This Instrument Prepared Without Title Search,
From Information Provided By The Parties By:

Robert H. Stratton
Attorney at Law
4811 Lebanon Road, Suite 209
Hermitage, Tennessee 37076
(615) 902-0311

Davidson County AFFIDAVIT
Recvd: 09/06/07 11:44 5 pgs
Fees:27.00 Taxes:0.00
20070906-0107023

Owner: MARY C. RAYBURN
f/k/a Mary Charlene Gageby Atkinson

Map & Parcel No.:
Map 076-01 - Parcel 046
04 D 26264

Send Tax Notice To: MARY C. RAYBURN
636 Rehnea Drive
Old Hickory, Tennessee 37138

AFFIDAVIT OF INHERITANCE
(REAL ESTATE)

Comes now the undersigned **MARY C. RAYBURN f/k/a Mary Charlene Gageby Atkinson**, who, after being duly cautioned and sworn, deposes and says as follows:

LEORA VELMA GAGEBY , her mother was a one-third (1/3) undivided interest co-owner as tenant-in-common, along with her daughter, **MARY C. RAYBURN f/k/a Mary Charlene Gageby Atkinson**, one-third (1/3) undivided interest co-owner, and **ANTHONY L. RAYBURN**, one-third (1/3) undivided interest co-owner, in fee simple of the following described real estate:

A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

Being Lot No. 34 on the Plan of Oak Creek Subdivision, of record in Book 5200, Page 96, Register's Office for said County.

Said Lot No. 34 fronts 90 feet on the northwesterly margin of Rehnea Drive and extends back 168.33 feet on the southwesterly line and 139.40 feet on the northeasterly line to a line in the rear measuring 78.19 feet thereon.

Being the same property conveyed to Henry I. Finn by Quitclaim Deed of record in Book 7714, Page 503, Register's Office for Davidson County, Tennessee.

The Grantees agree to assume and pay the balance due on a promissory note from Henry I. Finn and wife, Sheila G. Finn, to Security Financial and Mortgage Corp. and secured by a Deed of Trust of record in Book 6682, Page 129, Register's Office for Davidson County, Tennessee and to hold Grantors harmless from payment thereof.

This conveyance is made subject to all restrictions and easements of record, or which a visual inspection of the property would reveal, including restrictive covenants of record in Book 5360, Page 572, and in Book 5382, Page 827, said Register's Office; and further subject to those conditions shown in the Plat of record in Book 5200, Page 96, said Register's Office, including a 35' building setback line from Rehnea Drive, a 20' sewer easement, and a 10' public utility and drainage easement.

Being the same property conveyed from Henry I. Finn, a single person, unto Leora V. Gageby, Mary C. Atkinson and Anthony L. Rayburn, as tenants in common and of record

in Book 7755, Page 500-502, Register's Office for Davidson County, Tennessee.

Subject to all restrictions and easements of record.

This is improved property known as 636 Rehnea Drive, Old Hickory, Tennessee 37138

died on December 1, 2005, as a citizen and resident of Davidson County, Tennessee.

The undersigned received the following described interest in the decedent's real estate described above by operation of law heir to her mother's estate and pursuant to the terms of the Last Will and Testament of the decedent LEORA VELMA GAGEBY and is thus entitled to receive the one third (1/3) interest of the decedent LEORA VELMA GAGEBY in said real property

A copy of the Last Will and Testament of the decedent LEORA VELMA GAGEBY is attached hereto and incorporated herein as Exhibit "A".

A copy of the Certificate of Death LEORA VELMA GAGEBY is attached hereto and incorporated herein as Exhibit "B".

The Tennessee Inheritance Tax clearance has been received, the original of which is attached hereto and incorporated herein as Exhibit "C".

There are no known debts or encumbrances remaining which are or might become a lien on said interest in the above described real estate excepting accrued real estate taxes not due and payable to date; and

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SINCE THE PREPARER OF THIS INSTRUMENT WAS NOT PROVIDED A CURRENT SURVEY FOR THE SUBJECT PROPERTY, PREPARER HEREIN MAKES NO REPRESENTATIONS AS TO ANY ENCROACHMENTS, BOUNDARY LINE PROBLEMS, SETBACK REQUIREMENTS, AMOUNT OF ACREAGE, EASEMENTS, OR ANY OTHER STATE OR CONDITION WHICH MAY OR MIGHT HAVE BEEN ASCERTAINED OR DISCLOSED BY A CURRENT SURVEY OF SUBJECT PROPERTY, NOR DOES PREPARER MAKE ANY REPRESENTATIONS AS TO THE ADEQUACY OR ACCURACY OF THE DESCRIPTION OF THE SUBJECT PROPERTY.

PREPARER OF THIS DOCUMENT MAKES NO REPRESENTATIONS AS TO THE STATUS OF THE TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS DEED HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER WHO MAKES NO REPRESENTATION WHATSOEVER OTHER THAN THAT IS HAS BEEN ACCURATELY TRANSCRIBED FROM THE INFORMATION PROVIDED.

BY: Mary C. Rayburn
MARY C. RAYBURN
f/k/a Mary Charlene Gageby Atkinson

State of Tennessee)
County of Davidson)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared MARY C. RAYBURN f/k/a Mary Charlene Gageby Atkinson, being one and the same individual, 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 she 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 Mt. Juliet, ~~Tennessee~~ on this the 5th ~~day~~ of September, 2007.

BY: _____
Notary Public

ROBERT H. STRATTON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

My Commission Expires: 3/14/2011

I, Leora Velma Gageby, being of sound mind and under no duress, do hereby make the following declaration of intent for my estate upon my death.

I declare that it is my wish to designate my daughter, Mary Charlene Gageby Atkinson, as my sole beneficiary of all my worldly possessions, monies, properties and any and all assets that I possess or that my beneficiary is entitled to. It is my wish that my daughter, Mary, receive full possession and complete authority to execute distribution of my estate as she sees fit.

I further declare that it is my wish that my daughter, Mary, assume all responsibility for settling my estate on my behalf.

I make this declaration with full knowledge and without any reservations that my daughter, Mary, will execute my estate fairly and with full consideration for all my family and friends. I have made my intentions very clear and concise to her and have received her total commitment to honor this declaration. She also agrees and promises to see that all the debts left by me at the time of my death will be settled out of my estate before any bestowments are made by her.

Leora V. Gageby
Leora Velma Gageby

Date: 2-9-88

Witness: Eileen H. Hargis
Signature

Date: 2-9-88

Notary

Date: 2-9-88

My Commission expires 3-25-90

STATE OF TENNESSEE NOTARY PUBLIC AT LARGE FRED V. [illegible]

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0507263

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): Leora Velma Gageby
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 1, 2005
4. SOCIAL SECURITY NUMBER: [redacted]-2127
5a. AGE-LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR: MONTHS / 5c. UNDER 1 DAY: HOURS, MINUTES
6. DATE OF BIRTH (Month, Day, Year): Nov 25, 1921
7. BIRTHPLACE (City and State or Foreign Country): Ozark, Missouri
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
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.): Bookkeeper
12b. KIND OF BUSINESS/INDUSTRY: Retail Business
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 636 Rchena Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes 2 No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 Yes 2 [X] 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Lee Moore
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cora Applegate

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Rayburn
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 636 Rehena Drive Old Hickory, Tennessee 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): Hermitage Memorial Garden
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Doug Barnes
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▸ Brandy Allen
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane, P. O. Box 757, Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ [signature]
24. DATE FILED (Month, Day, Year): January 5, 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.
25b. LICENSE NUMBER: 56766
25c. DATE SIGNED (Month, Day, Year): 1/5/06
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.
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▸ James V. Tedesco

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): Summit Medical Center 5653 Frist Blvd Suite 630 Hermitage TN 37076

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. Asystolic Cardiac Arrest — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: Minutes
b. Cardiac Conduction System disease, NOS — DUE TO (OR AS A CONSEQUENCE OF): (unknown)
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: CHF, Afib, Hypertension

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 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: HOUR / MINUTE
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY (Home, farm, street, factory, office building, etc.) (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6-99)
STATE FILE 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
Tonya Y. Ruttlen
Local Registrar

JAN 05 2006
Date Issued

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX RELEASE
FOR REAL OR PERSONAL PROPERTY

NOTICE: THIS DOCUMENT BECOMES AN OFFICIAL STATE RECORD WHEN COMPLETED. INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY IN INK. COMPLETE A SEPARATE INHERITANCE TAX RELEASE FORM FOR EACH PARCEL OF REAL PROPERTY OR FOR EACH BANK OR CORPORATION.

NAME OF DECEDENT: Leora Velma Gageby

COUNTY OF RESIDENCE: Davidson

SOCIAL SECURITY NUMBER: [redacted]-2127

APPLICATION:

ATTACHED: YES X NO ___

ON FILE: YES ___ NO ___ IF SO DATE FILED ___

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property now in your custody, or standing on your records in the name of the captioned decedent.

DESCRIPTION OF PROPERTY
(List only one)

636 Rhea Drive
Old Hickory, Tennessee 37138

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

Mary C. Rayburn
Representative of the Estate
(Not valid unless signed)
Mary C. Rayburn

RETAIN PINK COPY FOR YOUR RECORDS. RETURN WHITE AND YELLOW COPIES TO THE TENNESSEE DEPARTMENT OF REVENUE, 500 DEADERICK ST., NASHVILLE, TN 37242.

DEPARTMENTAL USE ONLY

Amy Green
For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

SEP 08 2001
SEP 08 2001
Date approved
Inheritance-Gift Tax Section

ROBERT H. STRATTON
ATTORNEY AT LAW
4811 LEBANON RD., SUITE 200
HERMITAGE, TN 37076
(615) 902-0311

Release will be mailed to address to the left. Type or print clearly in ink the complete address (include street number and zip code.) Address should be contained within the space provided.

RV-F1401501 (Rev. 6-00)