Prepared By: Law Office of David J. Waynick
P.O. Box 148058
Nashville, TN 37214

Davidson County AFFIDAVIT
Recvd: 04/21/06 14:40 7 pgs
Fees:37.00 Taxes:0.00
20060421-0046102

Owner -&- Send Tax Notice to:
Amanda C. Porter
2727 Nodyne Drive
Nashville, TN 37214

T.C.A. § 30-2-712 Map 96 & Parcel No.13

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON.

The undersigned, being duly sworn, depose and say:

Billy Ray Porter, a resident of Davidson County, State of Tennessee, who died March 24, 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 Davidson County, Tennessee, being Lot No. 79 on the Plan of Perry Heights as of record in Book 2900, Page 18, Register's Office for Davidson County, Tennessee.

Said Lot No. 79 fronts 80.8 feet on the south side of Nodyne Drive and runs back 154.6 feet on the west line and 157.4 feet on the east line to a dead line in the rear on which it measures 53 feet.

Being the same property conveyed to Billy R. Porter, by Deed from Linda Faye Payne Davis, Executrix of the Estate of Ganier Elizabeth Overstreet, dated June 4, 1997 as of record in Book 10479, Page 735-737, in the Register's Office for Davidson County, Tennessee.

This is improved property known as 2727 Nodyne Drive, Nashville, Tennessee 37214.

The undersigned received the undivided interest in the real estate described above by Will, a copy of it is attached as ***EXHIBIT B*** and incorporated herein by reference; The estate was administered in the Davidson County Probate Court No. 05P-558.

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. § 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 as evidence transfer of title to the property to a beneficiary.

AMANDA C. PORTER

STATE OF TENNESSEE
COUNTY OF DAVIDSON

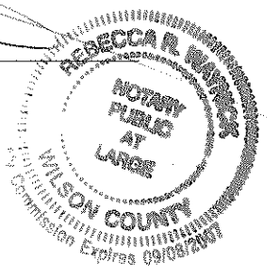
Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Amanda C. Porter the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my

presence, and who, upon oath, acknowledged that she executed the foregoing Affidavit of Inheritance (Real Estate) for the purposes therein contained as ~~his~~ 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 21st day of April 2006.

Notary Public

My Commission expires:



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT A

0501685

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): Billy Ray Porter
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 24, 2005
4. SOCIAL SECURITY NUMBER: [redacted] 2342
5a. AGE-LAST BIRTHDAY (Years): 51
5b. UNDER 1 YEAR MOS: DAYS:
5c. UNDER 1 DAY HOURS: MIN:
6. DATE OF BIRTH (Month, Day, Year): March 2, 1954
7. BIRTHPLACE (City and State or Foreign Country): Oklahoma
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Hospice; Alive
9b. FACILITY NAME (If not institution, give street and number): 1718 Patterson St.
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.): Maintence Tech.
12b. KIND OF BUSINESS/INDUSTRY: Bridgestone
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2727 Nodyne Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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+): +2

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arthur P. Porter
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lillian Oleta Gray

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Amanda Porter
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2727 Nodyne Drive Nashville, TN 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] 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: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Margo Lamb
21b. LICENSE NUMBER of FUNERAL DIRECTOR: 4604
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Rd Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Melissa A. Bowen
24. DATE FILED (Month, Day, Year): March 28, 2005

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: 34321
25c. DATE SIGNED (Month, Day, Year): 3-28-05
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. 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): John Mallon M.D. Alive Hospice 1718 Patterson Dr Nashville TN

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. 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
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 [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)

(continued)

PII 1669 (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.

MAR 28 2005

Tonya Y. Ruttlen
Tonya Y Ruttlen
Local Registrar

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT B

Last Will and Testament

OF

BILLY R. PORTER

I, Billy R. Porter, domiciled in Davidson County, Tennessee, do make, publish and declare this to be my Last Will and Testament, hereby revoking all wills and codicils heretofore made by me.

ARTICLE I.

DEBTS

I direct that all of my just debts, my funeral expenses and the costs of administration of my estate be paid as soon as practicable after my death. My Executrix, in her sole discretion, may pay from my domiciliary estate all or any portion of the cost of ancillary administration and similar proceedings in other jurisdictions.

In the event that any property or interest in property passing under this Will, by operation of law, or otherwise by reason of my death (other than as a part of my residuary estate), shall be encumbered by mortgage or lien, or shall be pledged to secure any obligation (whether the property or interest in property so encumbered or pledged shall be owned by me jointly or individually), it is my intention that such indebtedness shall not be charged to or paid from my estate, but that the devisee, legatee, joint owner taking by survivorship, or beneficiary receiving such property or interest in property shall take it subject to all encumbrances existing at the time of my death.

ARTICLE II.

PROPERTY INSURANCE

All of my insurance policies which provide indemnity for the loss of or damage to any of my personal or real property by fire, windstorm or other similar casualty (including any claim for the loss of or damage to any such property which I might have at the time of my death against any insurance company), I give and bequeath, respectively, to those persons

Initials BRP

who shall or would have become the owners of such properties by reason of my death, whether such ownership be acquired under the provisions of this Will, by survivorship or by other means.

ARTICLE III.

PERSONAL EFFECTS

I bequeath to my daughter, Amanda Colette Porter, in fee, all clothing, jewelry, household goods, personal effects and automobiles owned by me at the time of my death. I direct that any expenses incurred in safeguarding or delivering such property be paid from my estate as an administrative expense thereto.

ARTICLE IV.

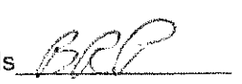
EXECUTRIX

I appoint my daughter, Amanda Colette Porter, of Nashville, Tennessee to be Executrix of this my Last Will and Testament. I direct that no bond be required of my said Executrix for the faithful performance of her duties. I vest my Executrix, with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions (including credit) as she may determine and to do every other act and thing necessary or appropriate for the complete administration of my estate.

ARTICLE V.

POWERS OF EXECUTRIX OR TRUSTEE

I authorize my Executrix (including any substitute or successor personal representative or Trustee) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate or any trust, to exercise any or all the powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly 1963, TCA 35-50-110, to the extent applicable, all of which provisions and power are incorporated herein by reference as fully as if copied herein verbatim. These powers (as set out in said statute on the date of the execution of this Will) are granted, notwithstanding that said statue may be amended hereafter or repealed at the time of my death.

Initials 

ARTICLE VI.

DISPOSITION OF THE RESIDUARY

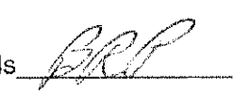
All the rest, residue and remainder of the property which I may own at the time of my death, real, personal, and mixed tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises and all life insurance payable to my estate, not otherwise specifically provided for herein, I bequeath and devise in fee to my daughter, Amanda Colette Porter.

ARTICLE VII.

NO-CONTEST OR FORFEITURE PROVISION

If any beneficiary hereunder shall contest the probate or validity of this Will or any provision thereof, or shall institute or join in (except as a party in support of my Will any proceeding to contest the validity of this Will or to prevent any provision thereof from being carried out in accordance with its terms (regardless of whether or not such proceedings are instituted in good faith and with probable cause), then all benefits provided for such beneficiary are revoked and such benefits shall pass to the residuary beneficiaries of this Will (other than such beneficiary) in the proportion that the share of each such residuary beneficiary bears to the aggregate of the effective shares of the residuary.

If all of the residuary beneficiaries join in such contest or proportion that the share of each such residuary beneficiary bears to the aggregate of the effective shares of the residuary. If all of the residuary beneficiaries join in such contest or proceedings, then such benefits shall pass to those persons (other than the persons joining in such contest) who are living at my death and who would have been my distributees had I died intestate a resident of the State of Tennessee and had the person or persons contesting my Will died immediately before me. Each benefit conferred herein is made on the condition precedent that the beneficiary shall accept and agree to all of the provisions of this Will and the provisions of this article are an essential part of each and every benefit.

Initials 

TESTIMONIUM

IN TESTIMONY WHEREOF, I have here unto subscribed my name to this my Last Will and Testament, consisting of this and three (3) preceding typewritten pages, and for the purpose of identification I have initialed each page, all in the presence of the persons witnessing it at my request on this 16th day of September 2004 at Nashville, Tennessee.

BILLY R. PORTER

ATTESTATION

The foregoing, instrument, consisting of this and three (3) preceding typewritten pages, was signed, sealed, published and declared by Billy R. Porter to be his Last Will and Testament in our presence and we at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 16th day of September 2004 at Nashville, Tennessee.

witness residing at: 211 Donelson Pike,
Suite 2
Nashville, TN 37214

witness residing at: 211 Donelson Pike,
Suite 2
Nashville, TN 37214

Initials