This instrument prepared by:

Mary C. LaGrone, Esq.
234 Fourth Avenue North, Suite 300
Nashville, Tennessee 37219

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value whichever is greater, for this transfer is $__-0-__ and exempt from the transfer tax according to T.C.A. §67-4-409.

Davidson County AFFIDAVIT
Recvd: 06/27/08 15:04 4 pg
Fees:22.00 Taxes:0.00
20080627-0066736

Margaret V. Yow
Margaret V. Yow, Affiant
Executrix of the Estate of Shelton Yow

VALARIE A. NOLEN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY TENNESSEE

Subscribed and sworn to before me, this the 27th day of June, 2008.

Valarie A. Nolen
NOTARY PUBLIC

My Commission Expires JAN. 09 2012

My Commission expires: 1-09-2012

AFFIDAVIT OF HEIRSHIP FOR REAL ESTATE

New Owner:	Send Tax Bills To:	Parcel Location:
Margaret V. Yow	Margaret V. Yow	161140C00800
5413 Barton Vale Drive	5413 Barton Vale Drive	
Nashville, TN 37211	Nashville, TN 37211	

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Margaret V. Yow, being duly sworn, deposes and says:

I am over 18 years of age and have personal knowledge of the statements made herein.

Shelton Yow, a resident of Davidson County, State of Tennessee, who died March 14, 2006, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple joint tenants with rights of survivorship interest, along with his wife, Margaret V. Yow, in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 8 on the Plan of Barton Vale Subdivision, of record in Plat Book 7900, page 639, Register's office, Davidson County, TN, to which reference is hereby made for a more complete and detailed description of said lot.
>
> Being the same property conveyed to Jerry L. Warren and wife, Dorothy F. Warren by deed from Mike Ford Custom Builders, LLC of record in Book 10544, page 269, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Shelton Yow and wife, Margaret V. Yow, by warranty deed from Jerry L. Warren and wife, Dorothy F. Warren, of record no. 20051116-0138341 at the Register's Office for Davidson County, Tennessee.

This conveyance is made subject to all restrictions, easements, zoning and planning ordinances, and health department regulations that may affect the premises.

This conveyance is further made subject to real property taxes for 2006 and subsequent years.

This is **improved** property known as **5413 Barton Vale Drive, Nashville, TN 37211.**

The undersigned received 100% interest in the real estate described above by virtue of being the surviving joint tenant and the recipient of the real estate under the provisions of the decedent's Will, probated in the Seventh Circuit Court of Davidson County, State of Tennessee, Case No. 07P-456 .

The Tennessee Inheritance Tax Receipt has been received being account number 441207212, 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.

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 a beneficiary.

Witness my hand this 27th day of June, 2008.

Margaret V. Yow
Margaret V. Yow
Executrix for the Estate of Shelton Yow

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me the undersigned, a Notary Public in and for said County and State, the within named Margaret V. Yow, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 27th day of June, 2008.

Valerie A. Nolen
Notary Public

VALERIE A. NOLEN
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

My Commission Expires: 01-09-2012

My Commission Expires JAN. 09, 2012 VAN

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Ex. A

0601524

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): SHELTON YOW
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MARCH 14, 2006
4. SOCIAL SECURITY NUMBER: [redacted]-1275
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Month, Day, Year): SEPT 8,1924
7. BIRTHPLACE (City and State or Foreign Country): HIGHPOINT, NORTH CAROLINA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): VA TN VALLEY HEALTHCARE SYSTEM
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARGARET V. BRADDOCK
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): MAINTENANCE
12b. KIND OF BUSINESS/INDUSTRY: HOSPITAL
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 563 BREWER DRIVE
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 [X] No
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+): 1

NAME OF DECEDENT (to be completed by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): HADLEY MATTHEW YOW
18. MOTHER'S NAME (First, Middle, Maiden Surname): NETTIE ADKINS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA TN VALLEY HEALTHCARE SYSTEM
19b. RELATIONSHIP TO DECEASED: NONE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24th AVE. SOUTH, NASHVILLE, TN 37212

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): CHRIST CHURCH MEMORIAL GARDENS
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ WILLIAM R. APPLETON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: ▶ RICHARD MORRISON
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, 3620 NOLENSVILLE RD. NASHVILLE, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): March 24, 2006

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: ▶ LAMBRIGHT, ERIC
25b. LICENSE NUMBER: MD38903
25c. DATE SIGNED (Month, Day, Year): MARCH 15, 2006
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): ERIC LAMBRIGHT, M.D. 1310 24th AVE. SOUTH NASHVILLE, TN 37212

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.	GASTROINTESTINAL BLEEDING	4 HOURS
DUE TO (OR AS A CONSEQUENCE OF): b.	LUNG CANCER RESECTION	4 WEEKS
DUE TO (OR AS A CONSEQUENCE OF): c.	LUNG CANCER	3 MONTHS
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE

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.

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 6 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 8 [ ] Could not be Determined; 4 [ ] Homicide
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)

BIRTH NO.

PH-1659
REV. 2-93

RDA 1399

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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

11/14/2006
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

N0018901

627892408051 7

Ex. B

TENNESSEE DEPARTMENT OF REVENUE

FILED

2008 MAY 27 PM 4:16

RICHARD R ROOKER, CLERK

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

May 20, 2008

ESTATE OF SHELTON YOW
ATTN: MARY C LAGRONE
234 4TH AVE N STE 300
NASHVILLE TN 37219-2142

Account Type: INHERIT TX
Account No.: ~~441207212~~ 4 D.C.
Date of Death: March 14, 2006
County: DAVIDSON
Social Security No.: 249-42-1275

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 SHELTON YOW
ATTN: MARY C LAGRONE
234 4TH AVE N STE 300
NASHVILLE, TN 37219-2142

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RV-N0018901