Owner: Connie Worrell Morgan	Prepared by: David J Waynick, Attorney 211 Donelson Pike, Suite2 Nashville, TN 37214
Send tax notice to: Connie Worrell Morgan 8209 Luree Lane Hermitage, Tennessee 37076	Map & Parcel No.: 075 1400 2500

Davidson County AFFIDAVIT
Recvd: 09/23/08 09:06 4 pg
Fees:22.00 Taxes:0.00
20080923-0096658

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

MAMIE YORK WORRELL, a widow, also known as MAMIE ELIZABETH YORK WORRELL, a resident of Davidson County, State of Tennessee, who died on February 11, 2008 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. 95 on the Plan of Hermitage Estates, of record in Book 3300, pages 70 and 71, Register's Office for said County.
>
> Said Lot No. 95 fronts 75 feet on the west side of Luree Lane and extends back 224.5 feet on the south line and 235.35 feet on the north line to a dead line in the rear on which it measures 100 feet.
>
> Being part of the property conveyed to Clyde L. Worrell and wife Mamie Y. Worrell by deed of record at Book 3533, page 339. Clyde L. Worrell having predeceased Mamie Y. Worrell leaving her as sole owner by right of survivorship.

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

The undersigned received the following interest in the real estate described above by virtue of being the recipient of the real estate under the laws of intestate succession as the only child of the decedent.

An Inheritance Tax Closing Letter from the Tennessee Department of Revenue 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.

Connie Worrell Morgan

Connie Worrell Morgan

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Connie Worrell Morgan, 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 22nd day of September, 2008.

Notary Public

My commission expires: _____

REBECCA WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON
MY COMMISSION EXPIRES: JULY 24, 2011

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit A

0800855

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): Mamie Elizabeth York Worrell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 11, 2008
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 12,1930
7. BIRTHPLACE (City and State or Foreign Country): Lavergne, 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): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
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.): Main Frame Manager
12b. KIND OF BUSINESS/INDUSTRY: Bell South Telephone Company
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 8209 Luree Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
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): 12; College (1-4 or 5+):

NAME OF DECEDENT, For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Frank Wesley York
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lorena Gambill

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Connie Morgan
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8209 Luree Ln., Hermitage, TN 37076

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): Mt. Juliet Memorial Gardens
20c. LOCATION-City or Town, State: Mt. Juliet, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Tracey Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel, 1098 Weston Drive, Mt. Juliet, TN 37122
22b. LICENSE NUMBER OF FUNERAL HOME: 1041

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): February 15, 2008

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]
25b. LICENSE NUMBER: 10389
25c. DATE SIGNED (Month, Day, Year): 2/15/08
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):

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): Robert Gaston, Jr., M.D. 3939 Central Pike, Hermitage, TN 37076

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CONGESTIVE HEART FAILURE
DUE TO (OR AS A CONSEQUENCE OF):
b. VALVULAR heart disease
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.

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
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)

TH-1859 (REV. 6-90)

BIRTH NO.

RDA 1359

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
Local Registrar

FEB 15 2008
Date Issued

CERTIFICATION OF VITAL RECORD

N0019001

7755504080821

TENNESSEE DEPARTMENT OF REVENUE

Exhibit B

Inheritance Tax Closing Letter (This is not a bill for

August 24, 2008

ESTATE OF MAMIE E WORRELL
ATTN: DAVID J WAYNICK
P O BOX 148058
NASHVILLE TN 37214

Account Type:	INHERIT TX
Account No.:	441239358
Date of Death:	February 11, 2008
County:	DAVIDSON
Social Security No.:	408-48-1286

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 MAMIE E WORRELL
ATTN: DAVID J WAYNICK
P O BOX 148058
NASHVILLE, TN 37214

August 24, 2008

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RV-N0019001