Davidson County AFFIDAVIT
Recvd: 01/17/07 08:13 3 pgs
Fees:17.00 Taxes:0.00
20070117-0006528

This Instrument Prepared By:
ANNA EVERTON HAAS, 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***
Phyllis D. Macke 516 Sandy Cove Old Hickory, TN 37138	Same	Map 44-15 Parcel 377

AFFIDAVIT OF OWNERSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

J.C. Maxwell, a resident of Davidson County, State of Tennessee, who died August 10, 2006, as evidenced by a copy of the death certificate attached as Exhibit A, held a life estate interest in the following described real estate:

> Lot No. 93 on the plan of Section "B", Village of Old Hickory, as shown by plat and survey of record in Plat Book 1424, Page 67, of the Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for a more complete and accurate description of said lot.
>
> Being the same property conveyed to Phyllis D. Macke and Linda D. Ream as remaindermen by deed from Phyllis D. Macke of record in Instrument Number 20030702-0091824, Register's Office for Davidson County, Tennessee.
>
> The said Linda D. Ream further conveyed her remainder ownership in this property to Phyllis D. Macke, of record in Instrument Number 20041028-0129624, Register's Office for Davidson County, Tennessee.

Upon Linda D.Ream conveying her interest in the property to Phyllis D. Macke, Phyllis D. Macke became the sole remainderman.

At the death of J.C. Maxwell, his life-tenancy ceased, and a 100% interest in the above-described property vested in Phyllis D. Macke.

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, this affidavit being used to evidence ownership of title to the property.

This improved property is known as: 1108 Clarke Street, Old Hickory, TN 37138

Phyllis D. Macke

PHYLLIS D. MACKE

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared PHYLLIS D. MACKE, 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 10th day of January, 2007.

JENNIFER LEDFORD
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER
My Comm. Expires 02-08-2010

Jennifer Ledford

Notary Public

My commission expires: 2-8-2010

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

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): J. C. Maxwell
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): August 10, 2006
4. SOCIAL SECURITY NUMBER (or Pseudocode): [redacted]-2292
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Mar. 8, 1927
7. BIRTHPLACE (City and State or Foreign Country): Ft. Payne, AL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): McKendree Village Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widow
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.): Electrician
12b. KIND OF BUSINESS/INDUSTRY: Manufacturing
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 4347 Lebanon Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37076
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): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Renio Maxwell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Reeves

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Phyllis Macke
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 516 Sandy Cove, Old Hickory, TN 37138

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): Sunrise Memorial Gardens
20c. LOCATION-City or Town, State: Lithia Springs, GA
21a. SIGNATURE OF FUNERAL DIRECTOR: Rick Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5194
21c. SIGNATURE OF EMBALMER: Rick Smith
21d. LICENSE NUMBER OF EMBALMER: 5195
22a. NAME AND ADDRESS OF FUNERAL HOME: Roy Davis Funeral Home, 5935 Mulberry St., Austell GA 30168
22b. LICENSE NUMBER OF FUNERAL HOME: GA 1026

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowlen
24. DATE FILED (Month, Day, Year): August 21, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner(s) stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Deborah W Robin, M.D
25b. LICENSE NUMBER: MD0006019274
25c. DATE SIGNED (Month, Day, Year): 8/16/06
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): Deborah Robin, MD, Vanderbilt University Med. Ctr., Nashville, TN

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.
SEE INSTRUCTIONS ON OTHER SIDE
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: dementia
28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. 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
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)
BOX NO. -----
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.

Tonya Y. Ruttlen
Local Registrar

Date Issued: AUG 31 2006

CERTIFICATION OF VITAL RECORD

EXAMINED