Davidson County AFFIDAVIT
Recvd: 07/07/06 11:50 5 pgs
Fees:27.00 Taxes:0.00
20060707-0081727

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, being duly sworn, depose and say:

EVA MIZELL SANDERS, a resident of Madison, Davidson County, State of Tennessee, who died on January 28, 1996, 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. 23 on the Map of Primrose Acres Subdivision, as of record in Book 2663, page 107, Registers Office for Davidson County, Tennessee.

Said Lot No. 23 fronts 96.2 feet on the southeasterly margin of Woods Lake Drive and extends back 177.5 feet on the northeasterly line and 173.5 feet on the southwesterly line to a dead line, measuring 111.0 feet thereon.

Being the same property conveyed to JAMES PRENTICE SANDERS, and wife, EVA MIZELL SANDERS, by deed from PHILIP N. BROWNSTEIN, Federal Housing Commissioner, recorded in Book 3859, Page 747, Registers Office of Davidson County, Tennessee (Map and Parcel Numbers: 04203002500). JAMES PRENTICE SANDERS died on October 6, 1993.

The undersigned each received a one-half (1/2) interest in the real estate described above by virtue of being the Decedent's sole heirs-at-law, Decedent having died without a will.

A Tennessee Inheritance Tax Closing Letter has been received, a copy of which is attached as Exhibit B. 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. Section 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. Section 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.

Dated: 6-30-06

Sandra Kay Sanders
SANDRA KAY SANDERS

Dated: 6/30/06

Myra Joan Cashmere
MYRA JOAN CASHMERE

COUNTY OF WILLIAMSON
STATE OF TENNESSEE

Before me, Susan S. Weiss, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, SANDRA KAY SANDERS, 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 SANDRA KAY SANDERS executed the foregoing instrument for the purposes therein contained as 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 30th day of June, 2006.

Notary Public

SUSAN S. WEISS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

My commission expires: July 19, 2008

COUNTY OF WILLIAMSON
STATE OF TENNESSEE

Before me, Susan S Weiss, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, MYRA JOAN CASHMERE, 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 MYRA JOAN CASHMERE executed the foregoing instrument for the purposes therein contained as 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 30th day of June, 2006.

Notary Public

SUSAN S. WEISS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

My commission expires: July 19, 2008

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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.

LOCAL REGISTRAR

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 960661

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): EVA M. SANDERS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 28, 1996
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-0197
5a. AGE – LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): MAY 7, 1922
7. BIRTHPLACE (City and State or Foreign Country): HARTSVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): NASHVILLE MEMORIAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE (Madison)
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): BEAUTICIAN
12b. KIND OF BUSINESS/INDUSTRY: SELF EMPLOYED
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 922 WOODS LAKE DRIVE
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [XX] 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): 6th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES DYER
18. MOTHER'S NAME (First, Middle, Maiden Surname): LEATHA MONTGOMERY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): M. JOAN CASHMERE
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 141 MISS ELLIE DRIVE LAVERGNE, TN 37086

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): FOREST LAWN MEMORIAL PARK
20c. LOCATION – City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ KENT WILDMAN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: ▶ GEORGE DOBBS
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME, 1150 DICKERSON ROAD GOODLETTSVILLE, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha L Jones
24. DATE FILED (Month, Day, Year): February 14, 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: ▶ Pamela L Brown MD
25b. LICENSE NUMBER: 14325
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):

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. Sepsis
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. gangrene both legs
DUE TO (OR AS A CONSEQUENCE OF):
c. PVD
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.: ASCVD, DM II, HTN

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)

BIRTH NO

PH-1659
REV. 2-93

RDA 1399

NT 116425

...NESSEE DEPARTMENT OF REVENUE

...-TAXABLE
...ERTIFICATE

SANDERS, SANDRA K
ESTATE REPRESENTATIVE

FILED
97 APR 11 PM 12:32
RICHARD R. ... CLERK

ACCT. NO. 97-02301

To BLACK, THOMAS M
333 GALLATIN RD S
MADISON, TN 37115

Estate of:
SANDERS, EVA M
DAVIDSON (19)
01/28/96

THIS IS TO CERTIFY that a sworn Return for Inheritance Tax has been filed with this Department by the duly qualified representative of the above Estate. The values as reported on all forms of property within the return appear to be fairly reported. The allowance of all lawful debts, deductions and the applicable statutory exemption, exempts the estate from taxation.

As provided in Section 67-8-420, Tennessee Code Annotated, this certificate authorizes the Probate Court of the County wherein said Estate was administered to permit a final settlement or accounting by the aforesaid representative.

This, the 26th day of March, 19 97.

COMMISSIONER OF REVENUE

By Vicki Jones
Field Audit Division

RV-0194(REV 6/96)

14-002-0115

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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.

OCT 15 1993

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9305125

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JAMES PRENTICE SANDERS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): October 6, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0352
5a. AGE – LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Aug. 2, 1914
7. BIRTHPLACE (City and State or Foreign Country): ALAMO, TENNESSEE
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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): NASHVILLE MEMORIAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): EVA M. DYER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): GLAZIER
12b. KIND OF BUSINESS/INDUSTRY: BOARD OF EDUCATION
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 922 WOODSLAKE DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): TOM SANDERS
18. MOTHER'S NAME (First, Middle, Maiden Surname): GERTIE OWENS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. EVA M. SANDERS
19b. RELATIONSHIP TO DECEASED: SPOUSE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 922 WOODSLAKE DRIVE, MADISON, TN 37115

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): FOREST LAWN MEMORIAL GARDENS
20c. LOCATION—City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mary Ann Whitley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: ▶ DON DUPWE
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 DICKERSON ROAD, GOODLETTSVILLE, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Maura D. Riggerstaff
24. DATE FILED (Month, Day, Year): October 15, 1993

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: ▶ [signature]
25b. LICENSE NUMBER: 0014865
25c. DATE SIGNED (Month, Day, Year): 10/6/93
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):

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. Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Major S-T (type as) Bleed
DUE TO (OR AS A CONSEQUENCE OF):
c. Erosive Esophagitis
DUE TO (OR AS A CONSEQUENCE OF):
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Congestive Cardiopathy, Copd.

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)

BIRTH NO.

PH-1659
REV 1/89