Davidson County AFFIDAVIT
Recvd: 10/25/07 14:04 9 pgs
Fees:47.00 Taxes:0.00
20071025-0126301

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

Owner(s): **Carolyn A. Webster**
579 Old Lebanon Dirt Road
Hermitage, Tennessee 37076

Map & Parcel No.:
086-00-0 300.0 42

Send Tax Notice To: **Carolyn A. Webster**
579 Old Lebanon Dirt Road
Hermitage, Tennessee 37076

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

State of Tennessee)
County of Davidson)

Comes now the undersigned, who, after being duly cautioned and sworn, deposes and says as follows:

1. I make this affidavit upon personal, knowledge, information and belief;

2. I am the daughter and sole heir to the Estate of my mother, Susie Mai Sutton, who was preceded in death by her husband, Henry Chadwell Sutton [DOD: 06/18/1989];

3. I make this Affidavit of Inheritance in said capacity for the purpose of conveying title to the heirs of the decedent pursuant to T. C. A. § 31-2-101 *et seq.*

4. **Susie Mai Sutton**, the owner in fee simple of the following described real estate:

BEING Land in the Fourth Civil District of Davidson County, Tennessee, described as follows, To-wit:

BEGINNING at a point on the south side of the Old Nashville and Lebanon Road, running thence N. 30 degrees E. passing through a fore and aft Elm Tree North of said road, and passing 4-3/4 feet west of the northwest corner of the dwelling house located on the land herein described in all 1240 feet to a large white oak tree; thence N. 69 1/4 degrees E. 796.5 feet to a stake; thence south 1/2 degree W. 1003 feet to the center of the Old Nashville and Lebanon Road; thence with said Road S. 62 1/2 degrees West 281.5 feet ; thence S. 64 1/4 degrees W. 543 feet to a cedar tree on south side of road; thence

W. along the south side of said road 611 feet to the begining , containing 25 acres, more or less.

BEING the same property conveyed to L. M. Baker and wife, Madelin C. Baker, by Deed from Frances Wilson, of record in Book 1148 , Page 614, Register's Office for said County; and .

BEING the same property conveyed to Henry C. Sutton and wife, Susie Mai Sutton by Deed from L. M. Baker and wife, Madelin C. Baker, of record in Book 1336 , Page 155, Register's Office for said County.

Subject to all easements, restrictions or conditions of record in the Register's Office for Davidson County, Tennessee.

This is improved property known *as 579 Old Lebanon Dirt Road - Hermitage, Tennessee 37076*

No survey was made and the description herein is substantially the same as in the prior deed of record. This deed prepared without benefit of Title Examination and preparer makes no certification as to the validity of the title thereto.

died on June 21st, 2006, as a citizen and resident of Davidson County, Tennessee.

The undersigned **Carolyn A. Webster,** is the sole heir of decedent and received the *fee simple interest* in the decedent's real estate described above pursuant to the terms of the Last Will and Testament of the decedent, Susi Mai Sutton, dated October 12, 1999, a copy of which is attached hereto and incorporated herein as **Exhibit "A"**, and by the laws of descent and distribution T.C.A. § 31-2-101 *et seq.* The undersigned is the sole surviving child of the **Decedent, Susie Mai Sutton** and is entitled to receive Decedent's fee simple interest in and to said real property.

Copies of the Certificate of Death of Susi Mai Sutton, and her husband, Henry Chadwell Sutton are attached hereto and incorporated herein as **Exhibit "B" and "C".**

The Tennessee Inheritance Tax waiver has been received and is attached hereto and incorporated herein as **Exhibit "D".**

Their are no debts or encumbrances remaining which are or might become a lien on said interest in the above described real estate except: Current real estate taxes.

FURTHER AFFIANT SAYETH NAUGHT.

BY: Carolyn A. Webster
Carolyn A. Webster

WITNESSES:

BY: James E. Flubart
5526 Creole Way
Mt. Juliet 37122

BY: Barbara A. Flubart
5526 Creole Way
Mt. Juliet, TN 37122

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Carolyn A. Webster** the within named bargainor, **and Witnesses:** James E. Flubart, **and** Barbara A. Flubart, 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 he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said Hermitage, Tennessee on this the 24 day of October, 2007.

BY: _____
Notary Public

My Commission Expires: 3/14/2011

ROBERT H. STRATTON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

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



LAST WILL AND TESTAMENT

COPY

OF

Susie Mai Sutton

I, **Susie Mai Sutton**, currently residing in the City of Hermitage, County of Davidson, State of Tennessee, being of lawful age, sound mind and memory, and under no restraint, do hereby publish and declare this to be my **Last Will and Testament**, revoking all prior wills and codicils that I have made.

A PERSONAL NOTE TO MY FAMILY

I trust that the formal terminology in this will and the absence of personal messages will not cause you to doubt my love and affection for you. You are well aware of my love and affection. Because a will is a legal instrument, the purpose of which is to dispose of property, I do not feel that it is an appropriate place for extensive personal messages. Suffice it to say that I love each of you and that my last thoughts are of you.

ARTICLE I

All estate and inheritance taxes (including interest and penalties, if any), together with all administration expenses, payable in any jurisdiction by reason of my death (including those taxes and expenses payable with respect to assets which do not pass under this will) shall be paid out of and charged generally against the principal of my residuary estate without apportionment. I waive any right of reimbursement for, recovery of, or contribution toward the payment of those taxes and administration expenses, except my personal representative shall, to the maximum extent permitted by law, seek reimbursement for, recovery of, or contribution toward the payment of federal or state estate tax attributable to property in which I have a qualifying income interest for life, over which I have power of appointment, or which is included in my gross estate by reason of Section 2036 of the Internal Revenue Code of 1986, as from time to time amended ("Code"), and which tax is not otherwise paid or payable.

ARTICLE II

A. I give all of my tangible personal property that I own at my death, including any household furniture and furnishing, vessels, motor vehicles, books, pictures, jewelry, art objects, hobby equipment and collections, wearing apparel, and other articles of household or personal use or ornament, to my daughter, **Carolyn Ann Webster**, ***per stirpes***; provided, however, that if any beneficiary hereunder has not reached legal age, or been emancipated by marriage or otherwise, under the law of the jurisdiction in which that beneficiary is domiciled at the time set for distribution under this paragraph, then the person having legal custody of the beneficiary (i) shall represent the beneficiary in any division of such property, (ii) may give a binding receipt for and hold the beneficiary's share for his or her benefit, (iii) may sell any part or all of the share, and (iv) shall deliver the share or sale proceeds to the beneficiary before or when the beneficiary reaches legal age, as such person considers advisable.

B. All costs of safeguarding, insuring, packing, and storing my tangible personal property before its distribution and of delivering each item to the place of residence of the beneficiary of that item shall be deemed to be expenses of administration of my estate.

ARTICLE III

I give my residuary estate, which shall not include any property over which I have a power of appointment, to my daughter, **Carolyn Ann Webster**, ***per stirpes***.

ARTICLE IV

A. I name my daughter, **Carolyn Ann Webster,** as personal representative of this will. If my daughter, **Carolyn Ann Webster,** fails or ceases to act as personal representative, then I name my niece, **Ann Tomlin,** personal representative of this Will. No personal representative of this will shall be required to furnish bond or other security as personal representative.

B. If the appointment of a personal representative of my estate is necessary or desirable in any jurisdiction in which no personal representative herein named is able or willing to act, I appoint as my personal representative in that jurisdiction such person (who may be an officer or employee or a corporate personal representative then acting) or corporation as may be designated in an instrument signed by my then acting personal representative, that personal representative to serve without bond, or if bond is required, without surety thereon, and to have all the powers and discretion with respect to my estate in that jurisdiction that are set forth or referred to in paragraph C of this Article, to be exercised without court order. As used in this will, the terms "personal representatives" and "personal representative"

designate any court-appointed fiduciaries or fiduciary of my estate from time to time qualified and acting in any jurisdiction.

C. In addition to all powers granted by law, my personal representatives shall have all the powers and discretion, with respect to my estate during administration, including the power to sell real estate or personal property at public or private sale for any purpose and to hold title to property in the name of a nominee, all to be exercised without court order.

D. I empower my personal representative(s) (i) to make such elections under the tax laws as my personal representative(s) deem advisable, in each case without regard to the relative interests of the beneficiaries; however, my personal representative(s) shall not make adjustments between principal and income, or in the interest of the beneficiaries, to compensate for the effects of such elections and allocation. Any decision made by my personal representative(s) with respect to the exercise of any tax election shall be binding and conclusive on all persons.

E. I direct that my personal representative be excused from filing an inventory, interim accounting or final accounting with the Court having jurisdiction over the administration of my estate.

F. I direct that the compensation of the corporate personal representative, if any, shall be in accordance with its published schedule of fees as in effect at the time the services are rendered.

ARTICLE V

If any beneficiary or heir at law of mine shall, directly or indirectly, contest or attack the validity of this will or any disposition under this will, by filing suit against my personal representative or otherwise, then that beneficiary or heir at law, and all descendants of that contesting beneficiary or heir at law, shall be treated as if such beneficiary or heir at law had predeceased me and shall take nothing from my estate.

I signed this will on the 12th **day of** October, **1999.**

BY: Susie Mai Sutton
Susie Mai Sutton

On the date last above written, we saw **Susie Mai Sutton**, in our presence, sign the foregoing instrument at its end. She then declared it to be her last will and testament, and requested us to act as witnesses to it. We then, in her presence and in the presence of each other, signed our names as attesting witnesses, believing her at all times herein mentioned to be of sound mind and memory and not acting under constraint of any kind.

BY: Judy M. Pruin
Residing at: 608 Hillwood Ct
Mt Juliet, TN 37122

3 SMS

BY: Ann K Counce
Residing at: 312 Kenilworth Dr
Old Hickory, TN 37138

BY: _____
Residing at: _____

STATE OF TENNESSEE)
COUNTY OF Davidson)

Judy M. Price, _____, and ANN K COUNCE, being severally duly sworn, depose and say that:

We are acquainted with **Susie Mai Sutton**, who executed the annexed Will, consisting of 4 typewritten pages, dated the 12th day of October, 1999, on that date at Hermitage, Tennessee, by subscribing her name at the end thereof in the presence and sight of each of us.

At the time of subscribing said Will, **Susie Mai Sutton**, declared the instrument so subscribed by her to be her Last Will and Testament, and we thereupon signed our names as witnesses at the end of said instrument at her request and in her presence and sight, and in the presence and sight of each other.

At the time of executing said Will, **Susie Mai Sutton**, was over the age of eighteen years and in our opinion was of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a Will.

This affidavit is made at the request of said **Susie Mai Sutton**.

The annexed Will was examined by the undersigned at the time this affidavit was made.

BY: Judy M. Price

BY: Ann K Counce

BY: _____

SWORN TO AND SUBSCRIBED before me, this 12th day of October, 1999.

BY: _____
NOTARY PUBLIC

My Commission Expires:
5/25/2003

ROBERT H. STRATTON NOTARY PUBLIC AT LARGE WILSON CO. TENN.

4 SMS

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

B

0603625 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Susie Mai Sutton
2. SEX: Female
3. DATE OF DEATH: June 21, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): 415-14-1645
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): Dec. 22, 1921
7. BIRTHPLACE (City and State or Foreign Country): Hartsville, 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): 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.): Office Manager
12b. KIND OF BUSINESS/INDUSTRY: Waste Management
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 579 Old Lebanon Dirt Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify if yes: Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11 — College (1-4 or 5+):

NAME OF DECEDENT For use by physicians or medical examiners

PARENTS

17. FATHER'S NAME (First, Middle, Last): Johnny Dyer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ivory Gammons

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carolyn Webster
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 579 Old Lebanon Dirt Road Hermitage, Tennessee 37076

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: Paul Walls
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2965
21c. SIGNATURE OF EMBALMER: Ray Mallard
21d. LICENSE NUMBER OF EMBALMER: 3654
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: Robert W. Rhodes
24. DATE FILED (Month, Day, Year): June 30, 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. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 36266
25c. DATE SIGNED (Month, Day, Year): 6/27/6
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): 5653 First Blvd Suite 630 Hermitage TN 37076 James Tedesco

SEE INSTRUCTIONS ON OTHER SIDE

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.	CHF	10 days
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.	ischemic cardiomyopathy	years
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: Pneumonia, DM2

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. 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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued: JUN 30 2006

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

JUL 14 1989

Fredia S. Wadley, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 8903178

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): HENRY CHADWELL SUTTON
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JUNE 18, 1989
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-9786
5a. AGE – LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): JULY 9, 1914
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): DONELSON HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: DONELSON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): SUSIE MAI DYER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): LABORER
12b. KIND OF BUSINESS/INDUSTRY: HERMITAGE HILLS SANITARY CO.
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: HERMITAGE
13d. STREET AND NUMBER OR RURAL LOCATION: 579 OLD LEBANON DIRT ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0[X] No
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): GEORGE WASHINGTON SUTTON
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY LOU COWLEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. SUSIE M. SUTTON
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 579 OLD LEBANON DIRT RD., HERMITAGE, TN 37076

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, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ TIMOTHY M. GARRETT
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2943
21c. SIGNATURE OF EMBALMER: ▶ MICHAEL A. SLACK
21d. LICENSE NUMBER OF EMBALMER: 3917
22a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT, P.O. BX 444, GOODELTTSVILLE, TENN. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Penstecoat
24. DATE FILED (Month, Day, Year): July 14, 1989

CERTIFIER

26a. 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: ▶ Barry W. Cowden MD
26b. LICENSE NUMBER: MD011346
25c. DATE SIGNED (Month, Day, Year): 7/10/89
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred 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):

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): ARRON M. ESBENSHADE, M.D. 4737 ANDREW JACKSON PKWY. ANDREW JACKSON MEDICAL COMPLEX, HERMITAGE, TENN. 37076

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. Cerebrovascular accident
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. Probable pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c. Metastatic bladder cancer
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.: Carotid artery Ca.

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)

BIRTH NO: ____

202-06-002

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: SUSIE MAI SUTTON

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: [redacted]-1645

EXHIBIT tabbies D

APPLICATION:

ATTACHED: YES XX NO ___

ON FILE: YES ___ NO XX 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)

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

579 Old Lebanon Dirt Road
Hermitage, Tennessee 37076

Carolyn Sutton Webster
Representative of the Estate
(Not valid unless signed)

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)

OCT 19 2007
Date approved
Inheritance-Gift Tax Section

ROBERT H. STRATTON
ATTORNEY AT LAW
4811 Lebanon Road, Suite 209
Hermitage, Tennessee 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)