Davidson County AFFIDAVIT
Recvd: 08/08/08 10:05 7 pgs
Fees:37.00 Taxes:0.00
20080808-0081872

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:***	***Parcel ID***
Laurel T. Cartwright, William C. Thompson, David E. Thompson and Daniel A. Thompson 1423 Indian Springs Road Pegram, Tennessee 37143	Same	119-03-0-071.00

AFFIDAVIT OF INHERITANCE

STATE OF TENNESEE)
) SS
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, depose and say:

WILLIAM A. THOMPSON and LAUREL D. THOMPSON, husband and wife, were residents of Davidson County, Tennessee, and held a tenancy by the entirety interest in the property known 138 Dodge Drive, Nashville, Davidson County, Tennessee.

WILLIAM A. THOMPSON died on March 26, 2003 (Death Certificate attached hereto as Exhibit A) leaving LAUREL D. THOMPSON as surviving sole owner of said property. LAUREL D. THOMPSON died on September 27, 2007 (Death Certificate attached hereto as Exhibit B) and each of the undersigned receives a 25% tenant in common interest in the following described property by virtue of the laws of descent and distribution for the State of Tennessee, being LAUREL D. THOMPSON's heirs at law:

> Land in Davidson County, Tennessee, being Lot No. 73 on the Map of Mertie Milwee Property, of record in Book 2331, Page 117, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 73 fronts 70.0 feet on the northeasterly margin of Dodge Drive and runs back between lines measuring 219.9 feet on the northwesterly side and 216.70 feet on the southeasterly side to a deed line in the rear on which it measures 70.0 feet.

Being the same property conveyed to William A. Thompson and wife, Dorena D. Thompson by Robert E. Bates and wife, Margaret L. Bates, of record in Book 2331, Page 117, Davidson County Register's Office.

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

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
LAUREL T. CARTWRIGHT

William C Thompson
WILLIAM C. THOMPSON

David E. Thompson
DAVID E. THOMPSON

Daniel A. 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.

Robert R. Galbreath
NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES November 22, 2008

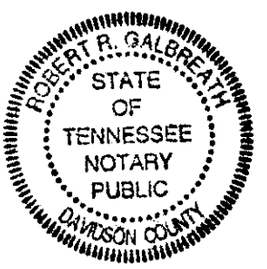
ROBERT R. GALBREATH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

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

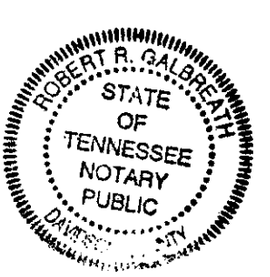


STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

0301878

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): WILLIAM ALLEN THOMPSON
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MARCH 26, 2003
4. SOCIAL SECURITY NUMBER: [redacted]0021
5a. AGE-LAST BIRTHDAY: 69
6. DATE OF BIRTH (Month, Day, Year): MAY 3, 1933
7. BIRTHPLACE (City and State or Foreign Country): DICKSON COUNTY, TENN.
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): BAPTIST HOSPITAL
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): DORENA DAVIS
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PIPE FITTER
12b. KIND OF BUSINESS/INDUSTRY: LOCAL #572
13a. RESIDENCE-STATE: TENN.
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? 1 [X] Yes 2 [ ] 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): 2; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): AUGUSTUS NATHANIEL THOMPSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): ERA MAUDE WELCH

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DORENA THOMPSON
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5506 LICKTON PIKE, GOODLETTSVILLE, TN 37072

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 CEMETERY
20c. LOCATION City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: William A. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Barbara H. Agee
24. DATE FILED (Month, Day, Year): April 7, 2003

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time 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): 4-2-03
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: MD00018047
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)

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that directly caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. (2) Hepatitis comma (3) Renal failure
DUE TO (OR AS A CONSEQUENCE OF): b. (4) Cirrhosis ? carcinomatosis liver (1)
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
See instructions for OTHER SIDE

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 6 [ ] 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)

PH-1958 (REV. 8/98)
BIRTH NO
RDA 1396

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 Ritter
Local Registrar

APR 8 2003
Date Issued

CERTIFICATION OF VITAL RECORD

Ex. A

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

6705382

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 (or 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
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): Skyline 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.): 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 (First, 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:
24. DATE FILED (Month, Day, Year): September 28, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: AG Bernal
25b. LICENSE NUMBER: MD26656
25c. DATE SIGNED (Month, Day, Year): 9/28/2007
25d. 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.
Approximate Interval Between Onset and Death: 24 hours
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pulmonary Embolism
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.

SEE INSTRUCTIONS ON OTHER SIDE

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):

TN-7650 (REV-6/99) RDA 1396

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 Y Foreman
Tonya Y Foreman
Local Registrar

SEP 28 2007
Date Issued

CERTIFICATION OF VITAL RECORD

Ex. B

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

N0019001 6023430080709

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

July 12, 2008	
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

Ex. D

RV-N0019001