Davidson County AFFIDAVIT
Recvd: 09/18/07 08:55 3 pgs
Fees:17.00 Taxes:0.00

20070918-0111488

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
The actual consideration or value whichever is greater, for this transfer is $ -0- and exempt from the transfer tax according to T.C.A. §67-4-409.

Phillip D. Hunt, Affiant, Sole Heir and Executor of the Estate of Annie Ruth C. Hunt

Subscribed and sworn to before me this the 17th day of September, 2007.

NOTARY PUBLIC

My Commission expires

VALARIE A. NOLEN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 26, 2008

AFFIDAVIT OF HEIRSHIP

FROM: **ANNIE RUTH CASHION HUNT, DECEASED**

TO: **PHILLIP D. HUNT, sole heir-at-law**

PROPERTY: **3109 Edgemont**
Nashville, TN 37214

DOCUMENT: **DB00004212-0000345**
QC00011672-0000091

PARCEL ID NO.: **08507008800**

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Phillip D. Hunt, being first duly sworn, deposes as follows:

1. The Affiant is a citizen and resident of Davidson County, Tennessee;

2. This affidavit is made upon the personal knowledge of the Affiant pursuant to the provisions of TCA § 30-2-712;

3. Ruth C. Hunt, also known as Annie Ruth Cashion Hunt, died in Nashville, Davidson County, Tennessee, on May 10, 2007, as evidenced by the attached death certificate (Ex. A).

4. The surviving son and sole heir-at-law Phillip Darwin Hunt, pursuant to the Last Will and Testament of Ruth C. Hunt, and Disclaimer of Mark Landis Hunt's entire interest in the Estate Annie Ruth Cashion Hunt bearing Davidson County Seventh Circuit Court Probate Division Docket No. 07P- 903, is the sole recipient of the property located at 3109 Edgemont, Nashville, Davidson County, Tennessee 37241, described as follows to wit:

Land in Davidson County, Tennessee, being Lot No. 157 on the plan of Stanford Country Club Estates, Section IV, as of record in Book 2900, pages 83 and 84, Register's Office for Davidson County, Tennessee.

SAID Lot No. 157 fronts 90 feet on the southeasterly side of Edgemont Drive and runs back 193-48 feet on the northeasterly line and 201.88 feet on the southwesterly line to a dead line in the rear on which it measures 91 feet.

Being the same property conveyed to Hubert J. Hunt, and wife, Ruth C. Hunt, by deed from Robert David Bolton and wife, Loy S. Bolton as of record in Book 4212, Page 345, Register's Office for Davidson County, Tennessee. (The said Hubert J. Hunt having since died.)

Being the same property conveyed to Ruth C. Hunt, a widow, and son, Phillip Darwin Hunt, by quitclaim deed from David E. Phillips, Trustee, as of record in Book 11672, Page 91, Register's Office for Davidson County, Tennessee. (The said Ruth C. Hunt having since died on May 10, 2007, as evidenced by Ex. A.)

FURTHER AFFIANT SAYETH NAUGHT on this the 17th day of September, 2007.

Philip D. Hunt, Affiant, sole heir- at- law
Executor of the Estate of Annie Ruth Cashion Hunt

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me, this the 17th day of September, 2007.

NOTARY PUBLIC AT LARGE

My Commission expires: 1-26-08

VALARIE A. NOLEN NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 26, 2008

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0702855

Exhibit A

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): Ruth Cashion Hunt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 10, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4804
5a. AGE-LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): April 1,1923
7. BIRTHPLACE (City and State or Foreign Country): Fayetville, Tennessee
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): St. Thomas Alive Hospice
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3109 Edgemont Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O 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 Medicolegal

PARENTS

17. FATHER'S NAME (First, Middle, Last): Grady Erskine Cashion
18. MOTHER'S NAME (First, Middle, Maiden Surname): Alberta Irene Cannon

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Phillip Hunt
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2705 Overhill Circle Nashville, Tennessee 37214

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 Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles H. Teague, II.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5845
21c. SIGNATURE OF EMBALMER: [redacted]
21d. LICENSE NUMBER OF EMBALMER: 4934
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: Linda R. Bowers
24. DATE FILED (Month, Day, Year): May 22, 2007

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: Melinda Henderson MD
25b. LICENSE NUMBER: 39361
25c. DATE SIGNED (Month, Day, Year): May 16, 2007
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): Melinda Henderson 4220 Harding Rd, Wing 3B, Nashville TN 37205

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute coronary event — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 2 weeks

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. coronary artery disease — 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.: aortic stenosis, congestive heart failure
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 X 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
31c. INJURY AT WORK? 1 Yes 2 X 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. 6/99)
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.

[redacted]

Tonya Y Foreman
Local Registrar

Date Issued MAY 22 2007

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD