Davidson County AFFIDAVIT
Recvd: 09/12/05 10:49 5 pgs
Fees:27.00 Taxes:0.00
20050912-0109212

Prepared by:
Susan S. Weiss Attorney
Moreland House, Suite 100
7100 Executive Center DR.
Brentwood, TN 37027

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, being duly sworn, depose and say:

AUDREY B. WAGGONER, a resident of Nashville, Davidson County, State of Tennessee, who died on July 15, 2005, 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 the Eighth Civil District of said County, Being lot no. 65 on the Plan of Brook Meade, Section 1, as of recorded in Book 2133, Page 77, Register's Office for said County.
>
> Said Lot No. 65 fronts 118 feet on the northerly margin of Davidson Road, and extends back northwardly 363 feet on the easterly side, and 330 feet on the westerly side to a line in the rear which measures 128.6 feet, and which is a broken line.
>
> Being the same property conveyed by quitclaim deed to MELVIN B. BUTLER, Trustee, by B. F. WAGGONER and wife, AUDREY B. WAGGONER, of record in Book 6114, Page 26, said Register's Office of Davidson County, Tennessee.
>
> Being the same property conveyed by quitclaim deed to AUDREY B. WAGGONER, by MELVIN B. BUTLER, Trustee, of record in Book 6114, Page 27, said Register's Office of Davidson County, Tennessee.

The undersigned, AMY LYNN WAGGONER WELLS and KATHRYN CECELIA WAGGONER QUINTANILLA, each received a fifty percent (50%) interest in the real estate described above by virtue of being the Decedent's heirs-at-law. Decedent having died without a will.

A Tennessee Inheritance Tax Waiver has been received, and 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. Section 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. Section 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.

Dated: August 4, 2005

Amy Lynn Waggoner Wells
AMY LYNN WAGGONER WELLS

Kathryn Cecelia Waggoner Quintanilla
KATHRYN CECELIA WAGGONER QUINTANILLA

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Before me, Shelia J. Griggs, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, AMY LYN WAGGONER WELLS, 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 4th day of August, 2005.

SHELIA J. GRIGGS NOTARY PUBLIC AT LARGE WILLIAMSON CO., TN

Shelia J. Griggs
Notary Public

My commission expires: 10/21/06

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Before me, Shelia J. Griggs, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, KATHRYN CECELIA WAGGONER QUINTANILLA, 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 4th day of August, 2005.

Shelia J Griggs
Notary Public

SHELIA J. GRIGGS NOTARY PUBLIC AT LARGE WILLIAMSON CO. TN

My commission expires: 10/21/06

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0504024

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): Audrey B. Waggoner
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 15, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): 409-68-4430
4a. AGE-LAST BIRTHDAY (Years): 82
4b. UNDER 1 YEAR — Months / Days
4c. UNDER 1 DAY — Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Sept. 11, 1922
7. BIRTHPLACE (City and State or Foreign Country): Graymont, Georgia
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Divorced
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.): Registered Nurse
12b. KIND OF BUSINESS/INDUSTRY: Veterans' Administration Hospital, Nashville
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 522 Davidson Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No
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+): 4+

PARENTS

17. FATHER'S NAME (First, Middle, Last): Wilson Lee Brogdon
18. MOTHER'S NAME (First, Middle, Maiden Surname): Effie Adel Pierce

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Amy Wells
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 303 Gillette Drive Franklin, Tennessee 37069

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): Forest Lawn Memory Gardens
20c. LOCATION (City or Town, State): Savannah, Georgia 31404
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4424
21c. SIGNATURE OF EMBALMER: Michael P. Sabbe
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: West Hillpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23a. REGISTRAR'S SIGNATURE: Tonya L. Brown
24. DATE FILED (Month, Day, Year): July 21, 2005

CERTIFIER

25a. CERTIFIER - 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 TYPE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month, Day, Year): 7/19/05
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.
1 [ ] 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., 1718 Patterson Street, Nashville, Tennessee 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)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Brain cancer
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the 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.
29a. WAS AN AUTOPSY PERFORMED? 1 [X] 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)

BIRTH NO. _____ _____

TH-1059 (REV. 6/99) 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

JUL 21 2005
Date Issued

CERTIFICATION OF VITAL RECORD

N0018901 5434051050830

TENNESSEE DEPARTMENT OF REVENUE

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

September 2, 2005

ESTATE OF AUDREY B WAGGONER
ATTN: SUSAN E WEISS
PO BOX 1025
BRENTWOOD TN 37024-1025

Account Type:	INHERIT TX
Account No.:	440904694
Date of Death:	July 15, 2005
County:	DAVIDSON
Social Security No.:	[redacted]-4430

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

ESTATE OF AUDREY B WAGGONER
ATTN: SUSAN E WEISS
PO BOX 1025
BRENTWOOD, TN 37024-1025

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RV-N0018901