PICK-UP

THIS INSTRUMENT PREPARED BY:
LARRY D. CANTRELL
ATTORNEY AT LAW, P.C.
2016 –8TH AVENUE SOUTH
NASHVILLE, TN 37204 -2202

Davidson County AFFIDAVIT
Recvd: 12/15/08 12:58 5 pgs
Fees:27.00 Taxes:0.00
20081215-0120051

AFFIDAVIT OF INHERITANCE (REAL ESTATE)
PER T.C.A. § 30-2-712

STATE OF Tennessee

COUNTY OF Williamson

The undersigned, being duly sworn, deposes and says:
Myrtle G. Walker, a resident of Davidson County, State of Tennessee, who died April 29, 2005 as evidenced by a copy of the death certificate attached as **Exhibit A**, held a:

Fee simple interest in the following described real estate:

Parcel Number 1:

Land in Davidson County, Tennessee, as described in **Deed Book 2283, Page 111**, Register's Office for Davidson County, Tennessee. The description from the said Deed is hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

Parcel Number 2:

Land in Davidson County, Tennessee, as described in **Deed Book 4647, Page 241**, Register's Office for Davidson County, Tennessee. The description from the said Deed is hereby incorporated into and made a part of this document by reference as fully as if copied herein verbatim.

At the time of her death **Myrtle G. Walker** was the sole owner of Parcel 1 and Parcel 2 herein listed by virtue of the Last Will and Testament of her Husband **Hoyt T. Walker** who died December 9, 1981. His Estate was duly probated in the Probate Court for Davidson County, Tennessee at Nashville, Tennessee the same bearing **Davidson County, Probate Court Docket Number 75743**. The Estate of **Hoyt T. Walker** was closed by Order of the Davidson County, Tennessee probate Court May 2, 1994, having been released for closing by the **Tennessee Department of Revenue December 28, 1993, Account Number 93 – 12098.**

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

REFERENCE is made to prior title recorded in **Deed Book 2283, Page 111 and Deed Book 4647, Page 241,** In the Register's Office of Davidson County, Tennessee.

The undersigned received Fifty Percent (50%) interest in the real estate described above and **Kerry W. Cowell** received the other Fifty Percent (50%) as Tenants in Common (with no right of survivorship) by virtue of:

Being the recipient of the real estate under the provisions of the decedent **Myrtle G. Walker's** Last Will and Testament, probated for Muniment of Title to Real Estate in the Seventh Circuit (Probate Court) of Davidson County, State of Tennessee, **Case No. 08P - 1699**

(1) The Tennessee Inheritance Tax Non-Taxable Certificate is attached as **Exhibit B**.

(2) The release from Tennessee TennCare is attached as **Exhibit C**.

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.

Emily N. Dunn Logue

Emily N. (Dunn) Logue

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **Emily N. (Dunn) Logue**, 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 his 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 24th day of November, 2008.

Valerie Rosenbalm

Notary Public

VALERIE S. ROSENBALM
STATE OF TENNESSEE NOTARY PUBLIC
MARSHALL COUNTY

My commission expires: 6-28-11

METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY
OFFICE OF VITAL RECORDS

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 05026635

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lynite G. Walker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 29, 2005
4. SOCIAL SECURITY NUMBER: [redacted]-8378
5a. AGE-LAST BIRTHDAY: 100
5b. UNDER 1 YEAR: MOS.
5c. UNDER 1 DAY: HRS. MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan. 6, 1905
7. BIRTHPLACE (City and State or Foreign Country): Overton County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH: 1 Inpatient 2 ER/Outpatient 3 DOA 4 X Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Healthcare Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4560 Ashland City Highway
CENSUS TRACT
13e. INSIDE CITY LIMITS? X Yes
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; not specific origin, 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 years

PARENTS

17. FATHER'S NAME (First, Middle, Last): R.A. Gibbons
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lizzie Carmack

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Emily N. Logue
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1239 Plymouth Ave. Nashville, TN 37216

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 Gardens
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John R Butler, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2820
21c. SIGNATURE OF EMBALMER: Ronnie L Read
21d. LICENSE NUMBER OF EMBALMER: 3964
22a. NAME AND ADDRESS OF FUNERAL HOME: Buena Vista Funeral Home, Inc. 3634 Clarksville Hwy., Nashville, TN 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 297

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha B. Jones
24. DATE FILED (Month, Day, Year): May 13, 2005

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and due to the cause(s) and manner as stated.
1 X SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 25812
25c. DATE SIGNED (Month, Day, Year): 5/4/05
26a. MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, 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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (If other than 25a): STG Hospital At South 300 Madison TN 37115

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

PART I. Enter only one cause per line for a, b, and c. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ASHD
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. Failure to thrive
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval: Between Onset and Death: Months
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
30. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

31. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
32. DATE OF INJURY (Month, Day, Year)
33. TIME OF INJURY
34. INJURY AT WORK? 1 Yes 2 No
35. DESCRIBE HOW INJURY OCCURRED
36. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
37. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Rev. 1/99
REV. 2-93

EXHIBIT A

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 Foreman
Local Registrar

7/14/2008
Date Issued

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

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

November 29, 2008

ESTATE OF MYRTLE G WALKER
ATTN: THOMAS A MAYNARD
5214 MARYLAND WAY STE 402
BRENTWOOD TN 37027

Account Type:	INHERIT TX
Account No.:	441278842
Date of Death:	April 29, 2005
County:	DAVIDSON
Social Security No.:	413-08-8318

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

EXHIBIT B

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

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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

11/3/2008

THOMAS A. MAYNARD
5214 MARYLAND WAY
SUITE 402
BRENTWOOD, TN 37027

RE: MYRTLE G. WALKER
413088318

Dear THOMAS A. MAYNARD:

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.

Sincereiy,

Ron Singh
Manager

EXHIBIT C