NAME AND ADDRESS OF OWNERS:
Dennis Pots
P.O. Box 10892
Murfreesboro, Tennessee 37129

SEND TAX NOTICES TO:
Same as above

This Instrument Prepared By:
J.D. Kious
KIOUS & RODGERS
503 North Maple Street
Murfreesboro, TN 37130

Parcel ID
103 04 0 357.00

AFFIDAVIT OF INHERITANCE

Davidson County AFFIDAVIT
Recvd: 06/18/08 09:16 11 pg
Fees:57.00 Taxes:0.00
20080618-0062582

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned being duly sworn, deposes and says:

OPAL POTTS, a resident of Davidson County, state of Tennessee, who died January 12, 2008, as evidenced by a copy of the Death Certificate attached as Exhibit A, held title jointly with MARTHA BELL HOLLAND, who died December 4, 2001, as evidenced by a copy of the Death Certificate attached as Exhibit B, as tenants in common, with an express right of survivorship, in the following described real estate:

Land located in Davidson County, Tennessee, bounded and described as follows:

Being the westerly 62.5 feet of Lot No. 67 on the Plan of West End Annex as of record in Book 332, page 61, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description. Said part of Lot No. 67 fronts 62.5 feet on the northerly side of Nebraska Avenue and runs back between parallel lines 158.3 feet to an alley.

Being the same property conveyed to Martha Bell Holland, unmarried and Opal Murial Pots, unmarried, as tenants in common, with an express right of survivorship, by deed of record in Book 5361, page 69, of the Register's Office for Davidson County, Tennessee.

The undersigned, DENNIS RAY POTS, received the deceased's interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the decedent's Will, a certified copy of which is attached hereto as Exhibit C. The above described real estate, therefore, should be legally titled in the name of DENNIS RAY POTS in accordance with the "Order Admitting Will to Probate for the

Purpose of Establishing a Muniment of Title", a certified copy of which is attached hereto as Exhibit D.

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 beneficiary.

DENNIS RAY POTS

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared DENNIS RAY POTS, 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 the 16 day of June, 2008.

LAURA A. BROWN STATE OF TENNESSEE NOTARY PUBLIC RUTHERFORD COUNTY

NOTARY PUBLIC

My Commission Expires: 4-19-2010

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT A

6600388

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR ALTERNATIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Opal M. Pote
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 12, 2008
4. SOCIAL SECURITY NUMBER (If Deceased): 414-22-3107
5. AGE-Last Birthday (Years): 82
6. DATE OF BIRTH (Month, Day, Year): Jan 31, 1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
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 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Richland Place Health Care Center
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4106 Nebraska Avenue
DECEDENT'S USUAL RESIDENCE (Check only one): 1 [X] Inside city limits 2 Outside city limits
13e. INSIDE CITY LIMITS?
13f. ZIP CODE: 37209-
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 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): William Stewart
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hallie Harris

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mr. Dennis Pote
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P O Box 10892 Murfreesboro Tennessee 37133-

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Removal from state 4 Donation 5 [X] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION—City or Town, State: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: John B. Woodfin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1953
21c. SIGNATURE OF EMBALMER: Thomas Butler
21d. LICENSE NUMBER OF EMBALMER: 5018
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodfin Memorial Chapel, P O Box 636, Murfreesboro, Tennessee 37133
22b. LICENSE NUMBER OF FUNERAL HOME: 179

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowlin DR
24. DATE FILED (Month, Day, Year): January 28, 2008

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year): 1/28/2008
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Thomas Pote, 222 22nd Avenue North, Suite 100, Nashville, TN 37203-1870

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. Pulmonary Failure
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. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
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 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? 1 Yes 2 No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REV. 8/99 (REV. 5/00)
RDA 1326

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
JAN 2 8 2008

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT B

0107227

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): MARTHA BELL HOLLAND
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 4, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): 408-10-2224
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): June 20, 1917
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): 180 Wallace Rd. F-16
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.): Hollywood Studio
12b. KIND OF BUSINESS/INDUSTRY: Arcade
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 180 Wallace Rd, F-16
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Fred Stewart
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hellie Harris
19a. INFORMANT'S NAME (Type/Print): William Dunn
19b. RELATIONSHIP TO DECEASED: Friend
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 180 Wallace Rd, F-16, Nash.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): Woodlawn Cemetery
20c. LOCATION-City or Town, State: Nashville, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: Rodney Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: Robert Bacon
21d. LICENSE NUMBER OF EMBALMER: 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson LN.Nash.Tn. 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): January 02, 2002

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

25. 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: MDP2222
25c. DATE SIGNED (Month, Day, Year): 2/2/2002
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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. Brain - Cancer
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. WERE 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 5 Pending Investigation; 2 Accident; 3 Suicide 6 Could not be Determined; 4 Homicide
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.

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.

John P. Dunn
John P. Dunn
Local Registrar

01/08/02
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT C

FILED

2003 JUN -5 AM 11:05

RICHARD R. ROOKER, CLERK

LAST WILL AND TESTAMENT
OF
OPAL POTS

I, Opal Pots, domiciled in Davidson County, Tennessee, being of sound mind and disposing memory of the natural objects of my bounty, do make, publish and declare this to be my Last Will and Testament hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I.

I direct that all my just debts, my funeral expenses, all estate, inheritance, succession, and other taxes assessed by reason of my death, and the cost of administration of my estate be paid as soon as practical after my death.

ARTICLE II.

I bequeath and devise in fee to my son, DENNIS RAY POTS, and his issue, per stirpes, all my property, both real and personal of whatsoever nature or wheresoever situated including by not limited to all clothing, household goods, personal effects, automobiles, jewelry, and all other tangible or intangible personal property of whatsoever nature including cash on hand or on deposit and any life insurance payable to me or my estate.

ARTICLE III.

I appoint my son, DENNIS RAY POTS, to be the Executor of this my Last Will and Testament and direct that no bond be required for the faithful performance of his duties. I give my Executor all the powers set forth in Tennessee Code Annotated, Section 35-50-110, which are incorporated herein by reference to this Will. Any successor Executor or Executrix has the duty, right and power given to the Executor originally appointed.

Opal Pots

Any successor Executor or Executrix may accept the account rendered and assets delivered to it by its predecessor as a complete discharge to the predecessor Executor or Executrix. I further direct that if I own any realty at the time of my death I vest my said Executor or his successor with full power to sell without the joinder of any party and any purchaser shall not be required to look to the application of the proceeds. I further excuse my Executor or his successor from filing an inventory and making reports or accountings to the Court having jurisdiction over my estate.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, said Will this and one (1) preceding typewritten pages, and for the purpose of identification, I have signed each such page, all in the presence of persons witnessing it at my request on this 7th day of September, 2001, at Nashville, Tennessee.

Opal Pots
OPAL M. POTS

The foregoing instrument, consisting of this and one (1) preceding typewritten pages, was signed, sealed, published and declared by OPAL POTS in our presence, and we at his request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 12th day of September, 2001 at Nashville, Tennessee.

WITNESS
311 White Bridge Road
Nashville, Tennessee 37209

WITNESS
311 White Bridge Road
Nashville, Tennessee 37209

Opal Pots
PAGE TWO OF THE LAST WILL AND TESTAMENT OF OPAL POTS

AFFIDAVIT OF WITNESSES TO PROVE WILL

We, the undersigned, after being duly sworn according to law depose and say:

1. That we are adult citizens of Davidson County, Tennessee.

2. That we witnessed the execution of the Last Will and Testament of OPAL POTS, dated September 18th, 2001, 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, Section 32-2-110.

3. That our signatures are affixed to said Last Will and Testament, that we 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 paperwriting as and for her Last Will and Testament in our sight and presence.

5. That at the time we witnessed said Will, the Testatrix was, in our opinion, of sound mind and disposing memory, was under no duress, compulsion or constraint and was fully cognizant of the nature of her act.

WITNESS

WITNESS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 18th Day of Sept., 2001.

Melody E. Layton
NOTARY PUBLIC

My Commission Expires: 7/7/03

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 05 day of JUNE , 2008 , in Case Number 08P854 between POTS, DENNIS RAY Petitioner, and POTS, OPAL 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 06 day of JUNE 2008

RICHARD R. ROOKER, Clerk,



SEAL

By _____
Deputy Clerk

EXHIBIT D

IN THE PROBATE COURT OF DAVIDSON COUNTY, TENNESSEE
AT MURFREESBORO

FILED
2008 JUN -5 AM 11:03
RICHARD R. ROOKER, CLERK
D.C.

IN THE MATTER OF:
THE ESTATE OF OPAL POTS.
DECEASED

PETITIONER: DENNIS RAY POTS

08P854

ORDER ADMITTING WILL TO PROBATE FOR THE PURPOSE OF ESTABLISHING A MUNIMENT OF TITLE

Upon examination of the Petition, the Decedent's Last Will and Testament, the affidavit of the subscribing witnesses, and the sworn testimony of Petitioner, the Court finds the following:

1. Decedent was a resident of Davidson County, Tennessee.

2. Decedent died on January 12, 2008, at the age of 82 years.

3. Decedent left a Will dated September 18, 2001.

4. Decedent owned land located at 4106 Nebraska Avenue, Nashville, Davidson County, Tennessee.

5. Decedent's Last Will and Testament provides that all of her real and personal property pass to her son, DENNIS RAY POTS.

6. No further administration of this Estate is required.

Based on these findings, the Court **Orders** the following:

Decedent's Will, dated September 18, 2001, shall be and is hereby, admitted to Probate for the sole purpose of establishing a muniment of title; that the above-described property hereby is legally titled to DENNIS RAY POTS.

ENTERED, this 5th day of June, 2008.

JUDGE

APPROVED FOR ENTRY:

KIOUS & RODGERS, PLLC

J.D. KIOUS, # 24550
Attorney for Petitioner
503 North Maple Street
Murfreesboro, Tennessee 37130
(615) 895-5566

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 ORDER heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 05 day of JUNE , 2008 , in Case Number 08P854 between POTS, DENNIS RAY Petitioner, and POTS, OPAL 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 06 day of JUNE 2008

RICHARD R. ROOKER, Clerk,



By _____
Deputy Clerk