This instrument prepared by:

W. FAYE NOVELLY, BPR #019523
UAW Legal Services Plan
100 Stephen P. Yokich Parkway
P.O. Box 1797
Spring Hill, TN 37174-1797

Davidson County AFFIDAVIT
Recvd: 08/16/04 10:58 5pgs
Fees:27.00 Taxes:0.00
20040816-0098677

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Come now your Affiants, BILLY B. BALES and SADIE L. BALES, and having first been duly sworn according to law, being of lawful age and residents of Madison, Davidson County, Tennessee, and pursuant to *Tennessee Code Annotated* § 30-2-712, depose and state as follows:

1. DONNA JEAN BALES, also known as DONNA J. BALES (the "Decedent") died on April 22, 2004, at the age of forty-four (44), a citizen and resident of Davidson County, residing at 209 Legend Court, Antioch, Tennessee 37013, as evidenced by a copy of the death certificate attached as Exhibit A.

2. The Decedent died without a surviving spouse.

3. The Decedent had no children born to her.

4. The Decedent did not leave a will.

5. At the time of her death, the Decedent held a fee simple interest in certain real property located in Davidson County, Tennessee, commonly known as 209 Legend Court, Antioch, Tennessee 37013, Map-Parcel Numbers 150-11-302, 2DX6027, and

more particularly describes as follows:

> Land in Davidson County, Tennessee, being Lot No. 39 on the Plan of Belle Oaks Subdivision, Phase One, of record in Plat Book 6900, Page 768, Register's Office for said County, to which reference is made for a complete description.
>
> SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.
>
> REFERENCE is made to prior title recorded in Book 9021, Page 481, Register's Office for Davidson County, Tennessee.

4. The undersigned received 100% interest in the real property described above by virtue of the laws of descent and distribution, being the Decedent's sole heirs at law.

5. The Decedent was not enrolled in any TennCare program at the time of her death.

6. The Tennessee Inheritance Tax Non-Taxable Certificate is attached as Exhibit B.

7. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate except a certain mortgage held by National City Mortgage, Deed of Trust of record in Instrument No. 2001-1114-0125013, Register's Office for Davidson County, Tennessee.

8. *Tennessee Code Annotated* § 67-4-409(a)(3)(D) exempts this instrument from tax and *Tennessee Code Annotated* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, this affidavit being used to evidence transfer of title to the property to

a beneficiary.

FURTHER AFFIANTS SAYETH NOT.

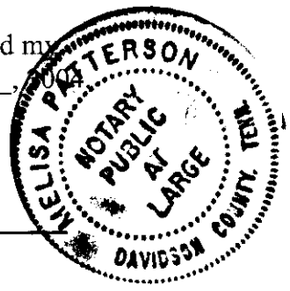
WITNESS our hands this the 15 day of Aug., 2004.

Billy B. Bales
BILLY B. BALES

Sadie L Bales
SADIE L. BALES

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared BILLY B. BALES and SADIE L. BALES, the within named bargainors, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the persons described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained as 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 15 day of August, 2004.



Melisa Patterson
NOTARY PUBLIC

My Commission Expires: 3/31/07

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0402166

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 Jean Bales
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 04/22/2004
4. SOCIAL SECURITY NUMBER: [redacted]-9502
5a. AGE-LAST BIRTHDAY (years): 44
6. DATE OF BIRTH (Month, Day, Year): Feb. 28,1960
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. PLACE OF DEATH (Check only one): 5 [X] Residence
9. FACILITY NAME (If not institution, give street and number): 209 Legend Ct
9c. CITY, TOWN, OR LOCATION OF DEATH: Antioch
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Never Married
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION: Systems Analyst
12b. KIND OF BUSINESS/INDUSTRY: State of Tennessee
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 209 Legend Court
13e. INSIDE CITY LIMITS?: [X] Yes
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No
16. 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+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Billy B. Bales
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sadie L. Carter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Billy B. Bales
19b. RELATIONSHIP TO DECEASED: Father
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 312 Twin Hills Drive Madison, Tennessee 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial
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: Mike Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
21c. SIGNATURE OF EMBALMER: Dwight Bennison
21d. LICENSE NUMBER OF EMBALMER: 4709
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'S SIGNATURE: Tonya L. Bowen
24. DATE FILED (Month, Day, Year): April 26, 2004

CERTIFIER

24a. 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 MD
26b. LICENSE NUMBER: 29698
26c. DATE SIGNED (Month, Day, Year): 04/23/2004

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; MEC04-1326

CAUSE OF DEATH

28. PART I. Enter the disease, 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

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Bilateral Pulmonary Thromboemboli — 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. Right Leg Deep Venous Thrombosis — 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: Dilated Cardiomyopathy and Exogenous Obesity

29a. WAS AN AUTOPSY PERFORMED?: [X] Yes
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: [X] Yes

30. MANNER OF DEATH: [X] Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK?
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. 6/00)

BIRTH NO.

RDA 1389

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
Tonya Y Ruttlen
Local Registrar

APR 26 2004
Date Issued

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

CERTIFICATION OF VITAL RECORD

N0006801 7745079040810

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

August 13, 2004

ESTATE OF DONNA J BALES
ATTN: BILLY B BALES
312 TWIN HILLS DR
MADISON TN 37115-2260

Account Type:	INHERIT TX
Account No.:	440785680
Date of Death:	APRIL 22, 2004
County:	DAVIDSON
Social Security No.:	[redacted]-9502

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

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312 TWIN HILLS DR
MADISON, TN 37115-2260

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RV-N0006801