THIS INSTRUMENT PREPARED BY:

HOMER R. AYERS, Attorney
303 Frances Street, P.O. Box 904
Goodlettsville, Tennessee 37072

Affidavit of Heirship

ADDRESS NEW OWNERS:	PERSON OR ENTITY RESPONSIBLE FOR PAYMENT OF REAL PROPERTY TAXES:	MAP-PARCEL NOS.
VIRGINIA M. WERRBACH, et. al. 1015 Cross Bow Ct. Hendersonville, TN 37075	Same as New Owner	Map: 72-08 Parcel: 93

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, all being more than 18 years of age and sui juris, after being duly sworn, make affidavit, under oath as follows:

1. That by deed dated April 24, 1961, and filed for record in Book 3220, Page 473, Register's Office for Davidson County, Tennessee, Maddux Construction Company, Inc. conveyed to KENNETH KING McRAE and wife MARTHA C. McRAE, certain real property located at 1612 Berrywood Road, Nashville, TN 37216, said property being more specifically described as follows:

> Land in Davidson County, Tennessee, being Lot No. 2 on the Plan of Geneiva Heights, Section 2 as of record in book 2854, page 106, Register's Office for Davidson County, Tennessee, described as follows:
>
> Said Lot No. 2 fronts 90 feet on the southeasterly side of Berrywood Road and extends back 296.3 feet on the northeasterly and 239.9 feet on the southwesterly line to a dead line measuring 104.4 feet thereon.
>
> Being a part of the real property conveyed to Maddux Construction Company, Inc. by three deeds of record in Book 2926, Page 161, Book 2964, Page 264, and Book 3099, Page 267, Register's Office for Davidson County, Tennessee. And, being the same property conveyed to Kenneth King McRae and wife Martha C. McRae by deed of record in Book 3220, Page 473, said Register's Office.
>
> The mailing address for the said property is 1612 Berrywood Road, Nashville, TN 37216.

2. That Martha C. McRae, a/k/a Martha Curtis McRae died on December 20, 2001, at the age of 73 years, at which time Kenneth King McRae became owner of the said real property as the surviving tenant by the entirety.

Davidson County AFFIDAVIT
Recvd: 04/10/07 12:29 10 pg
Fees:52.00 Taxes:0.00
20070410-0042576

3. That at the time of the death of Martha C. McRae, she and Kenneth King McRae had been married for 55 years, and Kenneth King McRae never remarried during his lifetime.

4. That Kenneth King McRae died testate on January 2, 2007, at the age of 86 years, a citizen and resident of Davidson County, Tennessee, residing at 1612 Berrywood Road, Nashville, TN 37216.

5. That there were two children born to Kenneth King McRae and Martha C. McRae, during their respective lifetimes, being their only heirs at law, whose names, ages and addresses appear as follows:

VIRGINIA M. WERRBACH
Relationship: Daughter
Age: 56
1015 Cross Bow Court,
Hendersonville, TN 37075

SANDRA LEE SELLERS
Relationship: Daughter
Age: 53
5316 Dividing Ridge Road,
Goodlettsville, TN 37072

6. That KENNETH KING McRAE left a Last Will and Testament dated January 28, 2002, giving and devising all of his property in equal shares to his daughters SANDRA LEE SELLERS and VIRGINIA McRAE WERRBACH, a true and exact copy of the said Will being attached hereto as Exhibit A to this Affidavit and incorporated herein by reference.

7. That the estates of KENNETH KING McRAE and MARTHA C. McRAE are non-taxable estates for both the Department of Revenue of the State of Tennessee and the Internal Revenue Service.

8. That neither KENNETH KING McRAE or MARTHA C. McRAE was a recipient of TennCare benefits at any time during each of their respective lifetimes.

9. That the estates of KENNETH KING McRAE and MARTHA C. McRAE were not probated or administered upon, but that all debts and obligations owing by KENNETH KING McRAE and/or Martha C. McRae, during their respective lifetimes or by reason of their deaths have been fully paid and satisfied, and that there are no income taxes owing for either of them.

10. That ownership of the real property described in paragraph 1 above and located at 1612 Berrywood Road, Nashville, TN 37216, together with the improvements thereon and the appurtenances thereto is now vested in VIRGINIA M. WERRBACH and SANDRA LEE SELLERS, as tenants in common, each owning a one-half (½) undivided interest and no other person, persons, corporations or other entities has any interest in the said property..

11. That the real property described in paragraph 1 above and located at 1612 Berrywood Road, Nashville, TN 37216 is free and unincumbered.

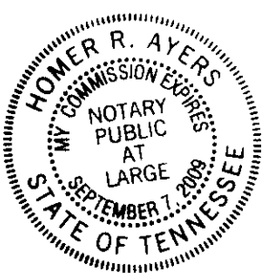
WITNESS our hands on this the 6th April, 2007.

VIRGINIA M. WERRBACH

SANDRA LEE SELLERS

Sworn to and subscribed before me this the 6th day of April, 2007.

NOTARY PUBLIC



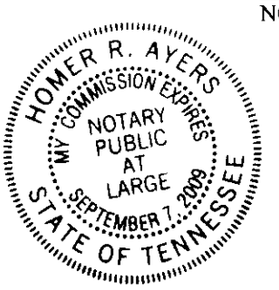
STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

The actual consideration or value, whichever is greater, for this transfer is NONE.

Affiant

Sworn to and subscribed before me, this the 6th day of April, 2007.

NOTARY PUBLIC



Last Will and Testament

OF

KENNETH KING McRAE

I, **KENNETH KING McRAE**, a resident of Davidson County, Tennessee, declare this to be my Last Will and Testament, hereby revoking all prior testamentary instruments made by me.

ARTICLE I

I direct that all my just debts, except those secured by mortgage or other security agreement, shall be paid out of my residuary estate by my *Executor*, hereinafter named, as soon as practicable after my death, including my funeral expenses, expenses of the administration of my estate, and any estate, inheritance or like taxes that may be imposed by reason of my death, without proration among the beneficiaries. I direct that all my debts secured by mortgage or other security agreement shall pass with the property and devisee or legatee shall take said property subject to the debt.

ARTICLE II

I direct that all my property be conveyed equally to my children, ***SANDRA LEE SELLERS*** and ***VIRGINIA McRAE WERRBACH***, with the issue of any then deceased child to represent his or her parent, per stirpes.

Kenneth King McRae

ARTICLE III

It is my desire to maintain a *"List"* which shall be kept with my original *Last Will and Testament* and said *"List"* will set out certain specific bequests of personal items to be made to the individuals therein named. It is my express desire that my *Executor* so honor said specific bequests, it being understood that said *"List"* may be changed from time to time by me.

ARTICLE IV

I incorporate by reference, as fully as if copied verbatim, all the provisions and powers set forth in *Tennessee Code Annotated*, *Section 35-50-l10*, which section enumerates the administrative powers that I hereby confer upon my *Executor*.

ARTICLE V

I appoint my daughters, ***SANDRA LEE SELLERS*** and ***VIRGINIA McRAE WERRBACH***, to be the *Co-Executrixes* of this my Last Will and Testament. (All references in this Will to *"Executor"* shall apply equally to the *"Executrix."*) In the event either daughter should for any reason fail or cease to serve in said capacity, then I direct that the remaining daughter shall serve as the sole *Executrix* hereunder. I direct that no bond or other security shall be required of either of the above-named fiduciaries who may serve as the personal representative of my estate.

Kenneth King McRae

IN WITNESS WHEREOF, I have hereunto set my hand this 28

day of June, 2002, and do publish and declare this to be my Last Will and Testament, in the presence of each and all of the subscribing witnesses whom I have requested to act as such by signing their names as attesting witnesses in my presence and in the presence of each other, and by signing the attached Affidavit, pursuant to the provisions of *Tennessee Code Annotated*, *Section 32-2-110*.

Kenneth King McRae

KENNETH KING McRAE

The foregoing instrument consisting of five (5) pages, including the affidavits, was signed, published and declared by the *Testator*, **KENNETH KING McRAE**, to be his Last Will and Testament in the presence of all of us at one and the same time and we at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said *Testator* and to the performance of the aforesaid act of execution on this the 28 day of January, 2002.

WITNESS:

Russ Edwards
Name

177 E. Main St.
Address

Hendersonville TN
City/State

WITNESS:

Candy Finch
Name

177 East Main St.
Address

Hendersonville, TN
City/State

STATE OF TENNESSEE)

COUNTY OF SUMNER)

AFFIDAVIT

We, the undersigned, being duly sworn according to law, depose and say that we are adult citizens of Sumner County, Tennessee; that we witnessed the execution of the Last Will and Testament of **KENNETH KING McRAE**, dated January 28, 2002, to which this Affidavit is attached, and that this Affidavit is being made at the request of the *Testator*, and in accordance with *T.C.A.*, §*32-2-ll0*; that our signatures are affixed to said Will, that we signed or affixed the same at the instance and at the request of the *Testator* and in his presence, and in the presence of each other, at the place and on the date recited in said Will; that the *Testator* signed said paper writing as and for his Last Will and Testament in our sight and presence; and that at the time we witnessed said Will, the *Testator* was of legal age, and in our opinion, of sound mind and disposing memory, and did not appear under any undue influence.

Russ Edwards
WITNESS

Candy Finch
WITNESS

Sworn to and subscribed before me, this
28 day of January, 2002.

DAEL W. EDWARDS
NOTARY PUBLIC
AT LARGE
SUMNER TENNESSEE

NOTARY PUBLIC

My Commission Expires: 3-19-05

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

070015

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): Kenneth King McRae
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 2, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5004
4a. AGE - LAST BIRTHDAY (Years): 83
4b. UNDER 1 YEAR: MOS. / DAYS
4c. UNDER 1 DAY: HOURS / MIN.
5. DATE OF BIRTH (Month, Day, Year): March 24, 1923
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [XX] Other (Specify): Alive Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ St. Thomas
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widower
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.): Parts Manager
12b. KIND OF BUSINESS/INDUSTRY: Ryder Truck Lines
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1612 Berrywood Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes 6 [XX] No
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 medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jessie Lee McRae, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lucy Hart Ellis

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Virginia Werrbach
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1015 Cross Bow Ct. Hendersonville, TN 37075

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] 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: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5222
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Road, Nashville, Tennessee, 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): January 4, 2007

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: 40370
25c. DATE SIGNED (Month, Day, Year): Jan. 4, 2007
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): James Meadows, MD 4220 Harding Rd Wing 3B Nashville, TN 37205

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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.

CAUSE OF DEATH

IMMEDIATE CAUSE [Final disease or condition resulting in death] → a. Non-Hodgkins Lymphoma — Approximate Interval Between Onset and Death:
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
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.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] 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: 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):

PH-1659
REV: 2-93

BIRTH NO.

RDA 1369

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.

[redacted]

Tonya Y Foreman
Local Registrar

JAN 05 2007
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0107550

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): Martha Curtis McRae
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 20, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): 414-22-0150
4a. AGE - LAST BIRTHDAY (Years): 75
4b. UNDER 1 YEAR: MOS. / DAYS
4c. UNDER 1 DAY: HOURS / MIN.
5. DATE OF BIRTH (Month, Day, Year): September 18, 1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [xx] No
9a. PLACE OF DEATH (Check only one): Hospital: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; Other: 4 [ ] Nursing Home 5 [xx] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1612 Berrywood 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): Kenneth McRae
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1612 Berrywood Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [xx] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [xx] No
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 for alteration or duplication

PARENTS

17. FATHER'S NAME (First, Middle, Last): Fred R. Curtis
18. MOTHER'S NAME (First, Middle, Maiden Surname): Gertrude Beal

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kenneth McRae
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1612 Berrywood Road Nashville, Tennessee 37216

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [xx] 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, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: Adam Rodgers
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Road, Nashville, Tennessee, 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Kathleen L. Bowen
24. DATE FILED (Month, Day, Year): January 8, 2002

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: Eric Ramsey
25b. LICENSE NUMBER: MDO 20184
25c. DATE SIGNED (Month, Day, Year): 1/4/02
26a. MEDICAL EXAMINER -- On the basis of examination and/or investigation, in my opinion, death occured 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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Eric Ramsey MD 3653 First Blvd. Ste 434 Hermitage TN 37076

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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. Non small cell Lung Cancer	20 months
	b. 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	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: chronic obstructive lung disease

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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

PH-1659
REV. 2-93

BIRTH 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.

John P. Dunn
John P. Dunn
Local Registrar

JAN 8 2002
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD