INSTRUMENT PREPARED BY:

Susan S. Weiss, Attorney at Law
7100 Executive Center Drive
Mooreland House, Suite 100
P. O. Box 1025
Brentwood, TN 37024-1025
(615) 377-1209

Davidson County AFFIDAVIT
Recvd: 10/11/07 09:31 12 p
Fees:62.00 Taxes:0.00
20071011-0120822

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

ADDRESS NEW OWNER:
c/o Suzanne Horton
607 Barbara Drive
Madison, TN 37115

SEND TAX BILLS TO:

same

The undersigned, being duly sworn, depose and say:

ALICE ELIZABETH KING, a resident of Madison, Davidson County, State of Tennessee, who died on October 29, 2005, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate in Davidson County, Tennessee:

> Being Lot 45 on the Plan of Section II, Pleasant Acres, of record in Book 2133, Page 75, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 45 fronts 75.07 feet on the southwest side of Barbara Drive and extends back between lines 316.29 feet on the northwest side, 302.50 feet on the southeast side to a rear line, measuring 88 feet thereon.
>
> Being the same property conveyed to DONALD E. KING and wife, ALICE E. KING (a.k.a. ALICE ELIZABETH KING) by deed from FERRISS C. BAILEY, Trustee, of record in Book 2279, Page 388, Register's Office of Davidson County, Tennessee. DONALD E. KING having predeceased ALICE ELIZABETH KING. His date of death is November 17, 2004 (copy of Death Certificate attached as Exhibit B).

The undersigned each received a one-sixth (1/6) interest in the real estate described above by virtue of being the recipients of all of the Decedent's residuary estate, including real estate, under the provisions of the LAST WILL AND TESTAMENT OF ALICE ELIZABETH KING (a copy of said will is attached as Exhibit C), which was admitted to probate on February 22, 2006, in the Seventh Circuit Court (Probate Division) Davidson County, Tennessee, Docket Number 06P286.

A Tennessee Inheritance Tax Waiver has been received, being number 441085461 a copy of which is attached as Exhibit D. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

T.C.A. Section 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. Section 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

7 DK
Dated: 5/12/07

DONALD EDMOND KING, JR.

7 SH
Dated: 5/12/07

SUZANNE CARROLL KING HORTON

7 PK
Dated: 5/12/07

THOMAS PATRICK KING

Dated: 7/12/07

DEBORAH JEAN SWARTHOUT

7 JJ
Dated: 5/12/07

JUDITH ANNE JACKSON

Dated: 7-12-07

DIANNE MARIE BRYAN

STATE OF TENNESSEE

COUNTY OF Davidson

Personally appeared before me, LaVette M. Puckett, a Notary Public, in and for said State and County, the within named DONALD EDMOND KING, JR., with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at Nashville, Tennessee, this the 12th day of July, 2007.

LaVette M. Puckett
Notary Public

My Commission Expires: July 5, 2011

LAVETTE M. PUCKETT STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE

COUNTY OF Davidson

Personally appeared before me, LaVette M. Puckett, a Notary Public, ~~in and~~ for said State and County, the within named SUZANNE CARROLL KING HORTON, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at Nashville, Tennessee, this the 12th day of July, 2007.

LaVette M. Puckett
Notary Public

My Commission Expires: July 5, 2011

LAVETTE M. PUCKETT STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE

COUNTY OF Davidson

Personally appeared before me, LaVette M. Puckett, a Notary Public, in and for said State and County, the within named THOMAS PATRICK KING, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

12th WITNESS my hand and official seal, at Nashville, Tennessee, this the day of July, ~~2006~~ 2007

LaVette M. Puckett
Notary Public

My Commission Expires: July 5, 2011

LAVETTE M. PUCKETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF ~~CALIFORNIA~~ Tennessee

COUNTY OF Davidson

Personally appeared before me, LaVette M. Puckett, a Notary Public, in and for said State and County, the within named DEBORAH JEAN SWARTHOUT, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

12th WITNESS my hand and official seal, at Nashville, Tennessee, this the day of July 2007, ~~2006.~~

LaVette M. Puckett
Notary Public

My Commission Expires: July 5, 2011

LAVETTE M. PUCKETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE

COUNTY OF Davidson

Personally appeared before me, LaVette M. Puckett, a Notary Public, in and for said State and County, the within named JUDITH ANNE JACKSON, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

12th WITNESS my hand and official seal, at Nashville, Tennessee, this the day of July 2007, ~~2006.~~

LaVette M. Puckett
Notary Public

My Commission Expires: July 5, 2011

LAVETTE M. PUCKETT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE

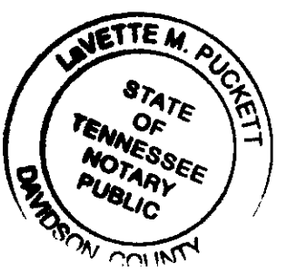
COUNTY OF Davidson

Personally appeared before me, LaVette M. Puckett, a Notary Public, in and for said State and County, the within named DIANNE MARIE BRYAN, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at Nashville, Tennessee, this the 12th day of July 2007, ~~2006~~.

LaVette M. Puckett
Notary Public

My Commission Expires: July 5, 2011



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 0506179

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): **Alice Elizabeth King**
2. SEX: **Female**
3. DATE OF DEATH (Month, Day, Year): **October 29, 2005**
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6918
5a. AGE - LAST BIRTHDAY (Years): **81**
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): **December 22, 1923**
7. BIRTHPLACE (City and State or Foreign Country): **Louisville, Ky**
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 XX Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): **607 Barbara Drive**
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.): **Owner/Operator**
12b. KIND OF BUSINESS/INDUSTRY: **The Pen & Shaver Shop**
13a. RESIDENCE-STATE: **Tennessee**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **Madison**
13d. STREET AND NUMBER OR RURAL LOCATION: **607 Barbara Drive**
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: **37115**
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 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 by physician or custodian

PARENTS

17. FATHER'S NAME (First, Middle, Last): **Charles Carroll**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Nellie Boston**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **Suzanne Horton**
19b. RELATIONSHIP TO DECEASED: **Daughter**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **128 Cherryhill Drive Hendersonville, TN 37075**

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 XX Other (Specify) **Entombment**
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: Mary Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **4604**
21c. SIGNATURE OF EMBALMER: Jeffrey L. Murphy
21d. LICENSE NUMBER OF EMBALMER: **4021**
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: LaKeva L. Bass
24. DATE FILED (Month, Day, Year): November 10, 2005

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: Jamie H Pope
25b. LICENSE NUMBER: **30361**
25c. DATE SIGNED (Month, Day, Year): **11/7/2005**
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)

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. Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Dementia - end stage
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

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 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)

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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

NOV 10 2005
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

Exhibit B

0406280

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2004 050218

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Donald Edmond King
2 SEX: Male
3 DATE OF DEATH (Month Day Year): November 17,2004
4 SOCIAL SECURITY NUMBER: [redacted]-6416
5a AGE LAST BIRTHDAY (Years): 81
5b UNDER 1 YEAR Months
5c UNDER 1 DAY Hours
6 DATE OF BIRTH (Month Day Year): September 7,1923
7 BIRTHPLACE (City and State or Foreign Country): Louisville, KY
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): 607 Barbara Drive
9c CITY, TOWN, OR LOCATION OF DEATH: Madison
9d COUNTY OF DEATH: Davidson 19
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Alice Carroll
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner/Operator
12b KIND OF BUSINESS/INDUSTRY: Pen & Shaver Shop
13a RESIDENCE-STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Madison
13d STREET AND NUMBER OR RURAL LOCATION: 607 Barbara Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] N
13f ZIP CODE: 37115
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15 RACE American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS
17 FATHER'S NAME (First Middle Last): John Campbell King
18 MOTHER'S NAME (First Middle Maiden Surname): Mary Ida Kerr

INFORMANT
19a INFORMANT'S NAME (Type/Print): Donald King, Jr
19b RELATIONSHIP TO DECEASED: Son
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 607 Barbara Dr Madison, TN 37115

DISPOSITION
20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify): Entombment
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: Jeffery Murphy
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3862
21c SIGNATURE OF EMBALMER: Rick Smith
21d LICENSE NUMBER OF EMBALMER: 5195
22a NAME AND ADDRESS OF FUNERAL HOME: Spring Hill 5110 Gallatin Rd Nashville, TN 37216
22b LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR
23 REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24 DATE FILED (Month Day Year): November 22,2004

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
25b LICENSE NUMBER: 008700
25c DATE SIGNED (Month Day Year): 11/22/04
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): Russell Smith 3443 Dickerson Pike Suite 770 Nashville, TN 37207

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. Respiratory failure
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. Suspected aspiration pneumonia
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: American Heart Society hypertension Coronary disease Chronic Pulmonal bronchitis Suspected Chronic aspiration
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
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-1859 (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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Apr-12-2005

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

LAST WILL AND TESTAMENT

OF

ALICE ELIZABETH KING

I, Alice Elizabeth King, a legal resident of Davidson County, State of Tennessee, hereby make, publish and declare this instrument as my Last Will and Testament, hereby revoking all previous wills and codicils made by me.

ITEM I

I direct my Executor, hereinafter named, to pay my funeral expenses and all debts which may be enforceable against my estate, (except secured or mortgaged debts, which may be paid in full or in part at the discretion of my executor) it being my intent that my Executor not waive any defense including any statute of limitation, which may be asserted.

ITEM II

Should my husband, Donald Edmond King, Sr., survive me for thirty days, I give, devise and bequeath unto him all of my property, real, personal or otherwise, wherever situated.

ITEM III

Should my husband, Donald Edmond King, Sr., predecease me, or die within thirty days after my death, I give, devise and bequeath unto my children who survive me for a period of thirty days all of my property, real, personal or otherwise, wherever situated, said property to be equally divided among them.

ITEM IV

Should my husband and I die under such circumstances that it cannot be determined which of us survived the other, it is my wish that, for the purpose of probate, my husband be presumed to have survived me.

ITEM V

I hereby appoint my husband, Donald Edmond King, Sr., as Executor of this my Last Will and Testament and request that he be allowed to serve without bond. In the event my husband does not

survive me or is unable or unwilling to serve, I hereby nominate and appoint Suzanne Carroll King Horton as Executor and I request that she also be allowed to serve without bond.

IN WITNESS WHEREOF, I do hereby execute this my Last Will and Testament on this 29th day of July, 2001. Pursuant to T.C.A. 32-211, I request the attesting witnesses to make the affidavit attached to this Will.

Alice Elizabeth King

Alice Elizabeth King

The foregoing instrument, composed of two pages, was on this 29th day of July, 2001, in Madison, Tennessee, executed by Alice Elizabeth King, as her Last Will and Testament in our joint presence. At the request of Alice Elizabeth King, we subscribe our names and attest to the execution of this Will.

Margaret Carroll residing at 607 Barbara Dr.
Madison, TN 37115

Sean Puckett residing at 5855 EDMONDSON PIKE
NASHVILLE, TN 37211

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Margaret Carroll and Sean Puckett

having been duly sworn, state that:

1. Alice Elizabeth King, signed the foregoing instrument on the date shown thereon and at the time of such signing she informed us that it was her Last Will and Testament.

2. She signed her Last Will and Testament when we were both in her sight and presence. She then requested us to sign her Will as attesting witnesses, which we did in her sight and presence and in the sight and presence of each other.

3. Alice Elizabeth King, is more than 18 years of age and we are both more than 18 years of age.

4. In our judgment, Alice Elizabeth King, is legally competent to make a Last Will and Testament.

Margaret Carroll

Sworn to and subscribed to
before me this 29th day
of July, 2001

LaVette M. King
NOTARY PUBLIC

My commission expires: November 30, 2002

Alice Elizabeth King
Alice Elizabeth King

N0006801

7036951070417

Exhibit D

TENNESSEE DEPARTMENT OF REVENUE

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

ESTATE OF ALICE E KING
ATTN: SUSAN S WEISS
B100
7100 EXECUTIVE CENTER DR
BRENTWOOD TN 37027-5249

April 20, 2007

Account Type:	INHERIT TX
Account No.:	441085461
Date of Death:	OCTOBER 29, 2005
County:	DAVIDSON
Social Security No.:	[redacted]-6918

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 ALICE E KING
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
B100
BRENTWOOD, TN 37027-5249

April 20, 2007

Account Type:	INHERIT TX
Account No.:	441085461
Date of Death:	OCTOBER 29, 2005
County:	DAVIDSON
Social Security No.:	[redacted]-6918

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

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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

RV-N0006801