This Instrument Prepared By:
ANNA G. EVERTON, Esq. • 4525 Harding Road, Suite 323 • PO Box 58084 • Nashville, TN 37205-8084

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Address New Owner:	***Send Tax Bills To:***	***Map-Parcel***
DOROTHY P. BLACKFORD 303 HUNTINGTON RIDGE DRIVE NASHVILLE, TN 37211	Same	161.11-OA-152.00

AFFIDAVIT OF INHERITANCE

Davidson County AFFIDAVIT
Recvd: 01/04/05 15:01 4 pgs
Fees:22.00 Taxes:0.00
20050104-0001345

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, DOROTHY P. BLACKFORD, being duly sworn, deposes and says:

EDWARD W. BLACKFORD, a resident of Davidson County, State of Tennessee, who died April 12, 2004, as evidenced by a copy of the death certificate attached as Exhibit A, held a tenants by the entirety interest in the following described real estate:

> Land in Davidson County, Tennessee, being Unit No. 152 on the Plan of Huntington Ridge Townhouses of record in Book 4675, Page 9, Register's Office for said County, to which reference is here made for a more complete and accurate description of said lot.
>
> This is improved property known as 303 Huntington Ridge Drive, Nashville, TN 37211.

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

REFERENCE is made to prior title recorded in Book 4984, Page 606, Register's Office for Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety.

A Tennessee Inheritance Tax Release has been received, which is attached as Exhibit B.

This property is encumbered by a mortgage note secured by a Deed of Trust recorded as Instrument No. 20020918-0113900, Register's Office for Davidson County, Tennessee.

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.

Dorothy P. Blackford
DOROTHY P. BLACKFORD, Affiant

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared DOROTHY P. BLACKFORD, 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 DOROTHY P. BLACKFORD executed the foregoing instrument for the purposes therein contained as DOROTHY P. BLACKFORD's 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 22 day of December, 2004.

ANNA G. EVERTON NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Anna G. Everton
Notary Public
My Commission Expires: 7/21/2007

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Ex. A

0402074

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Edward Wiggins Blackford
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 12, 2004
4. SOCIAL SECURITY NUMBER: [redacted]-9318
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept 17, 1931
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
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 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 X Other (Specify): Alive Hospice
9b. FACILITY NAME (If not institution, give street and number): 1710 Patterson Street
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): Dorothy Paris
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Realtor
12b. KIND OF BUSINESS/INDUSTRY: Real Estate
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 303 Huntington Ridge
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O 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 (To be typed by Funeral Director or Medical Examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Nathanial B. Blackford
18. MOTHER'S NAME (First, Middle, Maiden Surname): Eddine Vaughn

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy Blackford
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 303 Huntington Ridge Nashville, Tennessee 37211

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): Mt. Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ Jason Peek
21d. LICENSE NUMBER OF EMBALMER: 5659
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): April 20, 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 X SIGNATURE AND TITLE OF PHYSICIAN ▶ [signature] MD
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month, Day, Year): 4/16/04
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): James Bridges, M.D. 1710 Patterson Street, 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

SEE INSTRUCTIONS ON OTHER SIDE

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.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

29. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
30. 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-1658 (REV. 6/98)
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
Local Registrar

Date Issued: APR 20 2004

CERTIFICATION OF VITAL RECORD

EX. B

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: EDWARD WIGGINS BLACKFORD

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: [redacted]-9318

APPLICATION:

ATTACHED: YES ✓ NO ___

ON FILE: YES ___ NO ___ IF SO DATE FILED ___

RECEIVED
TENNESSEE DEPT OF REVENUE
NOV 23 '04
08

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: Davidson Co. Map-Parcel # 161-11-0A-152.00
(List only one)

Land in Davidson County, Tennessee, being Unit No. 152 on the Plan of Huntington Ridge Townhouses of record in Book 4675, Page 9, Register's Office for said County, to which reference is here made for a more complete and accurate description of said lot.

This is improved property known as 303 Huntington Ridge Drive, Nashville, TN 3721[illegible]

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

Dorothy P. Blackford
Representative of the Estate
(Not valid unless signed)

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)

DEC 0 1 2004
Date approved
Inheritance-Gift Tax Section

Anna G. Everton, Esq.
P.O. Box 58084
Nashville, TN 37205-8084

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)