This Instrument was Prepared By
SOBEL, POSS & MOORE
110 Glancy Street, Suite 202
Nashville, Tennessee 37072
(615) 868-4447

Send Tax Bills to:
Mrs. Barbara Hapney
1052 Gwynn Drive
Nashville, Tennessee 37216

Map: 61-7
Parcel: 179

Davidson County AFFIDAVIT
Recvd: 09/01/04 09:12 2pgs
Fees:12.00 Taxes:0.00
20040901-0105552

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

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

Margaret Maloney, a resident of Nashville, Davidson County, State of Tennessee, who died September 26, 2003, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

Land in Davidson County, Tennessee being Lot No. 9, Block "A", on the Plan of Broadmoor, of record in Book 547, pages 161 and 162, Register's Office for Davidson County, Tennessee. Said Lot No. 9 fronts 65 feet on the southerly margin of Gwynn Drive and extends back between parallel lines 150 feet to a dead line.

Being the same property conveyed to Vicki Creek Grimes and Morris F. Creek, jointly for life, with right of survivorship, by deed of record in Book 6188, page 190, Register's Office for Davidson County, Tennessee; the said Vicki Creek Grimes, now being Vicki Creek Grimes Harris. Jimmy Harris, Spouse of Vicki Creek Grimes Harris, joins in this conveyancefor the prupose of conveyaning any right, title or interest which he may have, marital or otherwise, in and to subject property.

Being the same property conveyed to Margret E. Maloney, by Warrenty Deed from Vicki Creek Grimes Harris, Morris F. Creek, and Jimmy Harris of record in Book 7470, page 554, Register's Office for Davidson County, Tennessee;

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 6188, Page 190, in the Register's Office of Davidson County, Tennessee.

The undersigned received 18.33 % interest in the real estate described above by virtue of the laws of descent and distribution, being one of decedent's six (6) heirs at law.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate except a current deed of trust that was assumed by the decedent and is of record in Book 6188, Page 193, Register's Office of Davidson County.

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 a beneficiary.

Barbara Hapney
BARBARA HAPNEY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **BARBARA HAPNEY**, 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 **BARBARA HAPNEY** executed the foregoing instrument for the purposes therein contained as a 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 24th day of July, 2004.

Notary Public

My commission expires: 3-31-2007

MIKE HASKINS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

0305461

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): Margaret Maloney
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 26, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): 408-03-5463
4a. AGE - LAST BIRTHDAY (Years): 87
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Min.
5. DATE OF BIRTH (Month, Day, Year): Feb 19, 1916
7. BIRTHPLACE (City and State or Foreign Country): Columbia, TN
8. WAS DECEDENT 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 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital (Specialty)
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):
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: Domestic
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1052 Gwynn Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ 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 2 ☒ 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): 11; College (1-4 or 5+):

NAME OF DECEDENT (If other than physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Edward Cole
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cordelia Tucker

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sue Brame
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 16047 South April, Gulfport, MS 39503

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Dale Cameron
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5456
21c. SIGNATURE OF EMBALMER: Ronnie Harrell
21d. LICENSE NUMBER OF EMBALMER: 5022
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Michael Bowers
24. DATE FILED (Month, Day, Year): September 30, 2003

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: Michael Bobbs MD
25b. LICENSE NUMBER: MD 14099
25c. DATE SIGNED (Month, Day, Year): 9/30/03
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): 300 20th Ave N 9th Flr, Nashville TN 37203

SEE INSTRUCTIONS ON OTHER SIDE.

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. (Approximate Interval Between Onset and Death)

Immediate Cause (Final disease or condition resulting in death): a. Peritonitis
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. Incarcerated Femiral Hernia
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.: Congestive Heart Failure

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 ☒ 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)

PH-1659
REV. 2-93

BIRTH NO.

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

SEP 30 2003
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT A