IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

In Re Estate of
LOUISE KELEHER WOODRUFF
Deceased.

Docket No. 07P- 435

Davidson County AFFIDAVIT
Recvd: 10/03/07 10:25 5 pgs
Fees:27.00 Taxes:0.00
20071003-0117821

This Instrument Prepared By:
John T. Horton, Esq.
Davies, Humphreys, Horton & Reese, PLC.
150 Second Avenue North, Suite 225
Nashville, TN 37201

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE

COUNTY OF DAVIDSON

MARY L. WOODRUFF, being first duly sworn states the following information under oath and of her own knowledge.

1. LOUISE KELEHER WOODRUFF, a resident of Nashville, Davidson County, Tennessee, died on February 3, 2007, as evidenced by a copy of the death certificate attached as Exhibit "A", and held a fee simple interest in residential real property known as,

Property Address: 2304 Ridgeland Drive, Nashville, Tennessee 37214

Mailing Address: 2304 Ridgeland Drive, Nashville, Tennessee 37214

2. The Last Will & Testament of LOUISE KELEHER WOODRUFF was admitted to probate on March 12, 2007 in the Seventh Circuit Court, Davidson County, Tennessee, Docket No. 07P-435. Said Last Will & Testament was registered under Docket Number 07P-435 in the office of the Probate Clerk for Davidson County, Tennessee. The Last Will & Testament named MARY L. WOODRUFF as executrix. The executrix is duly qualified. All debts of the decedent have been paid. The Tennessee Inheritance Tax clearance has been received, a copy of which is attached as Exhibit "B". A copy of the release submitted by the Bureau of TennCare pursuant to T.C.A. § 71-5-116 is attached hereto as Exhibit "C."

3. The Last Will & Testament of MARY LOUISE KELEHER conveyed her interest in the above described realty to her daughter MARY L. WOODRUFF.

4. This Affidavit is being recorded pursuant to the authority of T.C.A. § 30-2-712.

Further Affiant Saith Not.

Mary L Woodruff
MARY L. WOODRUFF

Before me, a Notary Public, duly appointed, qualified and commissioned in and for the State and County aforesaid, personally appeared MARY L. WOODRUFF, the within named bargainor, with whom I am personally acquainted or proved to me 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 in said County on this the 16 day of AUGUST, 2007.

Rita S Conner
NOTARY PUBLIC

RITA S. CONNER
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires: 11/27/10

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0700843

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): Louise Woodruff
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 3, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-8229
5a. AGE-LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 6, 1919
7. BIRTHPLACE (City and State or Foreign Country): Hartford, Connecticut
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 4 X Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): H. Q. M. of Nashville
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.): Key Punch
12b. KIND OF BUSINESS/INDUSTRY: Insurance Industry
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2304 Ridgeland 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
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): John Keleher
18. MOTHER'S NAME (First, Middle, Maiden Surname): Anna Kerwin

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Woodruff
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2304 Ridgeland Drive 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: Brad Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER: [signature] R. Ponder
21d. LICENSE NUMBER OF EMBALMER: 5535
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): February 15, 2007

PHYSICIAN

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 X SIGNATURE AND TITLE OF PHYSICIAN: [signature] M.D.
25b. LICENSE NUMBER: MD 10912
25c. DATE SIGNED (Month, Day, Year): 2/11/07
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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

SEE INSTRUCTIONS ON OTHER SIDE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hypertensive Cardiovascular Disease
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. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c. Atherosclerosis
DUE TO (OR AS A CONSEQUENCE OF):
d. Arteriosclerotic Cardiovascular Disease

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Osteoporosis
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 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-1859 (REV. 6/98) 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

Tonya Y. Foreman
Local Registrar

Date Issued: FEB 15 2007

EXHIBIT A

ALL-STATE LEGAL

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

FILED

2007 JUN 29 PM 3:41

RICHARD R. ROOKER

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

June 25, 2007

ESTATE OF LOUISE WOODRUFF
ATTN: JOHN HONTON
150 2ND AVE N STE 225
NASHVILLE TN 37201-1944

Account Type:	INHERIT TX
Account No.:	441107151
Date of Death:	February 3, 2007
County:	DAVIDSON
Social Security No.:	[redacted]-8229

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

ESTATE OF LOUISE WOODRUFF
ATTN: JOHN HONTON
150 2ND AVE N STE 225
NASHVILLE, TN 37201-1944

June 25, 2007	
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Total:	$0.00

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EXHIBIT
B

RV-N0018901

COPY

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

9/19/2007

RE: LOUISE K. WOODRUFF
049038229

JOHN HORTON
150 2ND AVE. NORTH
SUITE 225
NASHVILLE, TN 37201

Dear JOHN HORTON:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X — This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Ron Singh
Manager

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EXHIBIT
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