This Instrument Prepared By:
BONE MCALLESTER NORTON PLLC
131 Saundersville Road, Suite 130
Hendersonville, TN 37075
615.822.8822

Owner: **William Wayne Adams**
7394 George E. Horn Road
Nashville, Tennessee 37221

Send tax notice to: **Same as above**

BILL GARRETT, Davidson County
Trans:T20090072931 AFFIDAVIT
Recvd: 10/27/09 13:51 5 pgs
Fees:27.00 Taxes:0.00
20091027-0099103

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Dorris W. Adams (AKA Dorris Adams or Dorris Williams Adams), a resident of Nashville, Davidson County, State of Tennessee, who died August 14, 2009 as evidenced by a copy of the death certificate attached as Exhibit A, held a tenants by the entirety (Ruby Louise Adams died on May 4, 1995, a copy of her death certificate is attached as Exhibit B) interest in the following described real estate:

See Exhibit C

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 106, Page 504 in the Register's Office of Davidson County, Tennessee.

The undersigned and Walter Michael Adams each received fifty percent (50%) interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the Decedent's Will, probated in the Seventh Circuit Court (Probate Division) of Davidson County, State of Tennessee, Case No. 09-P1430. A certified copy of an Order of Probate Without Formal Administration entered on October 8, 2009 in the Seventh Circuit Court at Nashville, Tennessee, Probate Division

and a certified copy of the Last Will and Testament of Dorris W. Adams are attached as Exhibit D.

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 a beneficiary.

Wm W. Adams
WILLIAM WAYNE ADAMS

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared William Wayne Adams, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person describe din 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 20TH day of October, 2009.

NOTARY PUBLIC

My Commission Expires: 9-3-2012

JEROD JACKSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires Sept. 3, 2012

EXHIBIT

A

STATE OF TENNESSEE
Office of Vital Records

STATE FILE NUMBER 090646

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dorris William Adams
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 14, 2009
4. SOCIAL SECURITY NUMBER: [redacted]1466
5a. AGE-LAST BIRTHDAY (Years): 99
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 14, 1910
7. BIRTHPLACE (City and State or Foreign Country): Bolivar, 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): 7394 George E. Horn Rd.
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.): Carpenter
12b. KIND OF BUSINESS/INDUSTRY: Construction/Maintenance
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 7400 George E. Horn Rd.
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 [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+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Palmer Adams
18. MOTHER'S NAME (First, Middle, Maiden Surname): Samuel Rebecca Sales

INFORMANT

19a. INFORMANT'S NAME (Type/Print): W. Mike Adams
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 10010 Maddox Lane, Unit 316 Bonita Springs, Florida 34135

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: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: David Dial
21d. LICENSE NUMBER OF EMBALMER: 5170
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers RR
24. DATE FILED (Month, Day, Year): August 19, 2009

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: Bruce Richards MD
25b. LICENSE NUMBER: 16031
25c. DATE SIGNED (Month, Day, Year): 8/18/09
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): Bruce Richards, M.D. 300 20th Ave. North, Ste. 701, 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:

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. MULTI SYSTEM ATROPHY — Years
DUE TO (OR AS A CONSEQUENCE OF): b. ATHEROSCLEROTIC CARDIO - — Decades
DUE TO (OR AS A CONSEQUENCE OF): c. VASCULAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF): d.

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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)

BIRTH NO:

PH-1659 (REV. 6/99) RDA 1389

3572942

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[illegible]
Davidson [illegible]

AUG 19 2009
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

EXHIBIT
tabbies
B

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

MAY 17 1995

9502545

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Louise Ruby Adams
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 4,1995
4. SOCIAL SECURITY NUMBER: [redacted]-3991
5a. AGE – LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): July 25,1916
7. BIRTHPLACE (City and State or Foreign Country): Staunton, TN

DECEDENT

8. EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 7400 George E. Horn Road
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorris Adams
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Division Manager
12b. KIND OF BUSINESS/INDUSTRY: Sears
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 7400 George E. Horn Road

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): 12th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter E. Cook
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rosa Jeter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorris Adams
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7400 George E. Horn Road Nashville, TN 37221

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 Cemetery
20c. LOCATION – City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Stephen R. Murphy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4097
21c. SIGNATURE OF EMBALMER: ▶ Stephen R. Murphy
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus Owen & Wood Funeral Home Inc., P.O. Box 90292 Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 905

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marvin D. Jones
24. DATE FILED (Month, Day, Year): May 17, 1995

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ M/CJ
25b. LICENSE NUMBER: 3795
25c. DATE SIGNED (Month, Day, Year): 12 May 95
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):

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. Acute myocardial infarction — DUE TO (OR AS A CONSEQUENCE OF): — 1 day

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. Chronic coronary artery disease — DUE TO (OR AS A CONSEQUENCE OF): — 10 ± years.

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. Pulmonary emphysema

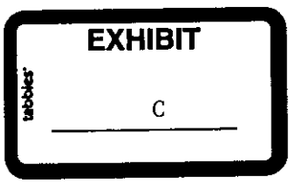
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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: M
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-1659
REV. 2-93

RDA 1399



Land in the 9th Civil District of Davidson County, Tennessee, being part of Lot "A" on the John Reynolds and Thomas Mooney's Plan as of record in book 57, page 107, Register's Office for said County, described according to a survey made by Steve Draper, April 6, 1963, as follows:
Beginning at a point on the northwesterly right-of-way line of Inter-State Highway 40 northeastwardly 300 feet around a curve having a radius of 4554.7 feet from the northeast corner of the property conveyed to Robert C. Greer and wife, by deed from William Burns and wife, of record in book 3570, page 304, said Register's Office; thence with the northwesterly right-of-way line of said Highway northeastwardly 126 feet; thence north 67° 15' west 35 feet; thence north 62° west 680 feet to C. E. Francis southern boundary line; thence with same north 84° 15' west 130 feet; thence south 2° 30' west 65 feet; thence south 60° 30' east 825 feet to the beginning, containing 2 acres more or less.