THIS INSTRUMENT PREPARED BY:
Southeast Title
907 Rivergate Parkway, Ste B-1
Goodlettsville, TN 37072

BILL GARRETT, Davidson County
Trans:T20090082880 AFFIDAVIT
Recvd: 12/08/09 10:51 5 pgs
Fees:27.00 Taxes:0.00
20091208-0112209

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF Davidson)

Randy Bryant, after first being duly sworn, deposes and says as follows:

Margaret F. Towns died intestate in Davidson County, Tennessee, on 11/5/2005 with heirs at law being the following:

Patricia Faye Bennett (deceased on 5/26/05 prior to death of Margaret F. Towns)

Daryl Lee Towns (deceased on 5/18/03 prior to death of Margaret F. Towns)

William Ray Towns

The said Patricia Faye Bennett and Daryl Lee Towns both died before the death of their mother Margaret F. Towns therefore property transferred to the only surviving heir being William Ray Towns.

I, the undersigned, being acquainted with the family, hereby state that the heirs at law listed above are the only heirs of Margaret F. Towns and as such are the only parties entitled to share in the property described.

This property is commonly known as: 330 E. Marthona Road, Madison, Tennessee 37115, County of Davidson.

Being Lots Nos. 144, 145, 146 and 147 of Block "B" on the Map of Marthonna, not of record, and described according to a copy of a survey thereof made by J.A. Mefford, Surveyor, in December, 1937, as follows:

Beginning at a point in the westerly margin of Ezell Road East at the common corner of Lots Nos. 143 and 144, being 450 feet north of Ezell Road South; thence westerly with the line between said lost, 422.5 feet to a point; thence northerly 100 feet to the line between Lots 147 and 148; thence with the line between said lots, easterly 422.5 feet to the westerly margin of Ezell Road East; thence with the margin of the same S. 2° 58' W., 100 feet to the point of beginning.

Being the same property conveyed to Margaret F. Towns from William M. Towns by Final Decree of Divorce dated 12/17/1986 and filed for record in Book 7216, page 777, Register's Office for Davidson County, Tennessee. The said Margaret F. Towns died on 11/5/2005 and at the time of her death she was widow and only had one surviving child being William Ray Towns.

I, the undersigned, being first duly sworn do hereby declare the above statements made by me are correct and I have executed the foregoing instrument for the purposes stated herein and that I have executed this affidavit according to my own knowledge of the affairs which are stated herein and I am under no constraint, duress or undue influence.

WHEREAS, I have hereunto set my hand this 24th day of November, 2009.

Randall Bryant

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me, the undersigned Notary Public of said County and State, Randall W. Bryant AKA Randy Bryant, the within named bargainor with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand at office this 24th day of Novembes, 2009.

Notary Public

My Commission Expires:

SHELLY M. BENTLEY
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

MY COMMISSION EXPIRES
March 14, 2010

METROPOLITAN GOVERNMENT
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit A

0506198

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): Margaret Fay Towns
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 05, 2005
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY: 62
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH: March 28, 1943
7. BIRTHPLACE (City and State or Foreign Country): Nashville Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 [X] ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Healthcare and Rehabilitation
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 330 E Marthonna Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
15. RACE American Indian, Black, White, etc (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willie Hammock
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nancy Keith

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mr William Ray Towns
19b. RELATIONSHIP TO DECEDENT: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 333 E Marthonna Road,Madison,TN 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial [X] 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole & Garrett Funeral Home and Cremati
20c. LOCATION (City or Town, State): Hendersonville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Donald L. Harrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER
21e. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home and Cremation Services - (G) 127 N. Main Street Goodlettsville, TN 37072
21f. LICENSE NUMBER OF FUNERAL HOME: 718

CERTIFIER

22a. SIGNATURE AND TITLE OF CERTIFIER
22b. LICENSE NUMBER: 25812
22c. DATE SIGNED (Month, Day, Year): 11-2-05
23a. MEDICAL EXAMINER (To the best of my knowledge, death occurred at the date and time, and due to the cause(s) and manner stated.)
23b. SIGNATURE AND TITLE OF MEDICAL EXAMINER
23c. LICENSE NUMBER
23d. DATE SIGNED (Month, Day, Year)
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Dr. Marcus Min, 500 Hospital Dr., Madison TN 37115

PERSON OF MEDICAL EXAMINER EXECUTIVE CERTIFIER: VISIT COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS

CAUSE OF DEATH

25. PART I. Enter the conditions, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF): b. Lung cancer
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. CHF
DUE TO (OR AS A CONSEQUENCE OF): d.

TIME BASIS OF AGE ONLY IF LESS THAN 1 DAY

26. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
27a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 [X] No
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

28. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be determined
29a. DATE OF INJURY (Month, Day, Year)
29b. TIME OF INJURY
30. INJURY AT WORK? 1 Yes 2 No
31. DESCRIBE HOW INJURY OCCURRED
32. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
33. LOCATION (Street and Number or R.F.D. No., City or Town, State)

FILED
RDA 3561

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

NOV 1 0 2005
Date Issued

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

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
PERMIT FOR CREMATION OF HUMAN REMAINS

MAY 31 2005

Instructions

1. The fee of $25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

Name of Decedent	Sex	Date of Birth	Date of Death
Patricia Faye Bennett	female	February 8, 1964	May 29, 2005
Place of Death – City or Town, County		**Name of Informant**	
St. Thomas Hosp. Nashville, TN		Margaret Towne, Mother	
Name of Funeral Director (or Person Acting as Such)		**Name of Physician Who will Certify Death**	
Don Garrison		Dr. Steve Abram	
Address of Funeral Director (or Person Acting as such)			
127 N. Main St. Goodlettsville, TN 37072			

APPLICATION FOR PERMIT

I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred.

Signature: Don L. Garrison Date: 5-31-05

Address: 127 N. Main St. Goodlettsville, TN 37072

PLACE OF CREMATION

Name and address of Crematory where remains are to be cremated: Cole & Garrett Funeral Home and Cremation Service

Address: 182 West Main St. Hendersonville, TN 37075

AUTHORIZATION OF MEDICAL EXAMINER

I consent to the issuance of the Permit for Cremation

Signature of Medical Examiner: Bruce [illegible] Date: 5/31/05

Address:

PERMIT OF LOCAL OR DEPUTY REGISTRAR

This permit for the cremation of the remains of the above named decedent is granted.

Signature of Local or Deputy Registrar: [signature] Date: May 31 2005 MAY 31 2005

METROPOLITAN HEALTH DEPARTMENT
311 - 21st AVENUE NORTH
NASHVILLE, TENNESSEE 37203

CERTIFICATION OF PERSON IN CHARGE OF THE CREMATION

I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on

Date: 6-2-05 at Place:

Signature: [signature] COLE & GARRETT FUNERAL HOME & CREMATION SERVICES P.O. BOX 66 HENDERSONVILLE, TN 37077

Address:

PH-3752 RDA 1468

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit A:

0302791

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): Daryl Lee Towns
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 05/18/2003
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 26
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): April 14, 1976
7. BIRTHPLACE (City and State or Foreign Country): Madison, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 EIV/Outpatient 3 X DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Never Married
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): Sub-contractor
12b. KIND OF BUSINESS/INDUSTRY: Masonry
13a. RESIDENCE STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 330 E. Marthona Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Marshall Towns
18. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Fay Hammock

INFORMANT

19a. INFORMANT'S NAME (Type/Print): William Ray Towns
19b. RELATIONSHIP TO DECEASED: brother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 330 E. Marthona Road Madison, TN 37115

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): Cole + Garrett Crematory
20c. LOCATION (City or Town, State): Hendersonville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Timothy Overcast
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5380
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole + Garrett Funeral Home 127 N. Main Street Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): May 23 2003

CERTIFIER

25. 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
25c. DATE SIGNED (Month, Day, Year)
26. 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.
1 X SIGNATURE AND TITLE OF MEDICAL EXAMINER: [signature]
26b. LICENSE NUMBER: 31292
26c. DATE SIGNED (Month, Day, Year): 05/19/2003
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): Amy R. McMaster, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC03-1373

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. Use only one cause on each line. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Gunshot wound of torso
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.
SEE INSTRUCTIONS ON OTHER SIDE.
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 X Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X 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): 05/18/2003
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 Yes 2 X No
31d. DESCRIBE HOW INJURY OCCURRED: Shot by other(s)
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Residence
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 330 East Marthona Road, Madison

EMS ID
RDA 1390
PH-1858 (REV. 6/99)

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. Rutter
Local Registrar

MAY 28 2003
Date Issued

CERTIFICATION OF VITAL RECORD