE POWERS, DUTIES, DISCRETIONS CONTAINED IN TENNESSEE CODE ANNOTATED, 35-50-110, WHICH I INCORPORATE HEREIN BY REFERENCE, AS FULLY AND COMPLETELY AS IF COPIED VERBATIM, IN ADDITION TO THOSE POWERS, DUTIES AND DISCRETIONS ELSEWHERE SET FORTH HEREIN OR NOW OR HEREINAFTER CONFERRED BY LAW.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND ON THIS PAGE AND AT THE BOTTOM OF THE PRECEDING PAGES (1) (2) OF THIS MY LAST WILL AND TESTAMENT, ON THIS THE 24 DAY OF JUNE 1992

TESTATOR Marvin Earl Chevis

PAGE II OF LAST WILL AND TESTAMENT OF MARVIN E. CHEATHAM

TESTATOR Marvin E. Cheatham

SIGNED, SEALED, PUBLISHED AND DECLARED BY TESTATOR, MARVIN EARL CHEATHAM, TO BE HIS LAST WILL AND TESTAMENT, IN THE PRESENCE OF US ALL AT ONE AND THE SAME TIME, AND WE, AT HIS REQUEST AND IN HIS SIGHT AND PRESENCE AND IN THE SIGHT AND PRESENCE OF EACH OTHER, HAVE HEREUNTO SUBSCRIBED OUR NAMES AS WITNESSES, AND WE DO HEREBY ATTEST TO THE SOUND AND DISPOSING MIND OF SAID TESTATOR AND TO THE PERFORMANCE OF THE AFORESAID ACT OF EXECUTION ON THE DATE HEREINABOVE SET OUT.

WITNESS Bertha Campbell Cheatham 6/24/92

WITNESS Willie C. Cheatham 6/24/92

EXHIBIT D

Inheritance Tax Release for Real or Personal Property

for Marvin Earl Chunn

See attached

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: MARVIN EARL CHUNN

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted]-8787

APPLICATION:

ATTACHED: YES XX 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) Real Property Located at 719 Hart Lane, Nashville, TN 37216 in Davidson County

Land in Davidson County, Tennessee, being the easterly 95.6 feet of the southerly 200 feet of Lot No. 165 on the Plan of Maplewood Heights Subdivision, as of record in Book 547, pages 77 and 78, and Book 1879, page 209, Register's Office for Davidson County, Tennessee.

Said part of Lot No. 165 fronts 95.6 feet on the northerly side of Ben Allen Road, and runs back between parallel lines with the westerly margin of Edwards Avenue 200 feed to a dead line.

Being the same property conveyed to Wiley C. Murff and wife, Thelma Louise Murff, by deed from Milton Greenberg and wife, Louise J. Greenberg, of record in Book 1848, page 83, Register's Office for Davidson County, Tennessee (the "Property").

Representative of the Estate
(Not valid unless signed)
RUCKER K. CHUNN

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 0 6 2004

Date approved
Inheritance-Gift Tax Section

Rucker K. Chunn
104 Teresa Drive
Old Hickory, TN 37138

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)