Davidson County AFFIDAVIT
Recvd: 05/07/08 08:21 4 pgs
Fees:22.00 Taxes:0.00
20080507-0046847

AFFIDAVIT OF INHERITANCE

NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NO.:
Thomas M. Tyner	381 Barrywood Drive	Map 146-12-0
	Nashville, TN 37211	Parcel 168.00

The undersigned being duly sworn deposes and says:

Jack Ward Tyner, resident of Davidson County, State of Tennessee, died October 20, 2007 as evidenced by a copy of the Death Certificate attached as Exhibit A held a 50% tenants in common interest in the following describe real estate:

> BEING Lot No. 76 on the Revised Subdivision of Creivewood as of record in Book 2330, page 90 Register's Office for said county.
>
> Said Lot No. 76 fronts 75 feet on the southerly side of Barrywood Drive and runs back between lines 447.5 feet on the westerly and 462.8 feet on the easterly line, which is a broken line, to a dead line in the rear on which it measures 120 feet. Being the same property conveyed to Jack W. Tyner and wife, Shirley H. Tyner of record in Book 2633, page 51 of the Register's Office for Davidson County, Tennessee.

Subject to governmental zoning and subdivision ordinances or regulations in effect thereon.

Reference is made to prior title in the recorded Will of Shirlie A. Hollins, divorced from Jack W. Tyner (recorded Instrument No. 20021015-0126909) and a Quitclaim Deed from Sharon Anne Armer to Thomas Mimms Tyner (recorded Instrument No. 20050110-0003398) in the Register's Office of Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the recipient of real estate under the provisions of the decedent's Will probated in the Circuit Court of Davidson County, State of Tennessee, Docket No. 07P-1800. An Inheritance Tax Closing Letter from the Tennessee Department of Revenue is attached as Exhibit B.

There are no debts or encumbrances remaining that are or might become a lien on the interest described in the above real estate.

Tennessee Code Annotated §67-4-409(a)(3)(D) exempts this instrument from tax and *Tennessee Code Annotated* §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used as evidence of transfer of title to the property to a beneficiary.

Thomas Mimms Tyner

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Thomas Mimms Tyner, the within named bargainor, with whom I am personally acquainted or provided 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 Thomas Mimms Tyner 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 County, on this 2nd day of May, 2008.

NOTARY PUBLIC

My Commission Expires: 5/24/08

NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0705661

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Jack Ward Tyner
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 20, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]5350
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): Sept. 17, 1926
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3502 Robin Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Chemist
12b. KIND OF BUSINESS/INDUSTRY: TN State Health Dept.
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3502 Robin Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes O. XX No
15. RACE-American Indian, Black, White, etc. (Specify): Caucasian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): +5
NAME OF DECEDENT (For use by physician or medical examiner)
PARENTS
17. FATHER'S NAME (First, Middle, Last): Thomas Mimms Tyner
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cennie Mae Moore
INFORMANT
19a. INFORMANT'S NAME (Type/Print): Tommy Tyner
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 381 Barrywood Drive Nashville, TN 37211
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): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
FUNERAL DIR.
21a. SIGNATURE OF FUNERAL DIRECTOR: David McGee
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3679
21c. SIGNATURE OF EMBALMER: Michael P. Dibbie
21d. LICENSE NUMBER OF EMBALMER: 5733
22a. NAME AND ADDRESS OF FUNERAL HOME: MOUNT OLIVET FUNERAL HOME & CEMETERY 1101 Lebanon Road, Nashville, TN 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970
REGISTRAR
23. REGISTRAR'S SIGNATURE: Linda R. Bowles, CR
24. DATE FILED (Month, Day, Year): October 23, 2007
PHYSICIAN
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 X SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD 7894
25c. DATE SIGNED (Month, Day, Year): 10/23/07
MEDICAL EXAMINER
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): Dr. Keith Hagin 2801 Charlotte Avenue Nashville, TN 37203
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. Cardio respiratory Arrest
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. End Stage Alcoholic Cirrhosis
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE
CAUSE OF DEATH
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. 6/99)
BIRTH NO.
RDA 1389

I hereby certify the above to be a true and correct copy of the original document on file in this departme[redacted]only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nas[redacted] Alteration or erasure voids this certification.

EXHIBIT A

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

[redacted]

Tonya Y Foreman
Local Registrar

Date Issued
OCT 23 2007

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

CERTIFICATION OF VITAL RECORD

N0019001

6093043080418

TENNESSEE DEPARTMENT OF REVENUE

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

TYNER JACK W
ATTN: JOHN L WHITFIELD
95 WHITE BRIDGE RD STE 509
NASHVILLE TN 37205-1490

April 21, 2008

Account Type:	INHERIT TX
Account No.:	441192461
Date of Death:	October 20, 2007
County:	DAVIDSON
Social Security No.:	411-34-5350

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

TYNER JACK W
ATTN: JOHN L WHITFIELD
95 WHITE BRIDGE RD STE 509
NASHVILLE, TN 37205-1490

April 21, 2008

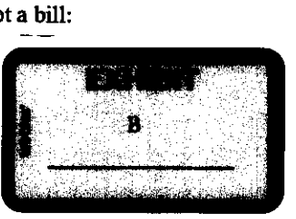
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RV-N0019001