Davidson County AFFIDAVIT
Recvd: 08/08/08 10:05 8 pgs
Fees:42.00 Taxes:0.00
20080808-0081871

This Instrument Prepared By:
Ingraham & Pautienus, Attorneys at Law
404 James Robertson Parkway, Suite 2100
Nashville, Tennessee 37219

This instrument was prepared without the benefit of a title search and was prepared with the description of the property as furnished by the parties. The preparer of this instrument assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Addresses New Owners:	***Send Tax Bills To:***	***Map-Parcel***
Laurel T. Cartwright, William C. Thompson, David E. Thompson and Daniel A. Thompson 1423 Indian Springs Road Pegram, Tennessee 37143	Same	017-00-0-060.0

AFFIDAVIT OF INHERITANCE

STATE OF TENNESEE)
) SS
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, depose and say:

LAUREL DORENA DAVIS THOMPSON, a resident of Davidson County, Tennessee, who died on September 27, 2007, as evidenced by a copy of the death certificate attached hereto as Exhibit A, held a fee simple interest in the property known as 5506 Lickton Pike, Goodlettsville, Tennessee 37072, approximately 28.20 acres, more or less, being Parcel/Tax ID 017-00-0-060.00, having been vested with such property as sole heir of her parents, Oscar Westley Davis and Myrtle Davis, leaving no other issue.

That this is the same property known as 5506 Lickton Pike, Goodlettsville, Tennessee 37072, of approximately 28.20 acres more or less, conveyed to LAUREL DORENA DAVIS THOMPSON by an Affidavit of Heirship, a copy which is attached as Exhibit B, of record in Book 10337, Page 522, in the Register's Office of Davidson County, Tennessee.

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

The undersigned received 100% interest in the real estate described above by virtue of the laws of descent and distribution for the State of Tennessee, being LAUREL DORENA DAVIS THOMPSON's heirs at law.

This property has vested in the undersigned, LAUREL T. CARTWRIGHT, WILLIAM C. THOMPSON, DAVID E. THOMPSON and DANIEL A. THOMPSON, pursuant to Tenn. Code Ann. §§ 31-2-103 and 104. In accordance with said statutes, the undersigned each receives a twenty-five percent (25%) tenants in common interest in the real estate described above by virtue of being the surviving issue of LAUREL DORENA DAVIS THOMPSON.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. A copy of the Release from the Bureau of TennCare is attached as Exhibit C and the Non-Taxable Certificate from the Tennessee Department of Revenue is attached as Exhibit D.

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 this valuation oath is unnecessary, this Affidavit being used to evidence transfer of title to the property to the beneficiaries.

Further, Affiants saith not. Dated this 2nd day of August, 2008.

LAUREL T. CARTWRIGHT

WILLIAM C. THOMPSON

DAVID E. THOMPSON

DANIEL A. THOMPSON

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 LAUREL T. CARTWRIGHT, with whom I am personally acquainted, who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 2nd day of August, 2008.

NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES: November 22, 2008

ROBERT R. GALBREATH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

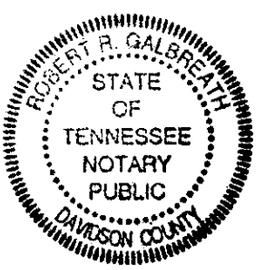
STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named WILLIAM C. THOMPSON, with whom I am personally acquainted, who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 2nd day of August, 2008.

Robert R. Galbreath

NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES: November 22, 2008



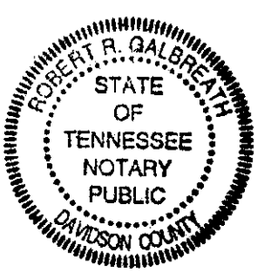
STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within DAVID E. THOMPSON, with whom I am personally acquainted, who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 2nd day of August, 2008.

Robert R. Galbreath

NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES: November 22, 2008



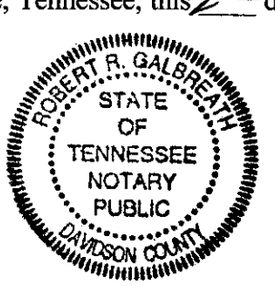
STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named DANIEL A. THOMPSON, with whom I am personally acquainted, who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 2nd day of August, 2008.

Robert R. Galbreath

NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES: November 22, 2008



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0705382

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): Laurel Dorena Thompson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 26, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6259
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 11, 1931
7. BIRTHPLACE (City and State or Foreign Country): Adams, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. 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.): Teacher
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 5506 Lickton Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37072
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): College (1-4 or 5+): 5

NAME OF DECEDENT (For use by physician or medical examiner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oscar Wesley Davis
18. MOTHER'S NAME (Prior) (Middle, Maiden Surname): Myrtle Odessa Chandler

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Laurel Cartwright
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1423 Indian Springs Road Pegram, Tennessee 37143

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard Morrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2403
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 Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature] DP
24. DATE FILED (Month, Day, Year): September 28 2007

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: MD 36836
25c. DATE SIGNED (Month, Day, Year): 9/28/2007
25a. 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): Alberto Gonzalez-Bernal, M.D. 3443 Dickerson Pike, Suite 680, Nashville, TN 37207

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. Pulmonary Embolism — Due to (or as a consequence of): — Approximate Interval Between Onset and Death: 24 hours
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.
Acute Renal Failure

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
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-6-99) RDA 1386

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]
Local Registrar

Tonya Foreman
Local Registrar

SEP 28 2007
Date Issued

CERTIFICATION OF VITAL RECORD

Ex. A

Mail BOOK 10237 PG 522

This Instrument Prepared by: E. L. Edwards, III, Attorney at Law, 406 Stahlman Building, 211 Union Street, Nashville, Tennessee 37201.

STATE OF TENNESSEE	)	Map Par	81-7 96	2W 21980
	)		81-7 97	2W 21985
COUNTY OF DAVIDSON	)		17 60	10D 11530

AFFIDAVIT OF HEIRSHIP

Personally appeared before me, Mary L. Hamill, a Notary Public in and for said County and State, Laurel Dorena Davis Thompson, Affiant, who, being by me first duly sworn, deposed and said as follows:

That she is the natural and legitimate daughter of Oscar Westley Davis and Myrtle Davis, both now deceased, who were lawfully married. That her said parents Oscar Westley Davis and Myrtle Davis had no other issue other than herself, either living or deceased, born within or outside lawful wedlock, or by adoption, and that, therefore, she has no siblings or half-siblings. That Oscar Westley Davis died intestate, a citizen and resident of Davidson County, Tennessee, on March 27, 1978, while married to the said Myrtle Davis, and leaving as his sole heirs at law Myrtle Davis and Laurel Dorena Davis Thompson. And that Myrtle Davis never again married and died intestate on March 17, 1990, while a citizen and resident of Davidson County, Tennessee, leaving Laurel Dorena Davis Thompson asher sole heir at law.

That she is the natural and legitimate granddaughter of George William Monroe Chandler and Laura Maranda Paradine Woodcock Chandler, who were lawfully married. That the said George William Monroe Chandler died intestate on May 8, 1957, a citizen and resident of Davidson County, Tennessee, leaving as his sole heirs at law Laura Maranda Paradine Woodcock Chandler and Myrtle Davis. That Laura Maranda Paradine Woodcock Chandler died intestate on December 20, 1966, having never again remarried, a citizen and resident of Davidson County, Tennessee, leaving Myrtle Davis, the mother of the affiant, as her sole heir at law. That her said grandparents had no other issue other than Myrtle Davis, either living or deceased, whether born within or outside lawful wedlock, or by adoption, and that,

Ex. B

therefore, her said mother Myrtle Davis had no siblings or half-siblings.

That she is familiar with the estates of all of the decedents referred to herein, and there are no debts, inhertance taxes, estate taxes, or other taxes due against any of said estates.

Laurel Dorena Davis Thompson
Laurel Dorena Davis Thompson

Sworn to and subscribed before me this
24th day of January, 1997.

NOTARY PUBLIC Mary L Hamill at Large

My commission expires: 2/8/97

0269511
IDENTIF. & REFERENCE

97 FEB -3 PM 1:53
FELIX A. [illegible] REGISTER
DAVIDSON COUNTY, TN.

2504 02/03 0101 03CHECK 8.00

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

FILED
2008 MAY 29 PM 2:42
RICHARD R. ROOKER, CLERK
D.C.

3/26/2008

NICHOLAS TIDWELL
LEGAL COUNSEL
2100 PARKWAY TOWERS
NASHVILLE, TN 37219

RE: LAUREL D. THOMPSON
[redacted]6259

Dear NICHOLAS TIDWELL:

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

Ex. C

TENNESSEE DEPARTMENT OF REVENUE

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

July 12, 2008

ESTATE OF LAUREL D THOMPSON
ATTN: INGRAHAM & PAUTIENUS
404 JAMES ROBERTSON PKWY #2100
NASHVILLE TN 37219

Account Type:	INHERIT TX
Account No.:	441222375
Date of Death:	September 26, 2007
County:	DAVIDSON
Social Security No.:	[redacted]-6259

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 LAUREL D THOMPSON
ATTN: INGRAHAM & PAUTIENUS
404 JAMES ROBERTSON PKWY #2100
NASHVILLE, TN 37219

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Ex. D