This Instrument Prepared By:
John L. Whitfield, Esq.
Moody, Whitfield & Castellarin
95 White Bridge Road, Suite 509
Nashville, TN 37205
(615) 356-8130
(615) 356-8138 (Fax)

Davidson County AFFIDAVIT
Recvd: 05/13/08 13:50 4 pgs
Fees:22.00 Taxes:0.00
20080513-0049270

Address of New Owner(s)
Donald D. Harrell
427 Hickory Glade Drive
Antioch, TN 37013

Send Tax Bills To:
Same

Map and Parcel Numbers
Map 162-01-0-A
Parcel 020.00CO

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Sarah E. Harrell, a resident of Davidson County, State of Tennessee, died June 14, 2007 as evidenced by a copy of the death certificate attached as Exhibit A, held a joint tenants with a right of survivorship interest in the following described real estate:

> Land in Davidson County, Tennessee, being Unit No. 20 on the site Plan of Phase I, Hickory Glade, of record in Book 6250, page 889, which amends Book 6250, page 888, Register's Office for said County, to which plan reference is hereby made for a more complete legal description.
>
> BEING the same property conveyed to Sarah E. Harrell and Donald E. Harrell by deed from Buford M. DeFord and wife, Jane R. DeFord of record Instrument No. 20000907-0088726 and by deed of correction of record Instrument No. 20080404-0034288.
>
> Subject to governmental zoning and subdivision ordinances or regulations in effect thereon.
>
> Reference is made to prior recorded Instrument Nos. 20000907-0088726 and 20080404-0034288 in the Register's Office for Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the surviving joint tenant with right of survivorship and being the recipient of the real estate under the provisions of decedent's Will, probated in the Davidson County Court, State of Tennessee, Docket No. 07P1194.

A Tennessee Inheritance Tax waiver has been received being Account No. 441153440, a copy of which is attached as Exhibit B.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described 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 that valuation oath is unnecessary, this affidavit being used to evidence transfer of title to the property to a beneficiary.

Donald D. Harrell

Donald D. Harrell

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Donald D. Harrell, the within named bargainor, 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 Donald D. Harrell, executed the foregoing instrument for the purposes therein contained as Donald D. Harrell free act and deed.

IN WITNESS WHEREFORE, I have hereunto set my hand and affixed my seal at my office in said County, on this the 5 day of May, 2008.

Christie Smiley

Notary Public

My Commission Expires: 7/21/2010

CHRISTIE SMILEY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON

N0019001

6495770071129

TENNESSEE DEPARTMENT OF REVENUE

filed on 12/5/07

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

December 2, 2007

ESTATE OF SARAH E HARRELL
ATTN: JOHN L WHITFIELD
95 WHITE BRIDGE RD STE 509
NASHVILLE TN 37205-1490

Account Type:	INHERIT TX
Account No.:	441153440
Date of Death:	June 14, 2007
County:	DAVIDSON
Social Security No.:	[redacted]3925

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

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95 WHITE BRIDGE RD STE 509
NASHVILLE, TN 37205-1490

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EXHIBIT A

RV-N0019001

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0703387

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

HARRELL, SARA

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Sarah Elizabeth Parker Harrell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 14, 2007
4. SOCIAL SECURITY NUMBER: [redacted]3925
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): Mar 22, 1926
7. BIRTHPLACE (City and State or Foreign Country): Bedford County, TN
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): Southern Hills Medical Center
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)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cafeteria Worker
12b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 427 Hickory Glade Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37013
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): 12; College (1-4 or 5+)
17. FATHER'S NAME (First, Middle, Last): Tom Parker
18. MOTHER'S NAME (First, Middle, Maiden Surname): Francis Lambert

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Donald Harrell
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3124 Country Meadow Drive Antioch, Tennessee 37013

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): Roselawn Memorial Gardens
20c. LOCATION-City or Town, State: Murfreesboro, Tennessee

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda A. Bowers
24. DATE FILED (Month, Day, Year): June 19, 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 SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)

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 X SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 34634
26c. DATE SIGNED (Month, Day, Year): 06/15/2007

PHYSICIAN (Physician, Physician Assistant, Advanced Practice Nurse) OR MEDICAL EXAMINER MUST COMPLETE AND SIGN MEDICAL CERTIFICATION within 48 hours.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Adele Lewis, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC07-1974

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Complications of right femoral neck fracture — Approximate Interval Between Onset and Death
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. 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.

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 Natural 2 X Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 03/18/2007
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 Yes 2 X No
31d. DESCRIBE HOW INJURY OCCURRED: Tripped and fell from standing height
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Residence
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 2252 Racquet Club Dr, Murfreesboro, TN

PH-1050 (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 department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Da... 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 20...

CERTIFICATION OF VITAL RECORD