Owners: Michael Teague Fort and Willow Eden Fort
Send tax notice to: Michael T. Fort and Willow E. Fort, 1901 Electric Ave., Nashville, TN 37206
Parcel I.D. No.: 09402014100

Davidson County AFFIDAVIT
Recvd: 12/15/08 12:12 3 pgs
Fees:17.00 Taxes:0.00
20081215-0120027

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE,
COUNTY OF DAVIDSON

The undersigned, being duly sworn, depose and say: Michael Dowd Fort, a resident of Davidson County, State of Tennessee, who died May 23, 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:

Property Located at 1802 Electric Avenue, Nashville, Tennessee, 37206. Parcel ID: 09402014100

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

REFERENCE is made to prior title recorded in Book ___, Page ___ In the Register's Office of Davidson County, Tennessee.

The undersigned received a fifty percent (50%) interest, each in the real estate described above by virtue of the laws of descent and distribution, being the decedent's only heirs at law.

The Tennessee Department of Revenue Inheritance Tax Closing Letter has been received being number 441261798, 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 except a mortgage held by Countrywide Mortgage. 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.

Heir: _____, Michael Teague Fort

PREPARED BY MICHAEL T. FORT, ESQ., FRANKLIN, TN

Heir: _____, Willow Eden Fort

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, 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 executed the foregoing instrument for the purposes therein contained as
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 12th day of October, 2008.

Notary Public _____

My commission expires: 3/11/12

PHYLLIS J. KIRBY
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Oakes & Nichols, Inc.

Funeral Directors Since 1856
320 West Seventh Street P. O. Box 1015
Columbia, Tennessee 38402-1015

0803078

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Michael Dowd Fort
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 23, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9724
5a. AGE-LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar 8, 1948
7. BIRTHPLACE (City and State or Foreign Country): Lauderdale County, AL
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 [X] 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): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Attorney
12b. KIND OF BUSINESS/INDUSTRY: Legal
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1802 Electric Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): College (1-4 or 5+): 5±
17. FATHER'S NAME (First, Middle, Last): James E. Fort
18. MOTHER'S NAME (First, Middle, Maiden Surname): Wilma Regan
19a. INFORMANT'S NAME (Type/Print): Michael T. Fort
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3532 Mahlon Moore Rd. Spring Hill, Tennessee 37174
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): Polk Memorial Gardens
20c. LOCATION-City or Town, State: Columbia, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4259
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 4264
22a. NAME AND ADDRESS OF FUNERAL HOME: Oakes & Nichols, Inc. 320 West Seventh St Columbia, Tennessee 38401
22b. LICENSE NUMBER OF FUNERAL HOME: 4(FUR)
23. REGISTRAR'S SIGNATURE: Lindia R. Bowles RR
24. DATE FILED (Month, Day, Year): May 29, 2008
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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: [signature]
26b. LICENSE NUMBER: 34634
26c. DATE SIGNED (Month, Day, Year): 05/24/2008
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): Adele Lewis, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC08-1877
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. Pending further studies — 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.
Approximate Interval Between Onset and Death
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 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [X] 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)

PH-1659 (REV. 6/99)

RDA 1399

OAKES & NICHOLS COLUMBIA TENN. CERTIFIED COPY SEAL

In accordance with Tennessee Code annotated 56-7-206, Oakes & Nichols, Inc., Funeral Directors of Columbia, Tennessee, is issuing this certified copy of the Certificate of Death. This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Heath, Vital Records, by Oakes & Nichols, Inc. This is valid only when the seal of Oakes & Nichols, Inc. is affixed.

[signature] Funeral Director License Number 4154