Davidson County AFFIDAVIT
Recvd: 04/11/06 09:19 10 pg:
Fees:52.00 Taxes:0.00
20060411-0041394

This Instrument Prepared By:
ANNA G. EVERTON, ESQ. • 4525 Harding Rd., Suite 323 • Nashville, TN 37205

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***
MARY E. BUTTREY 7620 Sawyer Brown Rd Nashville, TN 37211	Same	Map114-00 Parcel 165.00 and Map 114-00-0 Parcel 252.00

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says as follows:

TROY BUTTREY, a resident of Cheatham County, Tennessee, who died September 17, 1991 as evidenced by a copy of the death certificate attached as Exhibit A, together with his wife, IDELINE I. BUTTREY, also a resident of Cheatham County, Tennessee, who died November 2, 1995, as evidenced by a copy of her death certificate attached hereto as Exhibit B, held a tenants-by-the entireties interest in the following described real estate:

> Located in the 8th Civil District of Davidson County Tennessee of record in Plat Book 1432, Page 558, said Register's Office, to which plan reference is hereby made for a more complete legal description.
>
> Said above described land on Sawyer and Brown Road. Begining in Center of S. and B. Road at C.V. Hutchison so. West corner Elm Pointer, Thence so. 83° East with C.V. Hutchisons line 48½ poles to an Ash Pointer in J.M. OBriens west Boundry. Thence so with J.M. O'Briens west line 73 Poles to a small Elm J.M. O'Briens so. West Corner. Thence No.82° west 44½ Poles to center of S & B. Road, planted stone pointer, Thence with Center of said Road no.19°west 13 Poles to an Iron Pin, Thence no. 7½° west 21 Poles with Road to a large cedar. Thence due no. with Road 16½ poles to a cedar Thence no.15° East 6 poles to the Begining containg 21 2/3 acres Be the same more or less this being a part of a 70 acre track Conveyed to Walter Gaddes Jr. and

wife Ola Mai Gaddes By W. A. Robinson and wife Helen Robinson.

BEING the same property conveyed to TROY BUTTREY AND WIFE, IDELINE I. BUTTREY by deed of record in Book 1432, Page 558, in the Register's Office, Davidson County, Tennessee from Walter Gaddes, Jr and wife Ola Mae Gaddes.

(Preparer has attempted to exactly recite the previous handwritten legal description of record in Book 1432, Page 558, Register's Office for Davidson County, Tennessee and defers to that document for resolving any discrepancies that might be found).

Included in the above description but specifically excluded from this Affidavit of Inheritance is the following described real estate conveyed to the State of Tennessee by Troy Buttrey and wife, Ideline I. Buttrey on April 28, 1960, of record in Book 3069, Page 479:

Located in the 8th Civil District of Davidson County, Tennessee:
Beginning at a point in the boundary line between the lands of C. V. Hutchison and Troy Buttrey, said point being 274.3 feet South 78 degrees 18 minutes East of centerline Station 372+46.6 of the proposed Interstate Highway and runs South 53 Degrees 24 minutes 13 seconds West, 212.4 feet to a point; thence South 47 degrees 56 minutes 04 seconds West, 190.29 feet to a point; thence with a curve to the left having a radius of 5549.58 feet a circular distance of 483.46 feet in a Southwest direction to a point; thence South 0 degrees 51 minutes 45 seconds West, 101.64 feet to a point; thence South 2 degrees 11 minutes 37 seconds East, 402.55 feet to a point in the boundary line between the lands of Buttrey and Gaddis; thence with said boundary line in a Northwest direction 55 feet to a point in the east right-of-way line of Sawyer Brown Road; thence with said right-of-way line in a Northerly direction 1230 feet to a point in the boundary line between the lands of C. V. Hutchison and Buttrey; thence with said boundary line South 78 degrees 18 minutes East to a point; thence South 10 degrees 47 minutes 98 s onds West, 157.64 feet to a point; thence with curve to the right having a radius of 5909.58 feet a circular distance of 71.55 feet to a point; thence North 36 degrees 15 minutes 23

seconds East, 112.6 feet to a point in the boundary line between the lands of Buttrey and Hutchison; thence with said boundary line South 78 degrees 18 minutes East, 488.5 feet to the point of beginning, containing 6.09 acres, more or less and being a part of the same land conveyed to Troy Buttery and wife, Ideline I. Buttrey by deed of record in Book 1432, page 558, in the Register's Office, Davidson County, Tennessee.

Said above described land is conveyed in fee simple. It is to be used for the construction of a controlled access highway and all right of ingress or egress to, from and across the same to and from abutting lands is hereby conveyed, however, the Grantors will have right of access to Sawyer Brown Road, only, across the lines having the following calls and distances: "thence South 0 degrees 51 minutes 45 seconds, West, 101.64 feet to a point; thence South 2 degrees 11 minutes 37 seconds East, 402.55 feet to a point", and "thence South 10 degrees 47 minutes 08 seconds West, 157.64 feet to a point."

As a result of the deaths of Troy Buttrey and wife, Ideline I. Buttrey, 100% ownership in the above-described property passed by virtue of the laws of descent and distribution to RANDALL R. BUTTREY, their son and only heir-at-law.

THE ESTATE OF IDELINE I. BUTTREY was probated in the Chancery Court of Cheatham County, Tennessee, Docket No.P-751. The Inheritance Tax Closing Letter for IDELINE I. BUTTREY has been received, a copy of which is attached hereto as Exhibit C.

Affiant would further state that RANDALL R. BUTTREY, a resident of Davidson County, died January 13,1996 as evidenced by a copy of his death certificate attached hereto as Exhibit D. As a result of the death of RANDALL R. BUTTREY, Affiant is the resulting owner of the real estate described above by virtue of the laws of the descent and distribution, being RANDALL R. BUTTREY's only heir at law.

THE ESTATE OF RANDALL R. BUTTREY was probated in the Probate Court of Davidson County, Tennessee, Docket No. 96P-744. Inheritance Tax Releases from the Tennessee Department of Revenue for the Estate of RANDALL R. BUTTREY have been received, copies of which are attached hereto as Collective Exhibit E.

There are no debts or encumbrances remaining that are or might become a lien on the Affiant's interest in the above-described real estate.

The Affiant takes this property subject to all Governmental zoning and subdivision ordinances in effect thereon.

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.

Mary E. Buttrey
MARY E. BUTTREY

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared MARY E. BUTTREY, 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 said person executed the foregoing instrument for the purposes therein contained as such person'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 6th day of April, 2006.

ANNA G. EVERTON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Anna G. Everton
Notary Public
My commission expires: 7/21/2007

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

CHEATHAM COUNTY HEALTH DEPARTMENT

200 COURT STREET
ASHLAND CITY, TENNESSEE 37015

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. Troy (MNN) Buttrey
2. Sex: Male
3. Date of Death: September 17, 1991
4. Social Security Number: [redacted]-2069
5. Age: 69
8. Date of Birth: Dec. 24, 1921
9. Birthplace: Davidson Co., TN.
6a. Facility Name: 663 Thompson Rd.
6b. City, Town, or Location of Death: Pegram
6c. County of Death: Cheatham
10. Married
11. Surviving Spouse: Edeline I. Holt
12a. Occupation: Welder
12b. Kind of Business/Industry: Ford Motor Glass
13a. State: Tennessee
13b. County: Cheatham
13c. City, Town, or Location: Pegram
13d. Street and Number or Rural Location: 663 Thompson Rd.
13e. Zip Code: 37143
14. Was Decedent of Hispanic Origin? No
15. Race: White
16. Decedent's Education: 12

PARENTS

17. Father's Name: Oscar G. Buttrey
18. Mother's Name: Lizzie Martin

INFORMANT

19a. Informant's Name: Randall R. Buttrey
19b. Relationship to Deceased: Son
19c. Mailing Address: 815 Delray Ave. Nashville, TN. 37209

DISPOSITION

20. Method of Disposition: 1 Burial
20a. Place of Disposition: Woodlawn
20b. Location: Nashville, TN.
21. Signature of Funeral Director: Ernest Wheeler
21b. License Number of Funeral Director: 2403
21c. Signature of Embalmer: Jeffrey M. Wright
21d. License Number of Embalmer: 4021
22a. Name and Address of Facility: Pettus-Owen & Wood Funeral Home, 4506 Charlotte Ave. Nashville, TN. 37209
22b. License Number of Funeral Home: 710

REGISTRAR

23. Registrar's Signature: Paula Dibbs
24. Date Filed: October 3,1991

CERTIFIER

25. Signature and Title of Physician: Michael Neal MD
25b. License Number: MD 12605
25c. Date Signed: 9-26-91
26. Medical Examiner: Signature and Title of Medical Examiner
26b. License Number: 5832
26c. Date Signed: 10-01-91
27. Name and Address of Certifier (Physician or Medical Examiner): James Baldwin 313 N. St Ashland City Tn 37015

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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.
Immediate Cause (Final disease or condition resulting in death): → a. Metastatic Neoplasm
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.
Approximate Interval Between Onset and Death:
29. 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 No
29b. Were Autopsy Findings Available Prior to Completion of Cause of Death? 1 Yes 2 No
30. Manner of Death: 1 Natural
31a. Date of Injury
31b. Time of Injury
31c. Injury at Work? 1 Yes 2 No
31d. Describe How Injury Occurred
31e. Place of Injury
31f. Location (Street and Number or Rural Route Number, City or Town, State)

PHS 1658
REV 1/89

BIRTH NO

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, Nashville, Tennessee by the local health department.

October 3,1991
Date Issued

Ex. A

Paula Dibbs, Registrar
Local Registrar/Deputy Registrar/ Vital Records

CHEATHAM COUNTY

A great place to raise a family

RE[illegible] MEMO
LEGIBILITY OF WRITING, TYPING OR
PRINTING ON THIS DOCUMENT
UNSATISFACTORY WHEN RECEIVED

HEALTH DEPARTMENT

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): Ideline Isabelle Buttrey
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): November 2, 1995
4. SOCIAL SECURITY NUMBER: [redacted]-1667
5a. AGE - LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: months / days
5c. UNDER 1 DAY: hours / min
6. DATE OF BIRTH (Month, Day, Year): 9/14/24
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co., 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 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 663 Thompson Rd.
9c. CITY, TOWN OR LOCATION OF DEATH: Pegram
9d. COUNTY OF DEATH: Cheatham
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): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: ----
13a. RESIDENCE - STATE: TN
13b. COUNTY: Cheatham
13c. CITY, TOWN OR LOCATION: Pegram
13d. STREET AND NUMBER OR RURAL LOCATION: 663 Thompson Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37143
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): 4th; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Holt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lucy Hutchison

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jeff Myatt
19b. RELATIONSHIP TO DECEASED: Grandson
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 669 Thompson Rd., Pegram, TN 37143

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): Woodlawn Memorial Park
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tracey Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER: ▶ George Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Quartilla West
24. DATE FILED (Month, Day, Year): November 17, 1995

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Michael E. Miller
25b. LICENSE NUMBER: MD 10605
25c. DATE SIGNED (Month, Day, Year): 11-7-95
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

29. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. Congestive Heart Failure
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. Ischemic Heart Disease
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Obst. Bronchitis + Emphysema

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

30. MANNER OF DEATH: 1 [✓] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, Nashville, Tennessee by the local health department.

February 27, 1996
DATE ISSUED

Ex B

Quartilla West
LOCAL REGISTRAR/DEPUTY REGISTRAR
VITAL RECORDS

200 COURT STREET ASHLAND CITY, TENNESSEE 37015

N0018901

7396885001208

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF IDELINE I BUTTREY
ATTN: RICHARD R HEDGEPATH SR
4800 CHARLOTTE PIKE
NASHVILLE TN 37209-3412

December 11, 2000

Account Type:	INHERIT TX
Account No.:	440346636
Date of Death:	November 2, 1995
County:	CHEATHAM
Social Security No.:	[redacted]-1667

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 shown to be due and paid to the State of Tennessee is denoted below:

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 IDELINE I BUTTREY
ATTN: RICHARD R HEDGEPATH SR
4800 CHARLOTTE PIKE
NASHVILLE, TN 37209-3412

December 11, 2000

Account Type:	INHERIT TX
Account No.:	440346636
Date of Death:	November 2, 1995
County:	CHEATHAM
Social Security No.:	[redacted]-1667

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 shown to be due and paid to the State of Tennessee is denoted below:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

Ex. C

RV-N0018901

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

960098

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Randall R. Buttrey
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 1-13-96
4. SOCIAL SECURITY NUMBER (of Deceased): 413-66-1349
5a. AGE – LAST BIRTHDAY (Years): 53
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 4-20-42
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 [x] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 7620 Sawyer Brown Rd
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 E. Hunt
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Pressman
12b. KIND OF BUSINESS/INDUSTRY: Rich Printing Co
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 7620 Sawyer Brown Rd
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [x] Yes 2 [ ] No
13f. ZIP CODE: 37221
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): 9th; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Troy Buttrey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ideline Holt

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary E. Buttrey
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7620 Sawyer Brown Rd Nashville, TN 37221

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): St. Michaels
20c. LOCATION – City or Town, State: Cedar Hill TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Keith Stapleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3236
21c. SIGNATURE OF EMBALMER: ▶ Keith Stapleton
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home 6962 Charlotte Pike Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha D. Jones
24. DATE FILED (Month, Day, Year): February 7 1996

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶ Mene Zua (MD)
25b. LICENSE NUMBER: MD26535
25c. DATE SIGNED (Month, Day, Year): 2/5/96
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): Mene Zua, M.D., Metro Nashville General Hospital, 72 Hermitage Ave., Nashville TN 37210

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. 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: Hypertension

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] 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)

BRITT NO

Ex. D

PH-1659
REV 1/89

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: Randall Buttrey

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted] - 1349

TENNESSEE RECEIVED 11 MAR 07 '06 ACCEPTED TO TYPE

APPLICATION:

ATTACHED: YES ✓ NO ___

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

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:
(List only one)

7620 Sawyer Brown Road, Nashville, TN
Map 114.00
Parcel 165.00

TENNESSEE DEPARTMENT OF REVENUE

Mary E. Buttrey
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 MAR 17 2006

Amy Green
For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

Date approved
Inheritance-Gift Tax Section

Anna G. Everton, Attorney
4525 Harding Rd, # 323
Nashville, TN 37205

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)

Ex. E (Pg 1 of 2)

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: Randall Buttrey

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted] 1349

RECEIVED 11 MAR 07 '06 TENNESSEE DEPT OF REVENUE

APPLICATION:

ATTACHED: YES ✓ NO ___

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

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:
(List only one)

7620 Sawyer Brown Road, Nashville, TN
Map 114.00
Parcel 252.00

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE AND GIFT TAX

Mary E. Buttrey
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.

Amy Green
DEPARTMENTAL USE ONLY

For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

MAR 17 2006
Date approved
Inheritance-Gift Tax Section

Anna G. Everton, Attorney
4525 Harding Rd, # 323
Nashville, TN 37205

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)

Ex. E (Pg 2 of 2)