This Instrument Prepared By:
HOWARD M. SKIPWORTH #012469
6408 Clarksville Pike
Post Office Box 489
Joelton, Tennessee 37080-0489
From paperwork provided by Client –
No Title examination requested

OWNER: Carl Steven Armstrong
5132 Buena Vista Pike
Nashville, TN 37218

Send tax notice to:

Carl Steven Armstrong
5132 Buena Vista Pike
Nashville, TN 37218

Map & Parcel No.:
04900032200

BILL GARRETT, Davidson County
Trans:T20090049748 AFFIDAVIT
Recvd: 07/23/09 10:02 8 pgs
Fees:42.00 Taxes:0.00
20090723-0069078

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Affiant Carl Steven Armstrong , after first being duly sworn, states that he is an adult citizen and resident of Nashville, Davidson County, Tennessee, being fifty-six (56) years of age, having been born on 11 April 1953. He further states that he and Carolyn Jean Robinson were married in the county of Davidson, Tennessee on 2 July 1998, as evidences by photographic copy of Certificate of Marriage attached hereto as Exhibit A.

Carolyn Jean Armstrong had no children at the time she married Affiant. They had no children. On 14 February 2008, Carolyn Jean Armstrong died in Nashville, Davidson County, Tennessee, as evidenced by Certificate of Death attached hereto as Exhibit B, intestate, leaving Affiant, her spouse, Carl Steven Armstrong, as her sole heir at law.

This Affiant of Heirship is feely given pursuant to Section 30-20-712, et seq., Tenn. Code Ann., to help establish and reflect the heirship with respect to any real property owned by Carolyn Jean Armstrong in Davidson County, Tennessee,

or elsewhere, and particularly to confirm the vesting of title to certain real property in Davidson County, Tennessee described as follows:

SEE EXHIBIT C
FOR DESCRIPTION

Affiant received 100% interest in the real property described above by virtue of the laws of intestate succession.

The Tennessee Inheritance Tax Non-Taxable Certificate has been received being number 441332658 dated 14 February 2008, a copy of which is attached as Exhibit D.

The Tennessee Tenncare Release has been received being dated 14 April 2009, a copy of which is attached as Exhibit E.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

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 the sole heir.

FURTHER, AFFIANT SAYETHNOT.

Carl Steven Armstrong

CARL STEVEN ARMSTRONG, SOLE HEIR

SUBSCRIBED AND SWORN TO BEFORE ME this 9th day of July 2009.

NOTARY PUBLIC

My commission expires: _____

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JAN 9 2012

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **CARL STEVEN ARMSTRONG**, the within named bargainor, 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, 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 at my office in said county, on this 13 day of July, 2009.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires: _____

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires APR. 9, 2012

EXHIBIT A

Certificate of Marriage

STATE OF TENNESSEE

COUNTY OF DAVIDSON

To Anyone Legally Authorized to Celebrate the Rites of Matrimony
You Are Hereby Licensed to Celebrate the

Rites of Matrimony

Between Carl Steven Armstrong 45 AGE

and Carolyn Jean Robinson 49 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this

2nd day of July

in the year of our Lord One Thousand

Nine Hundred and Ninety Eight

Bill Covington

BILL COVINGTON COUNTY CLERK

BY Judy Brock DEPUTY CLERK

By Virtue of A License from the Davidson County Clerk,

I have this day celebrated the Rites of Matrimony between

The parties herein named, as authorized in the foregoing license.

Given under my hand this the 2nd day of July A.D. 1998

Book No. 177

Page No. 434

SIGNATURE OF OFFICIANT

TOLL FREE Fax:8475189776 Mar 6 2008 13:59 P.02

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT B

0800835

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)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Carolyn	Jean	Armstrong	Female	February 14, 2008

4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS.	DAYS	5c. UNDER 1 DAY HOURS	MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	59					Dec. 19, 1948	Franklin County, Tennessee

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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Skyline Medical Center	Nashville	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Carl S. Armstrong	Vehicle Cleaner	Parcel Shipping

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	5132 Buena Vista Pike

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify 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)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
	37218		White	12	

NAME OF DECEDENT - If multiple, list each on separate certificate

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Jasper W. Parris	Wilma Jean Hodge

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Carl S. Armstrong	Husband	5132 Buena Vista Pike Nashville, TN 37218

DISPOSITION

20a. METHOD OF DISPOSITION 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
	Moore-Cortner Funeral Home & Crematory, Inc.	Winchester, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
[signature]	5750	[signature]	5618

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Central Funeral Home, L.L.C. 2812 Hillsboro Highway Manchester, TN 37355	1122

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
[signature] Linda F. Bowers, DR	February 29, 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 [signature]

25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
29534	2/20/08

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)
Barrett Cortner, MD 3443 Dickerson Pike, Ste. 680, Nashville, TN 37207

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.	Interstitial lung disease	several months
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?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Cor Pulmonale, Acute respiratory failure, Cardiac Arrest, Shock, Acidosis, COPD, Hepatic	1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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-1639 (REV. 6/90)

BIRTH NO.

RDA 1369

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
Tonya Y. Foreman
Local Registrar

Date Issued FEB 20 2008

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

CERTIFICATION OF VITAL RECORD

EXHIBIT "C"

LAND in Davidson County, Tennessee, being Lot No. 2 on the Plan of Lots 1 and 2 of the Stella Saad Property, as of record in Book 8250, page 267, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete and accurate description of said lot.

BEING the same property conveyed to Carolyn Jean Robinson, unmarried, by Special Warranty Deed from Kurt Longworth, Vice President, A.G. Edwards Trust Company, Trustee of the Stella Saad Trust, recorded in Book 9781, page 546, Register's Office for Davidson County, Tennessee.

Carolyn Jean Robinson married Carl Steven Armstrong on 2 July 1998 and died intestate on 14 February 2008, without children.

EXHIBIT D

TENNESSEE DEPARTMENT OF REVENUE

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

May 30, 2009

ESTATE OF CAROLYN J ARMSTRONG
ATTN: HOWARD M SKIPWORTH
6408 CLARKSVILLE PK BOX 489
JOELTON TN 37080

Account Type:	INHERIT TX
Account No.:	441332658
Date of Death:	February 14, 2008
County:	DAVIDSON
Social Security No.:	415-78-8803

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 CAROLYN J ARMSTRONG
ATTN: HOWARD M SKIPWORTH
6408 CLARKSVILLE PK BOX 489
JOELTON, TN 37080

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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

RV-N0019001

EXHIBIT E

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

4/14/2009

HOWARD M. SKIPWORTH
6408 CLARKSVILLE PIKE
P.O. BOX 489
JOELTON, TN 37080

RE: CAROLYN JEAN ARMSTRONG
415788803

Dear HOWARD M. SKIPWORTH:

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