THIS INSTRUMENT PREPARED BY:

M. Allison Thompson, Attorney at Law
4525 Harding Road, Ste 200
Nashville, TN 37205

New Owner: James K. Trigg, IV
Send tax notice to: 5002 Wyoming Ave
Nashville, TN 37209

Map & Parcel No.: 104-2-400

Davidson County AFFIDAVIT
Recvd: 12/30/08 15:57 4 pgs
Fees:22.00 Taxes:0.00
20081230-0123709

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, depose and say:

We are the sons of James Knox Trigg, deceased, and we have personal knowledge of the matters stated below:

1. James Knox Trigg was married to Sara Annie Love, and they had two children, namely, James Doyle Trigg and James Knox Trigg, IV.

2. Sara Annie Love Trigg, the wife of James Knox Trigg, died on February 17, 1992. A copy of the death certificate of Sara Annie Love Trigg is attached.

3. James Knox Trigg died on July 25, 2008 leaving two surviving children, namely, James Doyle Trigg and James Knox Trigg, IV. A copy of the death certificate for James Knox Trigg is attached.

4. At his death, James Knox Trigg and his sons owned the real estate known as 3193 Parthenon Avenue, Nashville, Tennessee 37203, as tenants in common, with each owning a one-third interest in said property. Said property is situated in Davidson County, Tennessee, and is described as follows:

   Being the Westerly part of Lot No. 51 on the Revised Plan of West End Park, as of record in Book 421, pages 82 and 83, Register's Office for Davidson County, Tennessee, more particularly described according to a survey made by Z.J. Wilkinson, Surveyor, dated August 4, 1965 as follows:

   Beginning at a point in the northerly margin of Parthenon Avenue, 116.9 feet west of the northwesterly intersection of said avenue and Long Boulevard; thence westerly along said avenue 46 feet to the east margin of an alley; thence northerly along said margin of 141.3 feet to a point; thence southeasterly 92 feet to a point; thence southerly 114.1 feet to the point of beginning.

   Being that same property conveyed to James K. Trigg, James Doyle Trigg and James K. Trigg, IV by Mark Davis, Trustee, by deed of record in Book 10727, page 895, in said Register's Office.

This is improved property commonly known as 3193 Parthenon Avenue, Nashville, Tennessee 37203. Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

5. James Knox Trigg died intestate. He was survived by his two sons, James Doyle Trigg and James Knox Trigg, IV. Under the Tennessee laws of descent and distribution, the two surviving sons of James Knox Trigg each received one-half of their father's interest in the real estate described above, with the result that each son now has a one-half ownership interest as tenants in common in said property.

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.

12-30-08
Date

James Doyle Trigg

12/30/2008
Date

James Knox Trigg, IV

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared James Doyle Trigg, and James Knox Trigg, IV, the within named affiants, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the persons described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained as their 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 30 day of December, 2008.

Notary Public

My commission expires: 1/3/11

HEATHER A. CALVIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JAN. 3, 2011

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9200789

DECEDENT

1. DECEDENT'S NAME: SARA LOVE TRIGG
2. SEX: FEMALE
3. DATE OF DEATH: February 17, 1992
4. SOCIAL SECURITY NUMBER: [redacted]-6160
5a. AGE – LAST BIRTHDAY: 69
5b. UNDER 1 YEAR – MONTHS / DAYS
5c. UNDER 1 DAY – HOURS / MINS
6. DATE OF BIRTH: Mar. 9, 1922
7. BIRTHPLACE: MAURY COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH: HOSPITAL 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other
8b. FACILITY NAME: SOUTHERN HILLS HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS: MARRIED
11. SURVIVING SPOUSE: JAMES TRIGG
12a. DECEDENT'S USUAL OCCUPATION: BOOKKEEPER
12b. KIND OF BUSINESS/INDUSTRY: Manufacturing Company
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3622 ROBIN ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: WHITE
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME: BUFORD N. LOVE
18. MOTHER'S NAME: VELMA HILL

INFORMANT

19a. INFORMANT'S NAME: MR. JAMES TRIGG
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS: 3622 ROBIN ROAD, NASHVILLE, TN 37204

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other
20b. PLACE OF DISPOSITION: WOODLAWN MEMORIAL PARK
20c. LOCATION: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: Joseph Moore
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4039
21c. SIGNATURE OF EMBALMER: Derek Bennett
21d. LICENSE NUMBER OF EMBALMER: 4236
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED: February 27, 1992

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 SIGNATURE AND TITLE OF PHYSICIAN: Thomas C. Shriner Jr., MD
25b. LICENSE NUMBER: MD 0001503
25c. DATE SIGNED: 2/25/92
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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

IAN OF MED-EXAMINER EX-IG CERTIFICATE COMPLETE AND EDICAL CERTIF-WITHIN 48

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): 393 Wallace Rd Suite 203 Nashville, Tn 37211

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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute Anterolateral Myocardial Infarction	10 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	DUE TO (OR AS A CONSEQUENCE OF): b. Arteriosclerotic Cardiovascular Disease	5 1/2 yrs
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

INSTRUCTIONS ITEMS 28&29

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Cardiac Decompensation, Essential Hypertension, Disseminated Lupus Erythematosus

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 No 2 Yes

30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY
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.
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

I-1689
v. 1/89

2748131

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq - Vital Records Act of 1977

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

DEC 04 2008
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1866

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK DO FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Knox Trigg, III
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 25, 2008
4. SOCIAL SECURITY NUMBER: B [redacted] 6317
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 19, 1922
7. BIRTHPLACE (City and State or Foreign Country): Marshall County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [X] Other (Specify): Alzheimers Ward
9b. FACILITY NAME (If not institution, give street and number): Brighton Gardens
9c. CITY, TOWN, OR LOCATION OF DEATH: Brentwood
9d. COUNTY OF DEATH: Williamson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Training/Education
12b. KIND OF BUSINESS/INDUSTRY: United States Air Force
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3622 Robin Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
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): 12; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Knox Trigg, Jr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Wilba Fox

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James Knox Trigg, IV
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5002 Wyoming Avenue Nashville, Tennessee 37209

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: Brian L. Davis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5814
21c. SIGNATURE OF EMBALMER: Mary K. Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Jammy S. Mangum DR
24. DATE FILED (Month, Day, Year): August 14, 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: Gertrude D. Stone
25b. LICENSE NUMBER: TN20566
25c. DATE SIGNED (Month, Day, Year): 08-13-08
25a. 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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Gertrude Stone 393 Wallace Rd. A302 Nashville, TN 37211

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

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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. End Stage Alzheimer's Dz
DUE TO (OR AS A CONSEQUENCE OF): b.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
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: 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)

BIRTH NO.

PH-1659 (REV. 6/99) RDA 1390

2806973

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 Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq. Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Oletha J. Boyd
Oletha J. Boyd, Local Registrar
Williamson County

Date Issued AUG 25 2008

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD