THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

JEFFREY MOBLEY
One Belle Meade Place
4400 Harding Road, Suite 101
Nashville, Tennessee 37205
(615) 777-5400

Davidson County AFFIDAVIT
Recvd: 08/12/04 08:44 5pgs
Fees:27.00 Taxes:0.00
20040812-0097303

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the affiant, C. Royal McCullough, III, being first duly sworn according to law, being of lawful age, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. Donna W. McCullough (the "decedent") died May 8, 2004, and a photocopy of her death certificate is attached.

2. The decedent died without a surviving spouse. The decedent was married during her lifetime and died a widow. The decedent's husband, C. Royal McCullough, Jr., died November 24, 1998.

3. The decedent had two (2) children, C. Royal McCullough, III, and Donna M. Prakas, both of whom survived the decedent. The decedent never gave birth to any other children and never adopted any children.

4. Accordingly, the heirs-at-law of the decedent are C. Royal McCullough, III, and Donna M. Prakas, both of whom are adults.

5. At the time of her death, the decedent owned a condominium unit located at 105 Leake Avenue, Belle Meade Tower, Unit No. 26, Nashville, Davidson County, Tennessee, 37205, and being more particularly described in deed of record in Book 11683, Page 638, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description. A copy of this deed is attached.

6. This affidavit will confirm the vesting of title to the real property located at 105 Leake Avenue, Belle Meade Tower, Unit No. 26, Nashville, Davidson County, Tennessee, 37205, in C. Royal McCullough, III, and Donna M. Prakas as equal tenants in common.

Further, affiant saith not.

Dated this 5th day of ~~July~~ August, 2004.

C. Royal McCullough, III

Subscribed and sworn to before me this 5th day of ~~July~~ August, 2004.

Martha Littlefield
Notary Public

My Commission Expires: 5/24/08

MARTHA LITTLEFIELD NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN

My Commission Expires May 24.2008

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, C. Royal McCullough, III, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Martha Littlefield
Notary Public

My Commission Expires: 5/24/08

MARTHA LITTLEFIELD NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN

My Commission Expires May 24.2008

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0402599

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): Donna Wunderlich McCullough
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 8, 2004
4. SOCIAL SECURITY NUMBER: [redacted]3489
5a. AGE-LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): March 1, 1929
7. BIRTHPLACE (City and State or Foreign Country): Blytheville, Arkansas
8a. ARMED FORCES? 1 [ ] Yes 2 [X] No
8b. EVER IN U.S. ARMED FORCES? 1 [ ] 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): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): School Teacher
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 105 Leake Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O [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+): 5+

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Wunderlich
18. MOTHER'S NAME (First, Middle, Maiden Surname): Donna Cooke Randle

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Claude McCullough
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2200 Tyne Blvd. Nashville, Tennessee 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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Rodney Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▶ Rodney Wells
21d. LICENSE NUMBER OF EMBALMER: 4113
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Lane, Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR SIGNATURE: ▶ Tonya L. Bowen
24. DATE FILED (Month, Day, Year): May 17, 2004

EXAMINER

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: ▶ [signature] MD
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month, Day, Year): 5/11/04
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, 1718 Patterson Street, Nashville, Tennessee 37203

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.
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.
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? 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 [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)

TH-1659 (REV. 6/99)
BIRTH NO.:
RDA 1299

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

MAY 17 2004
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

11683

This instrument prepared by:
Hugh W. Entrekin
21st Floor, First American Center
Nashville, Tennessee 37238-0091

BOOK 11683 PAGE 638

FILE BOX 57

WARRANTY DEED

Address New Owners As Follows:	Send Tax Bills To:	Map Parcel No.
Donna W. McCullough Unit No. 26 105 Leake Avenue Nashville, TN 37205	SAME	Map 116-13-C Parcel 26

FOR AND IN CONSIDERATION of the sum of Ten Dollars ($10.00), cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged,

4512 10/01 0101 03CHECK 584.50

John E. Cain, III, Trustee with full power to convey without the necessity of the joinder of any beneficiary, ("Grantor") does hereby bargain, sell, transfer and convey unto Donna W. McCullough, ("Grantee") its successors and assigns, all his right, title and interest in and to property (the "Property") located in Davidson County, Tennessee being described as follows:

A certain condominium unit in Davidson County, Tennessee described as follows: Apartment 26, Belle Meade Tower Condominium Apartments, as established by Master Deed of record in Book 4469, page 530, Register's Office for Davidson County, Tennessee, and being a Horizontal Property Regime, and corrected in Book 4494, page 489, and amended in Book 4631, page 407, Book 4631, page 410, Book 4851, page 950, and Book 5046, page 828, said Register's Office. Said unit is shown on the plat of Belle Meade Tower Condominium Apartments of record in Book 4175, page 159, said Register's Office and is subject to all easements and restrictions. Parking space number 42 in the garage attached to the building of Belle Meade Tower is a limited common element for the exclusive use of owner of said apartment.

Being the same property conveyed to Kate Barksdale Cain, Trustee by deed from Evans-Cain, a partnership composed of Ross Evans, Jr. and John E. Cain, III of record in Book 5782, page 372, corrected in Book 5817, page 701, said Register's Office.

Kate Barksdale Cain, Trustee having since conveyed said property to John E. Cain, III, Trustee with full power to convey without the necessity of the joinder of any beneficiary, by deed of record in Book 11661, page 284, said Register's Office.

This conveyance is subject to current years taxes which are being prorated and assumed by Grantee, all matters shown on plat of record in Book 4175, page 159, all terms and restrictions contained in the Master Deed referenced above as amended and as may be amended in the future, and all easements and restrictions.

TO HAVE AND TO HOLD said tract or parcel of land with the appurtenances, estate, title and interest thereto belonging to the said Donna W. McCullough, her successors and assigns, forever.

11683

BOOK 11683 PAGE 639

AND John E. Cain, III, Trustee does covenant with the said Donna W. McCullough, that he is lawfully seized and possessed of said land in fee simple, has a good right to convey it and that the same is unencumbered, except as stated herein.

AND John E. Cain, III, Trustee, does further covenant and bind himself, his successors and assigns to warrant and forever defend the title to said land to the said Donna W. McCullough, her successors and assigns against the lawful claims of all persons claiming by through or under Grantor, but not further or otherwise.

IN WITNESS WHEREOF, this Warranty Deed has been executed this 10th day of Sep, 1999.

JOHN E. CAIN, III, TRUSTEE

99 OCT -1 AM 9:28
REGISTER
DAVIDSON COUNTY, TN.

0641537
INSTRUMENT # REFERENCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater for this transfer is $155,000.00.

Donna W. McCullough
AFFIANT

Patty J. Welch
NOTARY PUBLIC

PATTY J. WELCH NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires: 9/29/2001.

My Commission Expires SEPT. 29, 2001

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named JOHN E. CAIN, III, TRUSTEE, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, on this 10th day of September, 1999.

PATTY J. WELCH NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Patty J. Welch
NOTARY PUBLIC

My commission expires: 9/29/2001

My Commission Expires SEPT. 29, 2001