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

Davidson County AFFIDAVIT
Recvd: 07/22/05 14:05 4 pgs
Fees:22.00 Taxes:0.00
20050722-0085640

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Bonnie S. Johnson, Executor of the Estate of Richard Tremont Scofield, being duly sworn, deposes and says;

Richard Tremont Scofield, a resident of Nashville, Davidson County, Tennessee, who died July 19, 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, described as follows:

BEING LOT NO. 22, Block "B" on the Plan of Berry Hill Gardens of record in Plan Book 1130, page 36, Register's Office for Davidson, County, Tennessee, to which plan reference is hereby made for a more complete description thereof.

Being the same property conveyed to Richard T. Scofield, by deed of record in Book 11296, Page 254, Register's Office for Davidson County, Tennessee.

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

This is improved property known as 2809 Azalea Place, Nashville, Tennessee 37204.

Richard Tremont Scofield was married at the time of death. Bonnie S. Johnson is the wife of the deceased and received the entire interest of the decedent's interest in the real estate described above. She is the decedent's only heir at law. Administration of the Estate of Richard T. Scofield, appointing the undersigned, Bonnie S. Johnson, Executor, is found in Volume Number 5767/1787513 at the Davidson County, Probate Court.

To the best of affiants' knowledge, information and belief, there are no debts or encumbrances remaining that are or might become a lien on said interest in the described real estate.

A Tennessee Inheritance Tax Waiver has been received, a copy of which is attached as Exhibit B.

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 title to the property to a beneficiary.

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE DESCRIPTION OF OR STATUS OF TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS DEED HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER, WHO MAKES NO REPRESENTATION WHATSOEVER OTHER THAN IT HAS BEEN ACCURATELY TRANSCRIBED FROM THE INFORMATION PROVIDED.

Bonnie S. Johnson, Executor

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for the above jurisdiction, the within named BONNIE S. JOHNSON, with whom I am personally acquainted (or who was identified to me on the basis of satisfactory evidence), who after being first duly sworn, acknowledged that she executed the foregoing Affidavit of Inheritance for the purposes therein contained, and that such was her free act and deed and that the statements therein are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 22nd day of July 2005.

Notary Public

My commission expires: My Commission Expires NOV. 25, 2006

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0403869

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Scofield Richard

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Richard Tremont Scofield
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 19, 2004
4. SOCIAL SECURITY NUMBER: [redacted]-8829
5a. AGE-LAST BIRTHDAY (Years): 56
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 29, 1948
7. BIRTHPLACE (City and State or Foreign Country): Hartford, Connecticut
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Bonnie Johnson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Publisher
12b. KIND OF BUSINESS/INDUSTRY: School Age Child Care
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2934 Vaulx Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
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): College (1-4 or 5+): 5

PARENTS

17. FATHER'S NAME (First, Middle, Last): Kennard Scofield
18. MOTHER'S NAME (First, Middle, Maiden Surname): Frances Tremont

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Bonnie Johnson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2934 Vaulx Lane Nashville, Tennessee 37204

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 3 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Funeral Home
20c. LOCATION (City or Town, State): Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Tre Everson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4884
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home 660 Thompson Ln. Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Carol Ruttlen
24. DATE FILED (Month, Day, Year): July 22, 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
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: Thomas Deering MD
26b. LICENSE NUMBER: 28369
26c. DATE SIGNED (Month, Day, Year): 07/20/2004

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): Thomas Deering, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC04-2322

SEE INSTRUCTIONS ON OTHER SIDE.

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. Hypoxic brain injury
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. Near drowning
DUE TO (OR AS A CONSEQUENCE OF):
c. Intracranial hemorrhage
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.

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [X] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year): 07/19/2004
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Bleed in the brain while in a pool
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Swimming Pool
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 2020 Beech Av., Nashville

PH-1059 (REV. 8/99)
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
Local Registrar

EXHIBIT

Date Issued JUL 22 2004

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

6/30/05

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

June 28, 2005

SCOFIELD RICHARD T
ATTN: MARGARET L BEHM
306 GAY ST STE 400
NASHVILLE TN 37201-1162

Account Type:	INHERIT TX
Account No.:	440884699
Date of Death:	July 19, 2004
County:	DAVIDSON
Social Security No.:	[redacted]-8829

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

SCOFIELD RICHARD T
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306 GAY ST STE 400
NASHVILLE, TN 37201-1162

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EXHIBIT 1

RV-N0019001