BILL GARRETT, Davidson County
Trans:T20090077978 AFFIDAVIT
Recvd: 11/16/09 15:31 3 pgs
Fees:17.00 Taxes:0.00
20091116-0105532

This Instrument Prepared By:
Ingraham, Pautienus & Tidwell, PLLC, Attorneys at Law
216 Centerview Drive, Suite 317
Brentwood, Tennessee 37027

This instrument was prepared without the benefit of a title search and was prepared with the description of the property as furnished by the parties. The preparer of this instrument assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Address New Owner:	***Send Tax Bills To:***	***Map-Parcel***
Carolyn Ann Stinson 910 Todd Preis Drive Nashville, TN 37221	Same	142-05-0-D 6.00

AFFIDAVIT OF OWNERSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, Carolyn Ann Stinson, the undersigned, being duly sworn, depose and say that my husband, David C. Stinson, a resident of Davidson County, Tennessee, having died on September 17, 2004, as evidence by a copy of his death certificate (attached hereto as Exhibit A), held a tenancy by the entirety interest in the following described real estate:

> Land in Davidson County, Tennessee, being a part of the Plan of River Plantation, Section Four, Condominium Apartments, as of record in Book 4860, pages 17, 18 & 19, said Register's Office, the part hereby described being:
>
> Unit No. A-406 on said Plan together with the Carport designated No. A-406-C, as show in and described by the Master Deed establishing Horizontal Property Regime with respect to River Plantation, Section Four, Condominium.
>
> Being the same property conveyed by David C. Stinson to David C. Stinson and Carolyn Ann Stinson by deed of record, Instrument Number 200103080021960, Register's Office for Davidson County, Tennessee.

The undersigned acknowledges one hundred percent (100%) ownership interest in the real estate described above by virtue of being the surviving tenant by the entirety.

This is improved property know as:
910 Todd Preis Drive, Nashville, Tennessee 37221.

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

FURTHER THE AFFIANT SAITH NOT.

Dated this 2 day of October, 2009.

Carolyn Ann Stinson

CAROLYN ANN STINSON

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named CAROLYN ANN STINSON, with whom I am personally acquainted, who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this 2ND day of OCTOBER, 2009.

NOTARY PUBLIC
My Commission Expires: _____

ROBERT M. PAUTIENUS III
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
MY COMMISSION EXPIRES FEBRUARY 19, 2013

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit A

0405038

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): David Clinton Stinson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 17, 2004
4. SOCIAL SECURITY NUMBER: [redacted]4588
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Dec. 27, 1931
7. BIRTHPLACE (City and State or Foreign Country): Bowling Green, KY
8. EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [XX] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 910 Todd Preis
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
10. SURVIVING SPOUSE (If wife, give maiden name): Carolyn Hammon
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): CPA
12b. KIND OF BUSINESS/INDUSTRY: Self-Employed
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 910 Todd Preis
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] 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 [XX] 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+): 5+

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph C Stinson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lula P. Summers

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carolyn Stinson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 910 Todd Preis Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] 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, TN 37221
21a. SIGNATURE OF FUNERAL DIRECTOR: James W. Grantham
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5196
21c. SIGNATURE OF EMBALMER: James W. Grantham
21d. LICENSE NUMBER OF EMBALMER: 5197
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): September 21, 2004

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 [XX] SIGNATURE AND TITLE OF PHYSICIAN: Mark Stubblefield MD
25b. LICENSE NUMBER: MD0155811
25c. DATE SIGNED (Month, Day, Year): 10/21/04
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): Mark Stubblefield MD 7240 Hwy 70 S Suite 110 Nashville TN 37221

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. Pulmonary Fibrosis — years
DUE TO (OR AS A CONSEQUENCE OF): b. Congestive Heart Failure — years
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.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: A.S.C.V.D.

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 6 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 8 [ ] Could not be Determined 4 [ ] Homicide
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-1658 (REV. 6/99)
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.

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

SEP 21 2004
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD