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.: 08314016900

Davidson County AFFIDAVIT
Recvd: 12/15/08 12:12 3 pgs
Fees:17.00 Taxes:0.00
20081215-0120028

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 1909 Fatherland Street, Nashville, Tennessee, 37206. Parcel ID: 08314016900

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 Chase 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 12 day of December, 2008.

Notary Public Phyllis J. Kirby

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

0803071

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Michael Dowd Fort	Male	May 23, 2008

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS.	DAYS	5c. UNDER 1 DAY HOURS	MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
411-78-9724	60					Mar 8, 1948	Lauderdale County, AL

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

8a. 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital	Nashville	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Divorced	None	Attorney	Legal

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	1802 Electric Ave.

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 [X] Yes 2 [ ] No	37206	[ ] Yes [X] No	White	Elementary/Secondary (0-12)	College (1-4 or 5+)
		Specify, if yes:			5±

NAME OF DECEDENT: For use by physician or institution

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
James E. Fort	Wilma Regan

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Michael T. Fort	Son	3532 Mahlon Moore Rd. Spring Hill, Tennessee 37174

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Polk Memorial Gardens	Columbia, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
[signature]	4259	[signature]	4264

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Oakes & Nichols, Inc. 320 West Seventh St Columbia, Tennessee 38401	4(JUR)

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Lindia R. Bowers, RR	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	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
[signature]	34634	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.

		Approximate Interval Between Onset and Death
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.	

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

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [ ] Natural 5 [X] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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

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 Health, Vital Records, by Oakes & Nichols, Inc. This is valid only when the seal of Oakes & Nichols, Inc. is affixed.

OAKES & NICHOLS, INC. CORPORATE SEAL

[signature] Funeral Director License Number 454