Prepared By: Law Office of David J. Waynick
P.O. Box 148058
Nashville, TN 37214

Davidson County AFFIDAVIT
Recvd: 11/23/04 13:31 6pgs
Fees:32.00 Taxes:0.00
20041123-0140411

**Owner -&- Send Tax Notice to:**
Gloria Davidson
1311 Bryan Street
Old Hickory, TN 37138

T.C.A. § 30-2-712 Map & Parcel Nos. 53-3-85

## AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON.

The undersigned, being duly sworn, depose and say:

Bradley James Davidson, a resident of Davidson County, State of Tennessee, who died April 13, 2004, 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 169 on the plan of section C, Village of Old Hickory, of record in Deed Book 1424, Page 66 in the Register's Office for Davidson County, Tennessee.
>
> Being the same property conveyed to Bradley James Davidson, by Quitclaim Deed from Paulette H. Jackson, dated April 28, 1999 and recorded May 14, 1999 in Book 11478, Page 535, in the Register's Office for Davidson County, Tennessee.
>
> Bradley James Davidson having died intestate on April 13, 2004, survived by a wife, Gloria Davidson and having two children, Bradley James Davidson, Jr. and Bryant Davidson.
>
> This improved property known as 1311 Bryan Street, Old Hickory, TN 37138

The undersigned each received a one-third (1/3) undivided interest in the real estate described above by virtue of the laws of the decedent and distribution, being one of the decedent's heir at law.

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 440811801, a copy of which is attached as ***EXHIBIT B.***

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

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 as evidence transfer of title to the property to a beneficiary.

Bradley James Davidson Jr

**BRADLEY JAMES DAVIDSON, JR.,** Bargainor

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 Bradley James Davidson, Jr., 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 Affidavit of Inheritance (Real Estate) 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 10 day of ~~July~~ Sept 2004.

Notary Public

My Commission expires: July 18, 2008

N. DAN ELLIS, JR.
NOTARY PUBLIC AT LARGE
DAVIDSON CO., TENNESSEE

**BRYANT DAVIDSON,** Bargainor

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 Bryant Davidson, 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 Affidavit of Inheritance (Real Estate) 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 10 day of ~~July~~ Sept 2004.

Notary Public
My Commission expires: Sept. 18, 2008

N. DAN ELLIS, JR.
NOTARY PUBLIC AT LARGE
DAVIDSON CO., TENNESSEE

**GLORIA DAVIDSON,** Bargainor

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 Gloria Davidson, 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 Affidavit of Inheritance (Real Estate) 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 10 day of ~~July~~ Sept. 2004.

Notary Public
My Commission expires: July 18, 2005

N. DAN ELLIS, JR.
NOTARY PUBLIC AT LARGE
DAVIDSON CO., TENNESSEE

# METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
## Office of Vital Records

**Exhibit "A"**

0402286

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): Bradley James Davidson, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 13, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): 412-78-3797
5a. AGE LAST BIRTHDAY (Years): 49
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): April 19, 1954
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT 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): 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): Gloria Mathis
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Locksmith
12b. KIND OF BUSINESS/INDUSTRY: Opryland
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 1309 Bryan Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
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): Gerald C. Davidson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ann Stallings

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Gloria Davidson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1309 Bryan Street, Old Hickory, Tennessee 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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Paul Walls
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2965
21c. SIGNATURE OF EMBALMER: ▶ Alfred E. Knight, III.
21d. LICENSE NUMBER OF EMBALMER: 4934
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane, P. O. Box 757, Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Tonya L. Brown
24. DATE FILED (Month, Day, Year): April 29, 2004

**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 ▶ Travis Pardue
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 4-27-04
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): Travis Pardue, 5653 Frist Boulevard, Suite 236, Hermitage, Tennessee 37076

**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. Lacunes Cirrhosis
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. Inflammatory Myopathy
DUE TO (OR AS A CONSEQUENCE OF):
c. COPD
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:
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 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
Tonya Y. Ruttlen
Local Registrar

APR 29 2004
Date Issued

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

## CERTIFICATION OF VITAL RECORD

N0006801

6887070041112

# TENNESSEE DEPARTMENT OF REVENUE

**Exhibit "B"**

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

November 16, 2004

DAVIDSON SR BRADLEY J
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE TN 37214-2914

| | |
|---|---|
| Account Type: | INHERIT TX |
| Account No.: | 440811801 |
| Date of Death: | APRIL 13, 2004 |
| County: | DAVIDSON |
| Social Security No.: | [redacted]-3797 |

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

DAVIDSON SR BRADLEY J
ATTN: DAVID J WAYNICK
211 DONELSON PIKE STE 2
NASHVILLE, TN 37214-2914

November 16, 2004

| | |
|---|---|
| Account Type: | INHERIT TX |
| Account No.: | 440811801 |
| Date of Death: | APRIL 13, 2004 |
| County: | DAVIDSON |
| Social Security No.: | [redacted]-3797 |

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 |