PICK-UP

BILL GARRETT, Davidson County
Trans:T20090040828 AFFIDAVIT
Recvd: 06/18/09 14:22 4 pgs
Fees:22.00 Taxes:0.00
20090618-0056909

This instrument prepared by Kate Dyer, Attorney at Law, P.O. Box 782, Pleasant View, TN 37146.

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF CHEATHAM

The undersigned Affiant being first duly sworn and under penalty of perjury on oath states that she resides at the address below noted.

That she was acquainted with Lynn Curtis Calihan, Jr., Deceased, who died on the 19th day of May, 2008, in that she is the daughter of the Deceased. A copy of the Deceased's death certificate is attached hereto.

That at the time of the Deceased's death, he was the sole owner of a tract of land located in Nashville, Davidson County, Tennessee, more particularly described as follows:

> Lot 365 on the Plan of Walnut Hill Manor, Sec 1, of record in Book 4460, Page 108, Register's Office of Davidson County, Tennessee.
>
> Said Lot 365 fronts 111.00 ft. on the southwesterly margin of Wagon Court and extends back 139.0 ft. on the northwesterly line and 119.8 ft. on the southeasterly line to a deed line in the rear, measuring 128.8 ft. thereon. Said property is commonly referred to as 505 Wagon Court, Nashville, TN 37221.
>
> Being the same property conveyed Lynn Curtis Calihan, Jr. and wife, Suzanne Anderson (Calihan) Biggers on or about 1976. These parties divorced on or about November, 1987, at which time the said Suzanne Anderson (Calihan) Biggers quitclaimed her interest in said property to these parties' two children, i.e., Heidi Calihan Welch, the Affiant herein, and Paul Barnett Calihan, both of whom thereafter quitclaimed their respective interests in said property back to their father, Lynn Curtis Calihan, Jr.

The Deceased left a Last Will and Testament and a Codicil thereto, both of which have been duly probated in the Davidson County, Tennessee Probate Court, Case No. 08P-1233. Said Codicil devises the above tract of land to the Affiant herein. The State of Tennessee, Bureau of TennCare, has issued a Release evidencing that there were no long-term TennCare benefits paid by the State of Tennessee on behalf of the Deceased. A copy of said Release has been filed in the Probate Court file. The Affiant further states that this Estate exceeds the allowable exemption for state inheritance taxes, and that a long-form Tennessee state Inheritance Tax Return will be filed with the Tennessee Department of Revenue, along with payment thereon for the inheritance taxes and interest. Affiant is seeking a waiver of the penalty on the late payment thereon as the Return was not timely filed. The Affiant states that she has ample funds remaining in the Estate checking account to pay these taxes, interest and penalty. Said payments will be reflected in the Probate Court when the Affiant files her Final Accounting with the Court. The Affiant anticipates receiving the Release from the Tennessee Department of Revenue during the next few months of 2009. Otherwise, the Probate Court file reflects that a Notice to Creditors was duly published in 2008, and that the four month waiting period expired on March 1, 2009, and that the only claim filed therein has been paid.

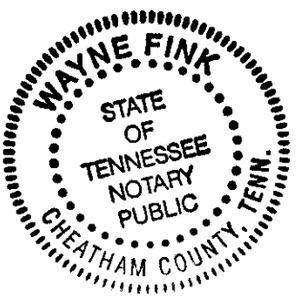
Further Affiant saith not, this 5th day of June, 2009.

HEIDI CALIHAN WELCH, AFFIANT
1304 Oaklawn Rd.
Chapmansboro, TN 37035

Subscribed and sworn to before me, a Notary Public in and for the above State and County.

NOTARY PUBLIC

My Commission Expires: August 8, 2011



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0802938

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): Lynn Curtis Calihan Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 19, 2008
4. SOCIAL SECURITY NUMBER: 267-62-7572
5a. AGE-LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 25, 1942
7. BIRTHPLACE (City and State or Foreign Country): Manatee, Florida
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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.): Financial Planner
12b. KIND OF BUSINESS/INDUSTRY: National Community Foundation
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 505 Wagon Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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+): 4

NAME OF DECEDENT IF MAIDEN NAME OF WIFE, IF APPLICABLE, TO BE PRINTED

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lynn Curtis Calihan Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hazel Barnett

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Heidi Welch
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1006 Brandon Way, Pleasant View, Tennessee 37146

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Saunders, Heather
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: ▶ Wade, Sarah
21d. LICENSE NUMBER OF EMBALMER: 5885
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory, 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): May 22, 2008

PHYSICIAN

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: 10455
25c. DATE SIGNED (Month, Day, Year): 5/21/08
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): Robert S. Quinn 2500 Patterson ST. 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. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Heart failure 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.

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 [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 [ ] 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)

RH-1658 (REV. 6/99)
BIRTH NO.
RDA 1399

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]
Local Registrar

Tonya Y Foreman
Tonya Y. Foreman
Local Registrar

Date Issued
MAY 22 2008

CERTIFICATION OF VITAL RECORD