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DPB

Davidson County AFFIDAVIT
Recvd: 06/30/05 16:02 3 pgs
Fees:17.00 Taxes:0.00
20050630-0075700

This Instrument Prepared By:
Dodson, Parker & Behm, P.C.
306 Gay Street, Suite 400
Nashville, TN 37201

AFFIDAVIT OF HEIRSHIP

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP PARCEL NO.
Mary Margaret Farringer 2325 Golf Club Lane Nashville, Tennessee 37215	Same	Map 117-06-0 Parcel 034.00

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

John Lee Farringer, Jr., (hereinafter "Decedent") was the spouse of the undersigned until his death on September 19, 1990, in Nashville, Davidson County, Tennessee. A copy of Decedent's Certificate of Death is attached as EXHIBIT A, hereto. The undersigned and Decedent were joint owners of the house and lot located at 2325 Golf Club Lane, Nashville, Davidson County, Tennessee. That property is described as follows:

Tract No. 1:

Land in Davidson County, Tennessee, being part of lot No. 10 on the Map of Hampton's Hillsboro Heights, not of record, described as follows: Beginning at a point in the center line of Golf Club Road 3540.5 feet west of the center line of Hillsboro Road, being 143 feet west of the center line of 25th Avenue South and also being the northwest corner of the property conveyed to H.R. Sanders and wife, by deed of record in Book 1218, page 523, Register's Office for said County; thence with Sander's west line southwardly 371 feet 4 inches to a point in Sanders' southwest corner; thence westwardly and parallel with Golf Club Road 201.5 feet, more or less, to the easterly line of a 50 foot strip owned by Hampton Estate; thence northwestwardly 382 feet, more or less, to the center line of Golf Club Road; thence with the center line of same, eastwardly 286 feet to the point of beginning. Being the same property conveyed to Claude W. Callicott and wife, Catherine Dorris Callicott, by deed from Julius O. Bush and wife, of record in Book 1788, page 243, said Register's Office.

Tract No. 2:

Land in Davidson County, Tennessee, being part of lot No. 10 on the plat of Hillsboro Heights, not of record, described according to a survey made by W.B. Southgate, Engineer, May , 1910, as follows: Beginning in the center line of Golf Club Road, at the northwest corner of the property conveyed to Julius O. Bush and wife, Mai Erskine Cherry Bush, by deed from Jane M. Fort, et al, of record in Book 1634, page 149, Register's Office for said County; thence with Bush's west line, southerly 382 feet, more or less, to Bush's southwest corner; thence westwardly 50 feet, more or less, to the westerly line of lot No. 10; thence with said line, northwardly 382 feet, more or less, to the center line of Golf Club Road; thence with the center line of said Road, eastwardly 50 feet, more

or less, to the point of beginning. Being the same property conveyed to Claude W. Callicott and wife, Catherine Dorris Callicott, by deeds from Loiette Hampton Hume, et al, of record in Book 1807, page 367, said Register's Office.

The undersigned, received Decedent's undivided one-half (½) interest in the real estate described above by being the surviving tenant by the entirety.

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

Mary Margaret Farringer

Mary Margaret Farringer

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 Mary Margaret Farringer, 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 instrument 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 19th day of June, 2005.

My Commission expires: 11-26-05

Nancy C. Davis
Notary Public

OATH OF VALUE PURSUANT TO T.C.A. § 67-4-409.

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 since this instrument evidences distribution of property to a beneficiary.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor

Paula Taylor
State Registrar

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 9004601

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOHN LEE FARRINGER JR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 19, 1990
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]2290
5a. AGE – LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR – MOS.: DAYS: 5c. UNDER 1 DAY – HOURS: MIN.:
6. DATE OF BIRTH (Month, Day, Year): SEP 4, 1920
7. BIRTHPLACE (City and State or Foreign Country): BOWLING GREEN, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] 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 077
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): MARY MARGARET SMITH
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PHYSICIAN 084
12b. KIND OF BUSINESS/INDUSTRY: MEDICINE 811
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 094
13d. STREET AND NUMBER OR RURAL LOCATION: 2325 GOLF CLUB LN.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [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): 5+; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOHN LEE FARRINGER
18. MOTHER'S NAME (First, Middle, Maiden Surname): ZORA LAWSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARY MARGARET FARRINGER
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2325 GOLF CLUB LN. NASHVILLE, TN. 37215

NAME OF DECEDENT: For use by physician or institution

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
20c. LOCATION—City or Town, State: NASHVILLE, TN.
17
21a. SIGNATURE OF FUNERAL DIRECTOR: John T Shutt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: B H Nanney
21d. LICENSE NUMBER OF EMBALMER: 4016
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha A. Daus
24. DATE FILED (Month, Day, Year): September 28, 1990

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: John Hunter
25b. LICENSE NUMBER: 1224
25c. DATE SIGNED (Month, Day, Year): 9/26/90
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): THOMAS GUV PENNINGTON M.D., 311 22ND AVE. N., NASHVILLE, TN. 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Carcinoma with unknown primary — DUE TO (OR AS A CONSEQUENCE OF): — 6 mos
b. Widely Metastatic — DUE TO (OR AS A CONSEQUENCE OF): — 6 mos
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 1771

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

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 [ ] 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):

BIRTH NO

EXHIBIT