This Document prepared by:
HOWARD M. SKIPWORTH, Attorney
From documents and information
Furnished by client.
No Title Examination Requested.

Owners: YVONNE E. J OHNSON
BETTY JANE RUSHING
and JAMES PATRICK NICHOLSON

MAP & PARCEL NO.:
61-4 140
FIELD BOOK
15 DZ 27205

Send TAX NOTICE TO:
YVONNE N. JOHNSON,
BETTY JANE RUSHING,
and JAMES PATRICK NICHOLSON
209 ALTA LOMA ROAD
MADISON, TN 37115

Davidson County AFFIDAVIT
Recvd: 06/05/08 13:25 21 ps
Fees:107.00 Taxes:0.00
20080605-0057949

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and say:

HALLIE KIMBROUGH NICHOLSON, a resident of Davidson County, State of Tennessee, who died September 11, 2007 as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

Land in Davidson County, Tennessee being Lot No. 7 of Block 3 on the Plan of H.J. MCGAUGHEY'S HAYSBORO SUBDIVISION, as of record in Book 547, Pages 15 and 16, Register's Office for said County.

Said Lot No. 7 fronts 100 feet on the Westerly side of Haysboro Drive and extends back 285 feet on the southerly line and 290 feet on the northerly line to the easterly margin of Brush Hill Road, measuring 100 feet thereon.

Being the same property conveyed to HALLIE KIMBROUGH NICHOLSON, a widow, by deed from JAMES P. NICHOLSON, of record in Book 10199, Page 963, Register's Office, Davidson County, Tennessee. The said HALLIE KIMBROUGH NICHOLSON having since died on September 11, 2007.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 10199, Page 964 in the Register's Office of Davidson County, Tennessee.

The undersigned received equal interest in the real estate described above by virtue of being the recipients of the real estate under the provisions of the decedent's Will, probated in the Probate Court of Davidson County, State of Tennessee, Case No. 08P-344. (A copy of Will, Petition and Order to Probate are attached as Exhibits B, C, and D).

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 441200960, a copy of which is attached as Exhibit E.

The Tenncare Release dated March 17 _____, 2008, has been received, a copy of which is attached as Exhibit F.

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. §67-4-409 (a) (3) (D) exempts this instrument from tax and T.C.A. §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 the beneficiaries.

Yvonne N. Johnson
YVONNE M. JOHNSON
Beneficiary N. mj

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared YVONNE N. JOHNSON, 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 she executed the foregoing instrument for the purposes therein contained as her 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 7th day of February, 2008.

Howard M. Shipworth
NOTARY PUBLIC

My Commission expires: _____

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9, 2012

BETTY JANE RUSHING,
Beneficiary

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared BETTY JANE RUSHING, 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 she executed the foregoing instrument for the purposes therein contained as her 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 7th day of February, 2008.

Howard M. Shipworth
NOTARY PUBLIC

My Commission expires:

HOWARD M. SHIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 9, 2010

James Patrick Nicholson
JAMES PATRICK NICHOLSON,
Beneficiary

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State of Louisiana, EBR Parish, personally appeared James Patrick Nicholson, 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 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 county, on this 18 day of Feb, 2008.

NOTARY PUBLIC

NOTARY ID #010500

My Commission expires:

JOHN C. SONNIER JR. #010500 NOTARY PUBLIC EAST BATON ROUGE

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

[redacted]067

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): Hallie Kimbrough Nicholson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 11, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-2501
5a. AGE - LAST BIRTHDAY (Years): 96
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar 10, 1911
7. BIRTHPLACE (City and State or Foreign Country): Giles Co., TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): 4312 Brush Hill Road
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Homemaker
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4312 Brush Hill Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216-
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+): 12

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Patrick Cleyborne Kimbrough
18. MOTHER'S NAME (First, Middle, Maiden Surname): Leona Beeler

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Betty Jane Rushing
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4300 Brush Hill Road Nashville, Tennessee 37216

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): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Rachel Knott
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5775
21c. SIGNATURE OF EMBALMER: Rick Green
21d. LICENSE NUMBER OF EMBALMER: 4256
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company 2707 Gallatin Rd. Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowles, OR
24. DATE FILED (Month, Day, Year): September 13, 2007

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: Julie Dunn
25b. LICENSE NUMBER: TN 32086
25c. DATE SIGNED (Month, Day, Year): 9/13/07
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 EXCUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Julie Dunn, M.D. 3443 Dickerson Pk. Suite G30 Nashville, TN 37207

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

26. PART I. Enter the disease, 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. Dehydration
DUE TO (OR AS A CONSEQUENCE OF):
b. Failure to Thrive
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. 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)

BIRTH NO.

PH-1659 (REV. 6/99)

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
Local Registrar

Date Issued: SEP 13 2007

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT A

Last Will And Testament
Of
Hallie K. Nicholson

I, Hallie K. Nicholson, presently residing at of 4312 Brush Hill Road, Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my Last Will and Testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ITEM I
REFERENCES

A. *Marital Status.* I am a widow.

B. *Children.* I have three (3) children, whose names are Yvonne N. Johnson, Betty Jane Rushing and James Patrick Nicholson. The words "descendants," "issue," "child," and "children" as used in this Will include adopted persons who were adopted before they reached the age of eighteen (18) years, as well as natural descendants, and are intended to include adopted persons and descendants of adopted persons. Words referring to my Executor or Executrix shall include any substitute or successor executor. Words of any gender shall be deemed to include the other gender, as appropriate, and any reference to the singular shall include the plural, and vice versa, unless the context indicates that such reading would be inappropriate.

C. *Executor.* For convenience, the Executor (including any alternates) hereinafter appointed is sometimes referred to as the Executor, regardless of the gender or the number of the parties serving in such capacity.

EXHIBIT B

ITEM II
DEBT, ADMINISTRATIVE EXPENSES AND TAXES

A. *Payment of Debts, Administrative Expenses and Taxes.* All of my legally enforceable debts (except secured debts, which may be paid or retained in the discretion of the Executor), my funeral expenses and the expenses of administration of my estate, both domiciliary and ancillary, shall be paid by my Executor as soon as practicable after my death. My Executor shall pay out of my residuary estate all estate, inheritance and other death taxes which shall become payable by reason of my death, whether in respect of property passing under this Will or otherwise, as an expense of administration without apportionment. Notwithstanding any provision herein to the contrary, the following taxes shall not be paid by my estate and shall instead be charges against the applicable property or persons in possession thereof or benefited thereby in the manner provided by applicable law; any generation skipping tax; any additional tax imposed by Section 2032A of the Internal Revenue Code; and any tax attributable to the inclusion of property in my gross estate pursuant to Section 2044 of the Internal Revenue Code. My Executor may claim each administration expense as a deduction on any income or death tax return, as the Executor sees fit, and no compensating adjustments between income and principal are to be made because of any such decision. All costs of safeguarding, insuring, packing, and storing my tangible personal property before its distribution and of delivering each item to the residence of the beneficiary of that item shall be treated as administration expenses.

B. *Life Insurance.* The proceeds of any life insurance payable to my estate are to be free from the claims of creditors, and are to be held and distributed as provided by the terms of this Will. My Executor may use any portion of such proceeds as my Executor deems advisable for the payment

of debts, expenses and taxes, but only if my Executor thinks such use of the proceeds is in the best interests of my beneficiaries hereunder.

C. *Casualty Insurance*. Each insurance policy covering an item of property passing under this Will passes with such property. The recipient of such property is not to be charged for any unearned premium already paid. If any insured item of property passing under this Will has been destroyed or damaged, the insurance proceeds recovered or recoverable therefrom are to be paid to the recipient of such damaged or destroyed item in place of any destroyed item and in addition to any damaged item.

ITEM III
DISPOSITION OF ESTATE

Certain items of my personal property shall be distributed in accordance with the provisions of a certain memorandum written entirely in my handwriting and signed by me. If for any reason said memorandum is not found and properly identified as such by my executor within thirty days after the probate of my will, then all of the aforesaid property shall become part of my residuary estate hereinafter disposed of.

All the rest, residue and remainder of my estate, real, personal and mixed, of every nature and wheresoever situated, including lapsed legacies and devises, remainders, reversions, expectancies, income collected during the period of administration of my estate and all property of which I have power of testamentary disposition, control or appointment, I give, devise and bequeath to my children, Yvonne N. Johnson, Betty Jane Rushing and James Patrick Nicholson, equally, share and share alike, per stirpes.

In all circumstances, despite any provision of law to the contrary, no interest of any beneficiary in my estate, shall be subject to assignment, alienation, pledge, attachment, or claims of creditors of such beneficiary, including claims of any divorced spouse for alimony or support payments or otherwise, or subject to levy, seizure, or liens for taxes and may not otherwise be voluntarily or involuntarily alienated or encumbered by such beneficiary.

ITEM IV
FIDUCIARY

A. *Executor*. I appoint my daughter, Yvonne N. Johnson, as the Executrix of this my Last Will and Testament. If she is unable to serve as the Executrix for any reason, then I appoint my daughter, Betty Jane Rushing, as the alternate Executrix. I direct that no bond be required of my fiduciaries for the faithful performance of their duties and that they shall not be required to file any inventory or accountings.

B. *Powers*. The Executor, including any substitute or successor personal representative, in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming a part of my estate, may exercise any and all of the powers set forth in Tennessee Code Annotated § 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference (as set out in said statute on the date of the execution of this will), even if said statute be amended or repealed hereafter and even if my estate be administered in a state other than Tennessee.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and the preceding four typewritten pages, and for the purpose of identification, I have initialed each such page at the bottom thereof, all in the presence of the persons witnessing it, at my request, on this the 11 day of October 2002, at Nashville, Tennessee.

HALLIE K. NICHOLSON

Signed, sealed, published and declared by the Testatrix, Hallie K. Nicholson, to be her Last Will and Testament in the presence of all of us at one and the same time and we at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

WITNESSES:

NAMES	ADDRESS
	4012 Brook Hill Rd. Nashville, TN. 37216

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

AFFIDAVIT

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, after being first duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Hallie K. Nicholson dated the 11 day of October 2002, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix and in accordance with Tennessee Code Annotated §32-2-110.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in her presence and in the presence of each other at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Last Will and Testament, the Testatrix was, in their opinion, of sound mind.

WITNESS

WITNESS

Sworn to and subscribed before me this 11 of October 2002.

NOTARY PUBLIC

My commission expires:

Notary Public, Sumner Co., TN
My Commission Expires Oct. 2, 2005

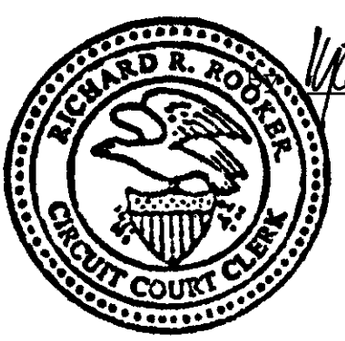
STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the LAST WILL AND TESTAMENT heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 26 day of FEBRUARY , 2008 , in Case Number 08P344 between JOHNSON, YVONNE N. Petitioner, and NICHOLSON, HALLIE KIMBROUGH Respondent, as same remains in the records of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 28 day of FEBRUARY 2008

RICHARD R. ROOKER, Clerk,

SEAL



Deputy Clerk

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TWENTIETH JUDICIAL DISTRICT, STATE OF TENNESSEE
PROBATE DIVISION
AT NASHVILLE

FILED
2008 FEB 26 AM 8:43
RICHARD R ROOKER, CLERK
_____ D.C

IN RE:

MUNIMENT OF TITLE PROBATE OF THE LAST WILL AND TESTAMENT OF HALLIE KIMBROUGH NICHOLSON, DECEASED

NO.: 08P-344

PETITION

Your Petitioner, YVONNE N. JOHNSON, files this Petition as an interested party in the Estate of HALLIE KIMBROUGH NICIHSOLSON, deceased, (the "Decedent") and as the one nominated as Executrix in the Last Will and Testament of the Decedent, and would respectfully show to the Court as follows:

1. The Decedent died in Nashville, Tennessee, on September 11, 2007, a resident of Davidson County, Tennessee, at the age of 96, leaving a paper writing purporting to be the Last Will and Testament of the Decedent, bearing the date of October 11, 2002, where the subscribing witnesses are SHIRLEY C. MCCRARY and ALLEN F. MCCRARY. Said Will waives any bond of the Petitioner in Item IV A. on page 4 and also waives the requirement of filing any inventory or making any accounting to the Court in Item IV A. page 4. JAMES BRITTON NICHOLSON, spouse of decedent, died September 29, 1985.

2. The Decedent did not leave a probate estate to be administered. This is a probate-only proceeding so the Will can serve as a muniment of title to the Decedent's interest in one parcel of real estate in Davidson County, Tennessee, described as follows:

EXHIBIT C

Land in Davidson County, Tennessee being Lot No. 7 of Block 3 on the Plan of H.J. MCGAUGHEY'S HAYSBORO SUBDIVISION, as of record in Book 547, Pages 15 and 16, Register's Office for said County.

Said Lot No. 7 fronts 100 feet on the Westerly side of Haysboro Drive and extends back 285 feet on the southerly line and 290 feet on the northerly line to the easterly margin of Brush Hill Road, measuring 100 feet thereon.

Being the same property conveyed to HALLIE KIMBROUGH NICHOLSON, a widow, by deed from JAMES P. NICHOLSON, of record in Book 10199, Page 963, Register's Office, Davidson County, Tennessee. The said HALLIE KIMBROUGH NICHOLSON having since died on September 11, 2007.

The mailing address for said property is: 4312 Brush Hill Road, Nashville, TN 37216.

The description of the property, as hereinabove set forth, is the same as that contained in the previous deed of record.

The estimated value of the estate for Tennessee inheritance tax purposes is less than the maximum single exemption for Tennessee inheritance tax purposes.

3. The following constitute the legatees and devisee under the Will:

   (a) YVONNE N. JOHNSON, an adult who is the daughter of the Decedent, and whose address is 209 Alta Loma Road, Madison, Tennessee 37115.

   (b) BETTY JANE RUSHING, an adult, who is the daughter of the Decedent, and whose address is 4300 Brush Hill Road, Nashville, Tennessee 37216.

   (c) JAMES PATRICK NICHOLSON, an adult, who is the son of the Decedent, and whose address is 8740 Jefferson Highway, Baton Rouge, Louisiana 70809.

4. The heirs-at-law and next-of-kin of the Decedent are as follows:

   (a) YVONNE N. JOHNSON, an adult, who is the daughter of the Decedent and whose address is 209 Alta Loma Road, Madison, Tennessee 37115.

   (b) BETTY JANE RUSHING, an adult, who is the daughter of the Decedent, and whose address is 4300 Brush Hill Road, Nashville, Tennessee 37216.

(c) JAMES PATRICK NICHOLSON, an adult, who is the son of the Decedent, and whose address is 8740 Jefferson Highway, Baton Rouge, Louisiana 70809.

5. All interested parties, as evidenced by their signature below, have been advised of this probate proceeding and acknowledge they have reviewed Petition and agree thereto.

6. The Petitioner is not aware of any instrument revoking the document being offered for probate and believes that the document being offered for probate is the Decedent's Last Will and Testament.

7. The Decedent was not enrolled in the TennCare program at the time of death.

PREMISES CONSIDERED, PETITIONER PRAYS:

1. That said Last Will and Testament of HALLIE KIMBROUGH NICHOLSON be admitted to probate-only as a muniment of title.
2. That YVONNE N. JOHNSON not be appointed Executrix.
3. That bond, inventory and accounting be waived.
4. That said Last Will and Testament of HALLIE KIMBROUGH NICHOLSON be placed of record in the records of the office of the Clerk of the Court so that any real estate owned by the deceased at death will be vested in the devisees under the Decedent's Will.

Yvonne N. Johnson
YVONNE N. JOHNSON
Petitioner

Respectfully submitted,

/Howard M. Skipworth

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Facsimile: 615/876-4292

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

YVONNE N. JOHNSON, first duly sworn, makes oath that the statements contained in the foregoing Petition to Probate are true according to the best of her knowledge, information and belief.

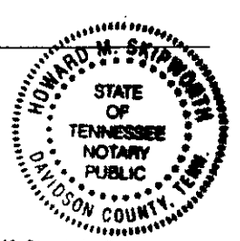
Yvonne N. Johnson

YVONNE N. JOHNSON,
Petitioner, Beneficiary

Sworn to and subscribed before me
this 7th day of February, 2008.

/Howard M. Skipworth

NOTARY PUBLIC
My Commission expires: _____



My Commission Expires JAN. 9, 2012

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

BETTY JANE RUSHING, first duly sworn, makes oath that the statements contained in the foregoing Petition to Probate are true according to the best of her knowledge, information and belief.

Betty Jane Rushing
BETTY JANE RUSHING,
Beneficiary

Sworn to and subscribed before me
this 7th day of February, 2008.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JUNE 8, 2012

STATE OF LOUISIANA)
)
_____ OF ELC ____)

JAMES PATRICK NICHOLSON, first duly sworn, makes oath that the statements contained in the foregoing Petition to Probate are true according to the best of his knowledge, information and belief.

James Patrick Nicholson
JAMES PATRICK NICHOLSON
Beneficiary

Sworn to and subscribed before me
this 13 day of Feb, 2008.

NOTARY PUBLIC
My Commission expires: Death NOTARY ID #010500

FILED

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON
COUNTY, TWENTIETH JUDICIAL DISTRICT, STATE OF TENNESSEE
PROBATE DIVISION
AT NASHVILLE

2008 FEB 26 AM 8:43

RICHARD R ROOKER, CLERK

_____ D.C.

IN RE:

MUNIMENT OF TITLE PROBATE OF
THE LAST WILL AND TESTAMENT OF
HALLIE KIMBROUGH NICHOLSON,
DECEASED

NO.: 08P-344

ORDER TO PROBATE

This cause came on to be heard on the 26 day of Feb., 2008, before the Honorable Robert Bradshaw, Probate Clerk and Master, upon the Petition of YVONNE N. JOHNSON requesting that a paper writing purporting to be the Last Will and Testament of HALLIE K. NICHOLSON, deceased, be admitted to Probate only as a muniment of title.

Whereupon, the Petitioner, by and through her attorney, Howard M. Skipworth, produced a paper writing purporting to be the Last Will and Testament of HALLIE K. NICHOLSON, said paper writing bearing date of October 11, 2002, having the name HALLIE K. NICHOLSON AKA HALLIE KIMBROUGH NICHOLSON signed thereto as testatrix, subscribed by SHIRLEY C. MCCRARY and ALLEN F. MCCRARY as attesting witnesses, naming YVONNE N. JOHNSON as Executrix, and waiving any bond of said Executrix in Item IV A. on page 4 of said Will, and waiving the requirement of filing any inventory or making any accounting to the Court in Item IV A. on page 4 of said Will.

EXHIBIT D

And, it appearing from the testimony of the aforesaid SHIRLEY C. MCCRARY and ALLEN F. MCCRARY, taken upon affidavit as authorized by and in accordance with Tennessee Code Annotated Section 32-2-110, that: each of them did subscribe their respective name as an attesting witness to said paper writing; that said paper writing was written in the lifetime of HALLIE K. NICHOLSON AKA HALLIE KIMBROUGH NICHOLSON, and published, signed and subscribed by HALLIE K. NICHOLSON in the presence of the attesting witnesses; that HALLIE K. NICHOLSON was then of sound mind; and that, at HALLIE K. NICHOLSON'S request, said attesting witnesses signed said paper writing in HALLIE K. NICHOLSON'S presence and in the presence of each other on October 11, 2002.

And, it further appearing that: said paper writing bears the true signature of HALLIE K. NICHOLSON AKA HALLIE K. NICHOLSON that HALLIE K. NICHOLSON'S usual place of domicile and residence at the time of HALLIE K. NICHOLSON'S death was Davidson County, Tennessee, and that HALLIE K. NICHOLSON died in Nashville, Davidson County, Tennessee on September 11, 2007, at the age of 96 years.

And, it further appearing that the decedent owned an interest in a parcel of real property in Davidson County, Tennessee, at her death.

And, it further appearing that the decedent had no personal estate and no formal administration is required.

It is, therefore, ORDERED, ADJUDGED AND DECREED that said paper writing is the true, whole and Last Will and Testament of HALLIE K. NICHOLSON AKA HALLIE KIMBROUGH NICHOLSON, deceased; that the same is hereby admitted to probate as a muniment of title; and that the Clerk is directed to file and record the same, and that no formal administration is required.

ENTER this 26th day of Feb. 2008.

ROBERT BRADSHAW
PROBATE CLERK AND MASTER

APPROVED FOR ENTRY:

/Howard M. Skipworth

HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Facsimile: 615/876-4292

N0019001 6020004080415

TENNESSEE DEPARTMENT OF REVENUE

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

April 18, 2008

ESTATE OF HALLIE K NICHOLSON
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441200960
Date of Death:	September 11, 2007
County:	DAVIDSON
Social Security No.:	[redacted]-2501

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 HALLIE K NICHOLSON
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

April 18, 2008	
Account Type:	INHERIT TX
Account No.:	441200960
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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

RV-N0019001

EXHIBIT E

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

3/17/2008

HOWARD M. SKIPWORTH
6408 CLARSVILLE PIKE
P.O.BOX 489
JOELTON, TN 37080

RE: HALLIE KIMBROUGH NICHOLS
[redacted]2501

Dear HOWARD M. SKIPWORTH:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

_____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

_____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Ron Singh
Manager

EXHIBIT F