Davidson County AFFIDAVIT
Recvd: 03/02/07 09:09 4 pgs
Fees:22.00 Taxes:0.00
20070302-0025748

New Owner: John Lovell
Send tax notice to: John Lovell
6005 Andover Drive
Nashville, TN 37215

Map No.: 117-9
Parcel No.: 47

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Ruby Lovell, a resident of Davidson County, State of Tennessee, who died April 12, 2006 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 9 of Block 8 on the map of Woodmont Estates, No. 2, of record in Book 1130, page 99, Register's Office for said County.

Said Lot fronts 200.6 feet, more or less, on the northerly side of Valley Brook Place and runs back between lines, 302.2 feet on the easterly line and 321.3 feet on the westerly line, along the easterly margin of Hilldale Drive, to a dead line in the rear on which it measures 190 feet more or less.

Being the same property conveyed to J.T. Lovell and wife, Ruby Lovell by deed from Hayes A. Noel and wife, Vance W. Noel, of record in Book 1881, page 389, said Register's Office.

This property is improved real property known as 2710 Valley Brook Place, Nashville, Tennessee 37215.

The undersigned received 100% interest in the real estate described above by virtue of being the recipient of the real estate under the provision of the decedent's will probated in the Probate Court of Davidson County, State of Tennessee, Case No. 06P-879.

The Tennessee Inheritance Tax Closing Letter has been received being account number 441062057, a copy of which is attached as Exhibit B.

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

John Lovell

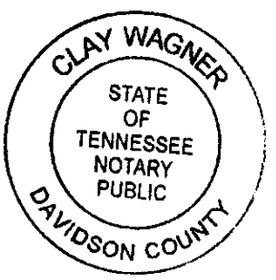
Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared John Lovell, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that John Lovell 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 28 day of February, 2007.

Clay Wag
Notary Public

MY COMMISSION EXPIRES MAY 22, 2010

My Commission Expires: _____



This Instrument Prepared by:

John L. Whitfield, Jr., No: 10675
95 White Bridge Road
Suite 509, Cavalier Building
Nashville, TN 37205
(615) 356-8130
(615) 356-8138 (FAX)

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

060205

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): Ruby I. Lovell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 12, 2006
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-7296
4a. AGE - LAST BIRTHDAY (Years): 92
5. IF UNDER 1 YEAR: 5a. MOS / 5b. DAYS / 5c. HOURS / 5d. MINS
6. DATE OF BIRTH (Month, Day, Year): Sept 10, 1913
7. BIRTHPLACE (City and State or Foreign Country): Judy, Kentucky
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 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Greenhills Health & Rehab
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
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.): Bookkeeper
12b. KIND OF BUSINESS/INDUSTRY: J.T. Lovell Co.
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2710 Valley Brook Place
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Benjamin Ishmael
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lelie May

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John C. Lovell
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6005 Andover Dr. Nashville, TN 37215

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): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles E. Wessell Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER: Dessie A. Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): April 17 2006

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 24306
25c. DATE SIGNED (Month, Day, Year): 4/17/06
26a. MEDICAL EXAMINER — 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.
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): David Heusinkveld, M.D. 4200 Stammer Pl. Nashville, TN. 37215

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Acute Respiratory Arrest
DUE TO (OR AS A CONSEQUENCE OF): b. Carcinoma of Stomach
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.

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 [ ] 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
31d. 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. 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.

Tonya Y. Ruttlen
Local Registrar

EXHIBIT
tabbies
A

APR 17 2006
Date Issued

CERTIFICATION OF VITAL RECORD

6025358070125

TENNESSEE DEPARTMENT OF REVENUE

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

LOVELL RUBY I
ATTN: JOHN L WHITFIELD JR
95 WHITE BRIDGE RD STE 509
NASHVILLE TN 37205-1490

January 28, 2007

Account Type:	INHERIT TX
Account No.:	441062057
Date of Death:	April 12, 2006
County:	DAVIDSON
Social Security No.:	[redacted]-7296

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:	$49,493.44
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$49,493.44

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

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EXHIBIT
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RV-N0018901