Davidson County AFFIDAVIT
Recvd: 05/02/06 09:28 6 pgs
Fees:32.00 Taxes:0.00
20060502-0050179

This Instrument Prepared By:
ANNA G. EVERTON, Esq. • 4525 Harding Road, Suite 323 • PO Box 58084 • Nashville, TN 37205-8084

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***
David Miller and Terry Miller C/o 1968 Belotes Ferry Road Lebanon, Tennessee 37087	Same	103-08-0 114.00

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, David Miller and Terry Miller, being duly sworn, depose and say:

DOROTHY MILLER, a resident of Davidson County, State of Tennessee, who died on December 28, 2002, as evidenced by a copy of the death certificate attached as Exhibit A, held a joint tenancy with right of survivorship in real estate in Davidson County, Tennessee, with her husband, JAMES ANDERSON MILLER.

JAMES ANDERSON MILLER, a resident of Davidson County, State of Tennessee, being the surviving joint tenant with right of survivorship, died November 19, 2005, as evidenced by a copy of his death certificate attached hereto as Exhibit B, holding a fee simple interest in the following described real estate in Davidson County, Tennessee:

> Beginning at a point in the Northerly margin of West Lawn Drive, which point is 55 feet Southwesterly from the Common Corner of Lots Nos. 352 and 353 in Richland Realty Company's West Lawn Subdivision, a plan of which is of record in Book 421, page 32, of the Register's Office for Davidson County, Tennessee, as measured along the northerly margin of West Lawn Drive; and running thence westwardly with the northerly margin of West Lawn Drive 86.5 feet to a point in the Northerly margin of West Lawn Drive 100 feet Eastwardly from the Common corner of Lots Nos. 351 and 352 of said Plan; thence northwardly 225 feet, more or less, to a point; thence at right angles eastwardly 86.5 feet, more or less, to a point; thence at right angles southwardly 208 feet, more or less, to the beginning point.

BEING the same property conveyed to JAMES ANDERSON MILLER and wife, DOROTHY S. MILLER (deceased) by deed from A.W. BURNS and wife, MARY CRUMPTON BURNS, of record in Book 1430, Page 524, Register's Office for Davidson County, Tennessee.

This is improved property known as 4028 Westlawn Drive, Nashville, TN 37209-4916.

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

The undersigned, each received a one-half undivided interest in the real estate described above by virtue of being the deceased's sole heirs-at-law, and the sole beneficiaries of decedent's estate probated in the Seventh Circuit Court of Davidson County, Tennessee (Probate Division), Docket No.05-P1867.

The Tennessee Inheritance Tax Closing Letter has been received, a copy of which is attached as Exhibit C.

TCA § 67-4-409(a)(3)(D) exempts this instrument from tax and TCA § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property Tax to a beneficiary.

DAVID MILLER

TERRY MILLER
By: Charles Seagraff, Attorney-in-Fact
(Said Power of Attorney Document has been recorded at 20060420-0045140, Register's Office for Davidson County, Tennessee)

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 DAVID MILLER, 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 such 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 20th day of April, 2006.

Notary Public

My Commission Expires: 4/7/08

ERIC S. LANKFORD NOTARY PUBLIC AT LARGE WILSON CO. TENN.

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 CHARLES SEAGRAFF as Attorney-in-Fact for TERRY MILLER, 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 such 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 12th day of April, 2006.

Patricia L. Everett
Notary Public

My Commission Expires: My Commission Expires 7/29/06



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

020734

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): DOROTHY MILLER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 28, 2002
4. SOCIAL SECURITY NUMBER: [redacted]-1340
5a. AGE LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): Nov 3, 1920
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): 4028 WESTLAWN DR.
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): JAMES A MILLER
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: HOME
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4028 WESTLAWN DR.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): 12; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALONZA J. SOWELL
18. MOTHER'S NAME (First, Middle, Maiden Surname): OCIOLA HOLDER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DAVID A. MILLER
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2809 RURAL HILL CIRCLE, NASHVILLE, TN

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
20c. LOCATION (City or Town, State): NASHVILLE TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Kurt Stapp
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3236
21c. SIGNATURE OF EMBALMER: Kurt Stapp
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Ave. North, Nashville, TN 37203-
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Le Lu L Bowen
24. DATE FILED (Month, Day, Year): December 30, 2002

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.
SIGNATURE AND TITLE OF PHYSICIAN: Donna Scudder
25b. LICENSE NUMBER: MD-021456
25c. DATE SIGNED (Month, Day, Year): 12/30/02
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)

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. gastric lymphoma
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.

SEE INSTRUCTIONS ON OTHER SIDE

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 [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)

FH-1659 (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.

[redacted]

Local Registrar

Date Issued

Ex A

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEDENT (First, Middle, Last)	Teresa A. Miller	2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	November 19, 2005		
4. SOCIAL SECURITY NUMBER	[redacted]	5. AGE-Last Birthday (Years)	85
6. DATE OF BIRTH (Month, Day, Year)	Oct 10,1920	7. BIRTHPLACE (City and State or Foreign Country)	Nashville,TN

DECEDENT

8a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY, TOWN, OR LOCATION OF DEATH	8d. COUNTY OF DEATH
Baptist Hospital	Nashville	Davidson
9. MARITAL STATUS (Married, Never Married, Divorced, Widowed)	10. SURVIVING SPOUSE (If wife, give maiden name)	11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
Widowed		Plumber

11b. KIND OF BUSINESS/INDUSTRY: Outside Contractor

12a. RESIDENCE-STATE	12b. COUNTY	12c. CITY, TOWN OR LOCATION	12d. STREET AND NUMBER OR RURAL LOCATION
TN	Davidson	Nashville	4028 Westlawn Dr.

CENSUS TRACT	12e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	12f. ZIP CODE: 37209	13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No	14. RACE-American Indian, Black, White, etc. (Specify): White	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):

PARENTS

16. FATHER'S NAME (First, Middle, Last): Earl Miller

17. MOTHER'S NAME (First, Middle, Maiden Surname): Massey Mae Coleman

INFORMANT

18a. INFORMANT'S NAME (Type/Print)	18b. RELATIONSHIP TO DECEASED	18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
David Miller	Son	1968 Belotes Ferry Rd. Lebanon, TN 37087

DISPOSITION

19a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	19c. LOCATION-City or Town, State	
	Woodlawn Cemetery	Nashville, TN	
20a. SIGNATURE OF FUNERAL DIRECTOR	20b. LICENSE NUMBER OF FUNERAL DIRECTOR	20c. SIGNATURE OF EMBALMER	20d. LICENSE NUMBER OF EMBALMER
[signature]	5846	[signature]	2969

21a. NAME AND ADDRESS OF FUNERAL HOME
Marshall Donnelly Combs Funeral Home
201 25th Ave. North Nashville, TN 37203

REGISTRAR

22. REGISTRAR'S SIGNATURE [signature] DATE FILED (Month, Day, Year): Nov 23 2005

CERTIFIER

23a. SIGNATURE AND TITLE OF PERSON CERTIFYING

23b. LICENSE NUMBER: 31241 DATE SIGNED: 11-23-2005

23c. NAME AND ADDRESS OF CERTIFIER (If other than physician or medical examiner, type/print)
Amy R. McMaster, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC05-5641

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

CAUSE OF DEATH

24. PART I. Enter the diseases, injuries, or complications that directly caused the death. Do not enter terminal events such as cardiac arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS ON OTHER SIDE

Immediate cause (Final disease or condition resulting in death): a. Aspiration Pneumonia

Due to (or as a consequence of): b. Traumatic Brain Injury/Remote

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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.

25a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No

25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

26. MANNER OF DEATH: 1 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined	27a. DATE OF INJURY (Month, Day, Year): Unknown	27b. TIME OF INJURY	27c. INJURY AT WORK? 1 [ ] Yes 2 [X] No	27d. DESCRIBE HOW INJURY OCCURRED: Remote Head Injury
	27e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify): Unknown			27f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Unknown,

FH-1659 (REV. 6/05)

BIRTH NO. [redacted]

RDA 1389

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

Date Issued [illegible]

Ex. B

TENNESSEE DEPARTMENT OF REVENUE

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

March 13, 2006

ESTATE OF JAMES A MILLER
ATTN: ANNA G EVERTON
4525 HARDING PIKE STE 323
NASHVILLE TN 37205-2119

Account Type:	INHERIT TX
Account No.:	440966001
Date of Death:	November 19, 2005
County:	DAVIDSON
Social Security No.:	[redacted]-2555

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 JAMES A MILLER
ATTN: ANNA G EVERTON
4525 HARDING PIKE STE 323
NASHVILLE, TN 37205-2119

March 13, 2006

Account Type:	INHERIT TX
Account No.:	440966001
Date of Death:	November 19, 2005
County:	DAVIDSON
Social Security No.:	[redacted]-2555

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

RV-N0019001

Ex. C