IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

In Re Estate of
JACK MILLER BATSON, SR., M.D. **Docket No. 08P- 434**
Deceased.

This Instrument Prepared By:
John T. Horton, Esq.
Davies, Humphreys, Horton & Reese, PLC.
150 Second Avenue North, Suite 225
Nashville, TN 37201

BILL GARRETT, Davidson County
Trans:T20090038789 AFFIDAVIT
Recvd: 06/10/09 13:56 6 pgs
Fees:32.00 Taxes:0.00
20090610-0054020

AFFIDAVIT OF INHERITANCE
(REAL ESTATE)

BRIAN EVANS BATSON and **BARBARA JEAN SAUNDERS**, co-executors of the estate of Jack Miller Batson, SR., M.D., being first duly sworn, state the following information under oath and of their own knowledge.

1. **JACK MILLER BATSON, SR., M.D.**, a resident of Nashville, Davidson County, Tennessee, who died February 26, 2008, as evidenced by a copy of the death certificate attached as **Exhibit "A",** held a Fifty (50%) percent tenants in common interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 230 on the plan of West Meade Farms, Inc., Section "H", of record in Book 2133, page 17, Registers Office for said County.
>
> Said Lot No 230 fronts 130 feet on the easterly margin of Vosswood Drive, and extends back 336.1 feet on the northerly line and 336.2 feet on the southerly line to a line in the rear measuring 130 feet thereon.
>
> Being the same property conveyed to David E. Hill and wife Lisa Hill by deed from Jeanne Marie Arnold Kelly, of record in Book 6946, page 997, Register's Office for Davidson County, Tennessee.
>
> REFERENCE is made to prior title recorded in Book 8667, Page 634 in the Register's Office of Davidson County, Tennessee.

2. The Last Will & Testament of JACK MILLER BATSON SR., M.D. was admitted to probate on December 11, 2002 in the Seventh Circuit Court , Davidson County, Tennessee, Docket No. 08P-434. Said Last Will & Testament being registered in Wills

of Record Volume Number 08P434 in the office of the Probate Clerk for Davidson County, Tennessee. The Last Will & Testament named Brian Evans Batson and Barbara Jean Saunders as co-executors. The executors are duly qualified.

3. All debts of the decedent have been paid.

4. The Tennessee Inheritance Tax clearance has been received, a copy of which is attached as **Exhibit "B".**

5. The Bureau of TennCare's release submitted pursuant to T.C.A. § 71-5-116 (c) (2) is attached as **Exhibit "C".**

6. The Last Will & Testament of JACK MILLER BATSON, SR., M.D. conveyed his interest in the above described realty to his surviving spouse BARBARA JEAN SAUNDERS.

7.. This Affidavit is being recorded pursuant to the authority of T.C.A. § 30-2-712.

Further Affiants Saith Not.

Barbara Jean Saunders

BARBARA JEAN SAUNDERS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, qualified and commissioned in and for the State and County aforesaid, personally appeared **BARBARA JEAN SAUNDERS**, the within named bargainor, with whom I am personally acquainted or proved to me 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 her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal in said County on this the 10 day of June, 2009.

NOTARY PUBLIC

JOHN N WALLER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: March 7, 2011

Brian Evans Batson
BRIAN EVANS BATSON

STATE OF OREGON)
COUNTY OF Multnomah)

Before me, a Notary Public, duly appointed, qualified and commissioned in and for the State and County aforesaid, personally appeared **BRIAN EVANS BATSON**, the within named bargainor, with whom I am personally acquainted or proved to me 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 he 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 in said County on this the 9 day of February, 2009.

NOTARY PUBLIC

My Commission Expires: Oct 28, 2011

OFFICIAL SEAL
MEGAN WATSON
NOTARY PUBLIC - OREGON
COMMISSION NO. A422777
MY COMMISSION EXPIRES OCT. 28, 2011

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0801219

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): Jack Miller Batson, Sr. MD
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 26, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1282
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 6, 1934
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 714 Vosswood Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Barbara Snyder
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Physician
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 714 Vosswood Drive
CENSUS TRACT: 12.14
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
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+

NAME OF DECEDENT: To be entered by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Dodson Batson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Emma Kestner

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Barbara S. Saunders
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 714 Vosswood Drive Nashville, Tennessee 37205

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: ▸ K. Scott Wilhelm
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: ▸ Blandy Collie
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. UCENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Linda R. Bowers, OR
24. DATE FILED (Month, Day, Year): March 03, 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: ▸ MD
25b. LICENSE NUMBER: TN 29104
25c. DATE SIGNED (Month, Day, Year): 3/3/08
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 [ ] 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): Dr. Henry L. Harrell 222 22nd Ave. N. #100 Nashville, TN 37203

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction — 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.
Approximate Interval Between Onset and Death:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Diabetes Mellitus, Chronic Obstructive Pulmonary Disease
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):

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1339

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

Date Issued MAR 03 2008

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

EXHIBIT

A

ALL-STATE LEGAL®

CERTIFICATION OF VITAL RECORD

Copy

NO 8 01

7469716081007

TENNESSEE DEPARTMENT OF REVENUE

2008 OCT 22 PM 12: 19

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

BATSON JACK M SR
ATTN: JOHN HORTON
150 2ND AVE N # 225
NASHVILLE TN 37201

D.C.

October 10, 2008

Account Type:	INHERIT TX
Account No.:	441258597
Date of Death:	February 26, 2008
County:	DAVIDSON
Social Security No	[redacted]

08P434

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:	$8,974.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$8,974.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

BATSON JACK M SR
ATTN: JOHN HORTON
150 2ND AVE N # 225
NASHVILLE, TN 37201

October 10, 2008

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Interest:	$0.00
Penalty:	$0.00
Total:	$8,974.00

RV-N0018901

ALL-STATE LEGAL®

EXHIBIT

B

COPY
FILED
2008 MAY 28 PM 3:19
RICHARD R ROOKER, CLERK
D.C.

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

5/20/2008

JOHN HORTON
LEGAL COUNSEL
150 2ND AVE N STE #225
NASHVILLE, TN 37201

RE: JACK M. BATSON, SR. MD
[redacted]1282

Dear JOHN HORTON:

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.

Sincerely,

Ron Singh
Manager

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EXHIBIT
C