IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

In Re Estate of
MARGARET DRAUGHON PALMER
Deceased.

Docket No. 04P- 1903

Davidson County AFFIDAVIT
Recvd: 06/05/06 11:16 4 pgs
Fees:22.00 Taxes:0.00
20060605-0065923

This Instrument Prepared By:
John T. Horton, Esq.
Davies, Humphreys & Evans, PLC.
150 Second Avenue North, Suite 225
Nashville, TN 37201

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF GEORGIA

COUNTY OF FULTON

JAMES D. PALMER, being first duly sworn states the following information under oath and of his own knowledge.

1. Margaret Draughon Palmer , a resident of Lakeland, Polk County, Florida, Tennessee, who died June 22, 2004, as evidenced by a copy of the death certificate attached as Exhibit "A", held a Fifty (50%) percent tenants in common interest in the following described real estate:

> Land in Davidson County, Tennessee, being a tract marked "Draughon" and Lot No. 13 in Block "A" in the Hillsboro-Hobbs Road Subdivision, not of record, described together according to a survey made by J.R. Scott, Surveyor, December 5, 1939, as follows:
>
> Beginning at a point in the westerly margin of Hillsboro Road 190 feet northerly from the northerly margin of Hobbs Road; running thence North 55° degrees, 30 ' west 200 feet to a stake; thence North 39 ° East 60 feet to a stake; thence South 55 ° 30' East 50 feet; thence northeast 50 feet to a point; thence southeast 150 feet to westerly margin of Hillsboro Road; thence with the same South 38° West 110 feet to the beginning.
>
> Together with a non-exclusive easement of ingress and egress as more fully set out in agreement between R. H. Cottrell, Jr. and wife, and Janie Naron Draughon, of record in Book 3033, page 612, Register's Office for said County.
>
> Being part of the same property to-wit: Tracts 1 & 2 conveyed to Janie Naron Draughon, by deed from J.V. Draughon and wife, Janie Naron Draughon, of record Book 2097, page 223, Register's Office for said County.

REFERENCE is made to prior title recorded in Book 4942, Page 274 RODC in the Register's Office of Davidson County, Tennessee.

2. The Last Will & Testament of Margaret Draughon Palmer was admitted to probate on November 30, 2004 in the Seventh Circuit Court , Davidson County, Tennessee, Docket No. 04P-1903. Said Last Will & Testament being registered in Wills of Record Volume Number 5736/1722758 in the office of the Probate Clerk for Davidson County, Tennessee. The Last Will & Testament named James D. Palmer as executor. The executor is duly qualified. All debts of the decedent have been paid. The Tennessee Inheritance Tax Clearance has been received, a copy of which is attached as Exhibit "B".

3. The Last Will & Testament of Margaret Draughon Palmer conveyed her interest in the above described realty to her four children: Jack M. Palmer, Jr., Melinda P. Hamilton, Vivian Woodhouse and James D. Palmer, in equal shares.

4. This Affidavit is being recorded pursuant to the authority of T.C.A. § 30-2-712.

Further Affiant Sayeth Not.

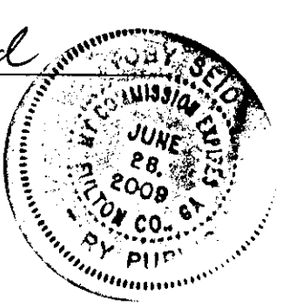
James D. Palmer

Before me, a Notary Public, duly appointed, qualified and commissioned in and for the State and County aforesaid, personally appeared James D. Palmer, the within named bargainor, with whom I am personally acquainted or proved to me 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 he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal in said County on this the 15th day of May, 2006.

NOTARY PUBLIC

My Commission Expires: June 26, 2009



STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	MARGARET	DRAUGHON	PALMER	FEMALE

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 Day: Hours	Minutes
JUNE 22, 2004	414-52-8469	73				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
DECEMBER 5, 1930	SHELBYVILLE, TENNESSEE	NO

9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: ___ Inpatient ___ ER/Outpatient ___ DOA OTHER: ___ Nursing Home ___ Residence X Other (Specify): HOSPICE

9b. INSIDE CITY LIMITS? (Yes or No): YES

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
GOOD SHEPHERD HOSPICE AT GRACE HEALTHCARE	LAKELAND	POLK

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
TEACHER	COUNTY BOARD OF EDUCATION	WIDOWED	

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
FLORIDA	POLK	LAKELAND	5815 OLD SCOTT LAKE ROAD

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No ___ Yes Specify:	15. RACE – American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0 - 12)	College (1-4 or 5 +)
NO	33813		WHITE		2

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
JOHN VIVIAN DRAUGHON	JANIE NARON

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
JAMES D. PALMER	2041 SIGNAL RIDGE CHASE, KENNESAW, GEORGIA 30152

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
___ Burial ___ Cremation X Removal from State ___ Donation ___ Other (Specify)	OAKWOOD CEMETERY	TUSCUMBIA, ALABAMA

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
	3091	GENTRY MORRISON FUNERAL HOME 1727 BARTOW ROAD LAKELAND, FLORIDA 33801

To be Completed by CERTIFYING PHYSICIAN Only:
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) ▶
22b. DATE SIGNED (Mo., Day, Yr.): 6/23/04
22c. HOUR OF DEATH: 2:40 a M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER:
23a. 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. (Signature and Title) ▶
23b. DATE SIGNED (Mo., Day, Yr.)
23c. HOUR OF DEATH: M
23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): DR. LUCY ERTENBERG M.D. 105 ARNESON AVENUE, AUBURNDALE, FLORIDA 33823

25a. STATE REGISTRAR – SIGNATURE AND DATE	25b. LOCAL REGISTRAR – SIGNATURE	25c. DATE REGISTERED
▶ Kenneth A Hobbs	▶ Jessica Osorio	June 24 2004

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFI

BY Ann Palmer
Chief Deputy Registrar

State Registrar

Date Issued: JUN 24 2004

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

C1186736 THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1946 (10-03)

FLORIDA DEPARTMENT OF HEALTH

EXHIBIT A

ALL-STATE LEGAL®

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

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

May 29, 2006

ESTATE OF MARGARET D PALMER
ATTN: JOHN T HORTON
150 2ND AVE N STE 225
NASHVILLE TN 37201-1944

Account Type:	INHERIT TX
Account No.:	440861374
Date of Death:	June 22, 2004
County:	DAVIDSON
Social Security No.:	[redacted]-8469

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 MARGARET D PALMER
ATTN: JOHN T HORTON
150 2ND AVE N STE 225
NASHVILLE, TN 37201-1944

May 29, 2006

Account Type:	INHERIT TX
Account No.:	440861374
Date of Death:	June 22, 2004
County:	DAVIDSON
Social Security No.:	[redacted]-8469

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

EXHIBIT B

ALL-STATE LEGAL®

RV-N0018901