THIS DOCUMENT PREPARED BY:

Christina Norris
NORRIS & NORRIS PLC
424 Church Street, Suite 1300
Nashville, Tennessee 37219

Owners: Janet W. Duke, et al.

Parcel ID: 134 01 0 061.00

Send tax notice to: Janet W. Duke
1124 Mistletoe Cir.
Hermitage, TN 37076

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Mary Jo Whittaker, a resident of Davidson County, Tennessee, who died April 15, 2009, (death certificate attached), her husband, James Buddy Whittaker, having predeceased her, held a fee simple interest in the following described real estate:

Land in Davidson County, Tennessee, being Lot No. 75 on the Map of Section 1, Curreywood Acres, as of record in Book 2133, page 109, Register's Office for said County.

Said Lot No. 75 fronts 135 feet on the northerly side of Bel Air Drive and runs back 362.9 feet on the westerly line and 345.2 feet on the easterly line, to a dead line in the rear on which it measures 88 feet.

This conveyance is made subject to restrictive covenants of record in Book 2294, page 506, said Register's Office.

Being the same property conveyed to James Buddy Whittaker and wife, Mary Joe Whittaker, by deed from James E. Dill and wife, Allie Lee Dill, of record in Book 90, page 817, said Register's Office.

This property is known as **633 Bel Air Drive, Nashville, TN 37217**

The following three individuals each received one-third (1/3) undivided ownership interests as tenants in common of the real estate described above by virtue of the laws of descent and distribution, being the only children and heirs at law of Mary Jo Whittaker:

Janet W. Duke	*decedent's daughter*	*1/3 undivided ownership interest*
Barbara Boswell	*decedent's daughter*	*1/3 undivided ownership interest*
Terry Whittaker	*decedent's son*	*1/3 undivided ownership interest*

PICK-UP

BILL GARRETT, Davidson County
Trans:T20090033425 AFFIDAVIT
Recvd: 05/20/09 15:07 3 pgs
Fees:17.00 Taxes:0.00

20090520-0046529

Signed this 20th day of May, 2009.

Janet W. Duke

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Janet W. Duke, 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 the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 20th day of May, 2009.

KRISTEN MAZZANTI
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Notary Public

My Commission Expires AUG. 25. 2011

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.

Office of Vital Records

0902617

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mary Joe Whittaker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 15,2009
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-7912
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR (Months / Days / Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): Dec 10,1936
7. BIRTHPLACE (City and State or Foreign Country)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 [X] Other (Specify): Alive Hospice
9a. FACILITY NAME (If not inpatient/ER, give street and number): AliveHospiceSkylineMadisonCampus
9b. CITY, TOWN, OR LOCATION OF DEATH: Madison
9c. 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): Receptionist
12b. KIND OF BUSINESS/INDUSTRY: Waller Buick
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 1124 Missletoe Circle
13e. INSIDE CITY LIMITS? [X] Yes 2 No
13f. ZIP CODE: 37076
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ira Hatfield
18. MOTHER'S NAME (First, Middle, Maiden Surname): Eloise Scott

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Janet Duke
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1124 Missletoe Circle Hermitage, Tennessee 37076

DISPOSITION

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

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ Brandy Collie
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane Old Hickory, Tennessee 37138
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowers, OR
24. DATE FILED (Month, Day, Year): May 8, 2009

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner as stated. 1 [X] Signature and Title of Physician: ▶ Melinda S Henderson MD
25b. LICENSE NUMBER: 39261
25c. DATE SIGNED (Month, Day, Year): May 1, 2009
25a. 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: ▶
25b. LICENSE NUMBER:
25c. 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): M HENDERSON MD 500 Hospital Dr. Madison, TN 37115

CAUSE OF DEATH

28. PART I. Enter the disease(s), 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Breast cancer with brain mets — Approximate Interval Between Onset and Death: 8yrs
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: L3 compression fracture
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 [X] 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 [X] 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-1859 (REV. 5/99)

BIRTH NO.

RDA 1396

3321885

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. Foreman, Local Registrar
Davidson County, Tennessee

MAY 08 2009
Date Issued

CERTIFICATION OF VITAL RECORD