Address of New Owner(s)
Betty Jean Jacobs
8040 Sawyer Brown Road
Nashville, TN 37221

Send Tax Bills To:
Same

Map and Parcel Numbers
Map 128-14
Parcel 14

Davidson County AFFIDAVIT
Recvd: 01/31/07 13:51 4 pgs
Fees:22.00 Taxes:0.00
20070131-0012925

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

William M. Jacobs, a resident of Davidson County, State of Tennessee, who died July 18, 2006, as evidenced by a copy of the death certificate attached as Exhibit A, held a tenants by the entirety interest in the following described real estate:

LAND in Davidson County, Tennessee, being Lot No. 14 on the Plan of Harpeth Park, Section 1, of record in Book 3600, page 92, Register's Office for Davidson County, Tennessee.

SAID Lot No. 14 fronts 116.5 feet on the southeasterly side of Sawyer Brown Road, and runs back between lines 210.0 feet on the northeasterly side, and 212.0 feet on the southwesterly side to a line in the rear on which it measures 58.95 feet.

BEING part of the same property conveyed to William C. Small and wife, Irma S. Small by deed from Coleman Realty Company, of record in Book 4063, page 105, Register's Office for Davidson County, Tennessee

SUBJECT to governmental zoning and subdivision ordinances or regulations in effect thereon of record in Book 3844, page 701 of the Register's Office for Davidson County, Tennessee and the plan of record in Book 3600, page 92 of said Register's Office and of record in Book 4155, page 56 in said Register's Office.

REFERENCE is made to prior title recorded in Book 4155, page 56 in Register's Office for Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the surveying tenant by the entirety.

PREPARED BY:
John L. Whitfield, Atty
95 White Bridge Rd
Nashville, TN 37205

The Tennessee Inheritance Tax Non-Taxable Certificate has been received and a copy 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.

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

Betty Jean Jacobs

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Betty Jean Jacobs, 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 Betty Jean Jacobs, executed the foregoing instrument for the purposes therein contained as Betty Jean Jacobs fee act and deed.

IN WITNESS WHEREFORE, I have hereunto set my hand and affixed my seal at my office in said County, on this the 31st day of January, 2007.

JOHN WHITFIELD NOTARY PUBLIC AT LARGE DAVIDSON COUNTY TENNESSEE

John Whitfield

Notary Public
My Commission Expires: 5/24/08

TENNESSEE DEPARTMENT OF REVENUE

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

01/11/07
Estate of William M. Jacobs
John L. Whitfield, Jr.
95 White Bridge Rd, Ste. 509
Nashville, TN 37205-1427

Account Type:	Inheritance
Account No:	441041767
Date of Death:	07/18/06
County:	Davidson
Social Security No:	[redacted]-0827

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

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John L. Whitfield, Jr.
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Penalty:	0.00
Total:	$0.00

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0604024

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): William M. Jacobs
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 18, 2006
4. SOCIAL SECURITY NUMBER: [redacted]-0827
5a. AGE - LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): May 28, 1932
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. 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): 8040 Sawyer Brown Road
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): Betty Mayo
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Auto Technician
12b. KIND OF BUSINESS/INDUSTRY: Hansen Chrysler
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 8040 Sawyer Brown Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes [ ] No [X]
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, if not shown in previous (To be completed by attendant or funeral director)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Richard Jacobs
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Holman

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Betty Jacobs
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8040 Sawyer Brown Road Nashville, Tennessee 37221

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 Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Heather Bauer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: ▶ [signature]
21d. LICENSE NUMBER OF EMBALMER: 5940
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda K. Barnes
24. DATE FILED (Month, Day, Year): July 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 as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 27820
25c. DATE SIGNED (Month, Day, Year): 7/21/06
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): Sean Ryan, M.D., 4230 Harding Road, Nashville, Tennessee 37205

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive Heart Failure — Approximate Interval Between Onset and Death: years
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 [ ] 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)

PH-1550 (REV. 6/99)
BIRTH NO.
RDA 139

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
JUL 21 2006

CERTIFICATION OF VITAL RECORD