THIS INSTRUMENT PREPARED BY:
MARK H. WESTLAKE, ATTORNEY
GULLETT, SANFORD, ROBINSON & MARTIN, PLLC
315 Deaderick Street, Suite 1100
Post Office Box 198888
Nashville, TN 37219 (615) 244-4994

Address Property Tax Bills To:

Nancy I. Smedley
452 Siena Drive
Nashville, TN 37205

Davidson County AFFIDAVIT
Recvd: 04/23/08 08:26 5 pgs
Fees:27.00 Taxes:0.00
20080423-0041280

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, Nancy I. Smedley, Executrix of the Estate of Theodore A. Smedley, after first being duly sworn, states as follows:

1. By Warranty Deed of record in Book 20040426, page 0047095, Register Office for Davidson County, Tennessee, the property described in Exhibit A attached hereto was conveyed to Theodore A. Smedley and wife, Nancy I. Smedley their heirs and assigns.

2. Theodore A. Smedley died on June 15, 2007 survived by his wife Nancy I. Smedley and tenant by the entirety in the property. (A copy of the death certificate for Theodore A. Smedley is attached hereto as Exhibit B.)

3. This Affidavit of Inheritance is given pursuant to Tennessee Code Annotated § 30-2-712, *et seq.*, to establish and reflect the inheritance by and to confirm the vesting of title to said interest in Nancy I. Smedley.

Further affiant saith not.

ESTATE OF THEODORE A. SMEDLEY

By: Nancy I. Smedley
Nancy I. Smedley, Executrix

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within NANCY I. SMEDLEY (with whom I am personally acquainted or proved to me on the basis of satisfactory evidence), after being duly sworn acknowledged herself to be the Executrix of the Estate of Theodore A. Smedley and that as such Executrix, she executed the foregoing Affidavit of Inheritance for the purpose therein contained.

WITNESS my hand and official seal this 9th day of April, 2008.

Notary Public
My Commission Expires: March 7, 2011

J. ERIC INSIGNARES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 7, 2011

341543.1/2007863

EXHIBIT A

A certain Condominium Apartment in Davidson County, Tennessee, described as follows, to-wit:

UNIT NO. 452 created under Title 66, Chapter 27, Section 101, *et seq.*, as amended, Tennessee Code Annotated, and as established by the Master Deed for The Cloister at St. Henry, Phase 1B of record in Book 6237, Page 665, Register's Office for Davidson County, Tennessee, together with the undivided percentage interest in the common elements appurtenant to said unit, as set forth in said Master Deed. Reference is hereby made to the Plat for The Cloister at St. Henry, Phase 1B, attached as Exhibit "B" to said Master Deed for proper identification.

BEING the same property transferred conveyed and leased to Charles C. Zachry, Sr., and wife, Harriet C. Zachry, by deed in Book 6546, page 462, Register's Office for Davidson County, Tennessee, the said Charles C. Zachry, Sr., having died on May 27, 1989, and the said Harriet Campbell Zachry having died on December 17, 2003. The Will of Harriet Campbell Zachry, probated in Case No.: 04P137, Seventh Circuit Court of Davidson County, names Charles Candler Zachry, Jr., and McCoy Campbell Zachry s alternate Co-executors and leaves them the subject property.

This conveyance and lease is subject to the following:

1. Provisions of Tennessee Code Annotated, Section 64-27-101, *et seq.*
2. Conditions, restrictions, options, encumbrances, liens, assessments, easements and undertakings contained in the Master Deed for The Cloister at St. Henry, Phase 1D, recorded in Book 6933, Page 927, as amended by instrument of record in Book 7404, page 766, Register's Office for Davidson County, Tennessee, and the Bylaws for The Cloister at St. Henry, recorded in Book 6042, Page 650, Register's Office for Davidson County, Tennessee.
3. Sanitary Sewer and/or Storm Easement of record in Book 4191, Page 157 Register's Office for Davidson County, Tennessee.
4. Matters shown on the Plan of Fifth Revision of The Cloister at St. Henry, Phase 1D of record in Book 6250, Page 979, Register's Office for Davidson County, Tennessee.
5. Storm Water Detention Agreement by and between St. Henry's Property Development, Inc., and the Metropolitan Government of Nashville and Davidson County, of record in Book 6862, Page 384, Register's Office for Davidson County, Tennessee.
6. Real Estate taxes for 2004.

BEING the same property transferred, conveyed and leased to Theodore A. Smedley and wife, Nancy I. Smedley, by deed in Book 200440426, Page 0047095, Register's Office for Davidson County, Tennessee.

This is improved property known as 452 Siena Drive, Nashville, Tennessee 37205.

N0018901 7239045080403

TENNESSEE DEPARTMENT OF REVENUE

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

April 6, 2008

SMEDLEY THEODORE A
ATTN: MARK H WESTLAKE
PO BOX 198888
NASHVILLE TN 37219-8888

Account Type:	INHERIT TX
Account No.:	441197019
Date of Death:	June 15, 2007
County:	DAVIDSON
Social Security No.:	336-09-9049

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

SMEDLEY THEODORE A
ATTN: MARK H WESTLAKE
PO BOX 198888
NASHVILLE, TN 37219-8888

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Penalty:	$0.00
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RV-N0018901

EXHIBIT

tabbies

B

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0703395 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): Theodore Allyn Smedley
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 15, 2007
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-9049
5a. AGE-LAST BIRTHDAY (Years): 94
5b. UNDER 1 YEAR — MONTHS / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov. 5, 1912
7. BIRTHPLACE (City and State or Foreign Country): Waverly, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. 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): Centennial Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
9r3u4
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Nancy Inscoe
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Law Professor
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 452 Siena Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): ; College (1-4 or 5+): 5+

PARENTS

17. FATHER'S NAME (First, Middle, Last): Roscoe Smedley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Lucas

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy I. Smedley
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 452 Siena Drive Nashville, Tennessee 37205

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Cremation Service
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Kevin Michael Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Rebecca W. Rhodes
24. DATE FILED (Month, Day, Year): June 19, 2007

CERTIFIER

25a. CERTIFICATION - 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
25b. LICENSE NUMBER: MD 18791
25c. DATE SIGNED (Month, Day, Year): 6/18/07
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): 6/18/07

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): Dr. William H. Polk, Jr. The Surgical Clinic 356 24th Ave. N. Ste. 400 Nashville TN

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. Cardiac Arrest — DUE TO (OR AS A CONSEQUENCE OF): Aspiration Pneumonia — —
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. DUE TO (OR AS A CONSEQUENCE OF): Colon Cancer — 1 yr
c. DUE TO (OR AS A CONSEQUENCE OF): Colon Cancer — 2 mt
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 [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. 5/98) — BIRTH NO. — RDA 1299

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
JUN 19 2007

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

CERTIFICATION OF VITAL RECORD