INSTRUMENT PREPARED BY:

Susan S. Weiss, Attorney at Law
7100 Executive Center Drive
Mooreland House, Suite 100
P. O. Box 1025
Brentwood, TN 37024-1025
(615) 377-1209

Davidson County AFFIDAVIT
Recvd: 12/31/08 14:20 4 pgs
Fees:22.00 Taxes:0.00
20081231-0124069

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, being duly sworn, depose and say:

MARY DANE WADKINS, a resident of Nashville, Davidson County, State of Tennessee, who died on April 6, 2007, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate in Davidson County, Tennessee:

> LAND in Davidson County, Tennessee, being Lot No. 15, on the Plan of Charlotte Park Annex, of record in Book 3700, page 49, said Register's Office, to which reference is hereby made for a more complete and accurate legal description.
>
> Being the same property conveyed to MARY DANE WADKINS by deed from CAROL J. CLINTON, dated August 30, 1994, of record in Book 9462, Page 479, Register's Office for Davidson County, Tennessee.

The Decedent died intestate. The Decedent had never been married and had no children. Decedent's heir at law is her mother, STELLA E. WADKINS, and she received One Hundred Percent (100%) interest in the real estate described above by virtue of being the sole heir-at-law of Decedent's estate. Her father predeceased her.

A Tennessee Inheritance Tax Closing Letter has been received, being number 441173946 a copy of which is attached as Exhibit B.

T.C.A. Section 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. Section 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.

Dated: 11-18-08

Aquilla W. Yagoda

AQUILLA W. YAGODA, Administratrix
of the Estate of MARY DANE WADKINS
Docket Number 07-P887, The Seventh
Circuit Court (Probate Division) of
Davidson County, Tennessee

STATE OF ~~Tennessee~~ Ohio

COUNTY OF Lake

Personally appeared before me, Jean Carter, a Notary Public, in and for said State and County, the within named AQUILLA W. YAGODA, Administratrix, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at Mentor on the Lake, Ohio, this the 18 day of November, 2008.

Jean Carter

Notary Public

My Commission Expires: _____

JEAN M. CARTER
Notary Public, State of Ohio
My Commission Expires Nov. 20, 2008
Recorded in Lake County

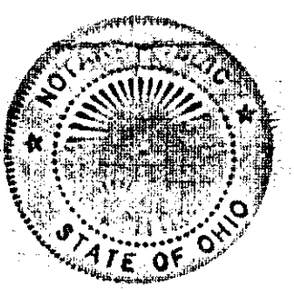


Exhibit A

Amended by Court Order/rd 8/17/2007 Amended by Affidavit of Funeral Director/rd 6/27/2007

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

0703168

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2007 023168

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY DANE WADKINS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 6, 2007
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]4131
5. AGE-LAST BIRTHDAY (Years): 59
6. DATE OF BIRTH (Month, Day, Year): FEB 21,1948
7. BIRTHPLACE (City and State or Foreign Country): SHEFFIELD, ALABAMA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 X No
9. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 X Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 6415 ROBERTSON AVENUE 910
9c. CITY, TOWN OR LOCATION OF DEATH: NASHVILLE 094
9d. COUNTY OF DEATH: DAVIDSON 19
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): NEVER MARRIED
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): FINANCIAL ASSISTANT
12b. KIND OF BUSINESS/INDUSTRY: VANDERBILT HOSPITAL
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 6415 ROBERTSON AVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37209
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): 5+05; College (1-4 or 5+): 15

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM PAYNE WADKINS
18. MOTHER'S NAME (First, Middle, Maiden Surname): STELLA ELIZABETH WALDREP

INFORMANT

19a. INFORMANT'S NAME (Type/Print): AQUILLA WADKINS YAGODA
19b. RELATIONSHIP TO DECEASED: SISTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7361 FORD DRIVE MENTOR, OHIO 44060

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): SMITH CEMETERY
20c. LOCATION (City or Town, State): CHEROKEE, ALABAMA
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Stephanie Underwood
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 05645 AL
21c. SIGNATURE OF EMBALMER: ▸ Mike Morrison
21d. LICENSE NUMBER OF EMBALMER: 0542 AL
22a. NAME AND ADDRESS OF FUNERAL HOME: MORRISON FUNERAL HOME, P O. BOX 530 CHEROKEE, ALABAMA 35616
22b. LICENSE NUMBER OF FUNERAL HOME: AL 0616 9997

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ [signature]
24. DATE FILED (Month, Day, Year): [illegible]

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 X SIGNATURE AND TITLE OF PHYSICIAN: ▸ [signature]
25b. LICENSE NUMBER: MD0015871
25c. DATE SIGNED (Month, Day, Year): 5-25-07
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 (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):

SEE INSTRUCTIONS ON OTHER SIDE

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. Chronic Obstructive Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
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): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes, renal insufficiency, alcoholism

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):

BIRTH NO

PH-1559
REV. 2-93

RDA 1339

I hereby certify that I have in my custody the original document on file in this office and that the foregoing is a true and correct copy of the original document on file in this office. Given under my hand and seal of office this [illegible]

Sep-04-2007

Exhibit B

TENNESSEE DEPARTMENT OF REVENUE

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

February 12, 2008

ESTATE OF MARY D WADKINS
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
BRENTWOOD TN 37027-2100

Account Type:	INHERIT TX
Account No.:	441182918
Date of Death:	April 6, 2007
County:	DAVIDSON
Social Security No.:	[redacted]-4131

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 MARY D WADKINS
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
BRENTWOOD, TN 37027-2100

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