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

Davidson County AFFIDAVIT
Recvd: 03/29/06 13:59 4 pgs
Fees:22.00 Taxes:0.00
20060329-0035724

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Michael N. Cox, Personal Representative of the Estate of Mary Bailey Cox, being duly sworn, deposes and says;

Mary Bailey Cox, a resident of Nashville, Davidson County, Tennessee, who died April 11, 2005, as evidenced by a copy of the death certificate attached as Exhibit A, held an undivided one-half, fee simple interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 12, the easterly 25 feet of Lot No. 13 of Block "F" on the Plan of Broadmoor Subdivision, of record in Book 547, pages 161 and 162, Register's Office for said County, and in the westerly 20 feet of Redwood Street lying adjacent to Lot No. 12 of Block "F" in said subdivision, as shown on said plan.
>
> Said part of Lot No. 12, the easterly 25 feet of Lot No. 13, and the westerly 20 feet of Redwood Street, adjoin and front together 105 feet and extend back 150 feet, between parallel lines to a dead line in the rear measuring 105 feet thereon.
>
> Being the same property conveyed to Mary Baily Cox, and Son, Michael Neel Cox from Summerfield Q. Mobley, and Wife, Kathryn H. Mobley, by deed of record in Book 5672, Page 756, 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 821 Gwyn Drive, Nashville, Tennessee 37216.

Mary Bailey Cox was widowed at the time of her death. Michael Neel Cox, Anthony Cox, and Lee Wallin are the children of the deceased and received the entire interest of the decedent's interest in the real estate described above. They are the decedent's only heirs at law. Administration

of the Estate of Mary Bailey Cox, appointing the undersigned, Michael Neel Cox, Personal Representative, is found in Minute Book 5848/1951506, of 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.

Michael Neel Cox, Personal Representative

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for the above jurisdiction, the within named MICHAEL NEEL COX, 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 he executed the foregoing Affidavit of Inheritance for the purposes therein contained, and that such was his 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 29th day of March 2006.

Notary Public

My commission expires: My Commission Expires NOV 25, 2006

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0502043

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): Mary Dell Cox
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 11, 2005
4. SOCIAL SECURITY NUMBER: [redacted]-6709
5a. AGE - LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug 12, 1924
7. BIRTHPLACE (City and State or Foreign Country): Alabama,
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 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 821 Gwynn Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
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.): Food Service
12b. KIND OF BUSINESS/INDUSTRY: Metro Food Server
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 821 Gwynn Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
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): 12; College (1-4 or 5+):

NAME OF DECEDENT (To be filled in by physician or institution)

PARENTS
17. FATHER'S NAME (First, Middle, Last): Lumas Bailey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nancy Hulsey

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Michael N. Cox
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 109 Cherry Hill Drive Hendersonville

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): Nashville National Cemetery
20c. LOCATION—City or Town, State: Madison Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2530
21c. SIGNATURE OF EMBALMER: Michelle P Givens
21d. LICENSE NUMBER OF EMBALMER: 4188
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home 219 Old Hickory Blvd. East, Madison, Tennessee 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR
23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): April 18, 2005

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: [signature]
25b. LICENSE NUMBER: 16309
25c. DATE SIGNED (Month, Day, Year): 4/14/05
25e. 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): R.B. Gaston Jr. MD 3939 Central Pike Hermitage TN 37076

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

28. PART I. Enter the disease, 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. Arteriosclerotic Heart Disease
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. Hypothyroidism
DUE TO (OR AS A CONSEQUENCE OF):
c. Diabetes Mellitus, type II
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 [ ] 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
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

[redacted]

APR 18 2005
Date Issued

CERTIFICATION OF VITAL RECORD

N0018901 5495852050902

TENNESSEE DEPARTMENT OF REVENUE

Received
9/8/05

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

September 5, 2005

ESTATE OF MARY B COX
ATTN: MARGARET BEHM
306 GAY ST STE 400
NASHVILLE TN 37201-1162

Account Type:	INHERIT TX
Account No.:	440906834
Date of Death:	April 11, 2005
County:	DAVIDSON
Social Security No.:	[redacted]-6709

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 MARY B COX
ATTN: MARGARET BEHM
306 GAY ST STE 400
NASHVILLE, TN 37201-1162

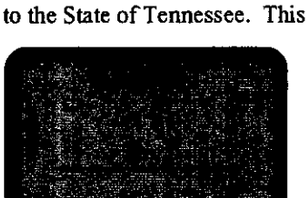
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RV-N0018901