THIS INSTRUMENT WAS PREPARED BY:

M. Allison Thompson, Attorney at Law
4525 Harding Pike, Ste 200
Nashville, TN 37205

New Owner: Jennifer Lynn Bramlett & George David Bramlett
Send tax notice to: 4499 Grays Point Road, Joelton, TN 37080

Map & Parcel No.: 028-00-0-51.00

BILL GARRETT, Davidson County
Trans:T20090087483 AFFIDAVIT
Recvd: 12/30/09 11:57 4 pgs
Fees:22.00 Taxes:0.00
20091230-0118393

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

I am the daughter of Cathy Lynn Tribble Bramlett, deceased, and I have personal knowledge of the matters stated below:

1. Cathy Lynn Tribble Bramlett owned a partial interest in the real estate known as 4499 Grays Point Road, Joelton, Tennessee 37080. This interest had been acquired in two parts, one-half the property had been inherited from her father, G. W. Tribble, Jr., and a second half had been purchased in 1983 from Judy Tribble Walls by Cathy Lynn Bramlett and Randy Earl Bramlett, who were husband and wife at the time of the purchase. A certified copy of the death certificate of G.W. Tribble, Jr. is attached. The property was described as follows:

> Land in the 14th Civil District of Davidson County, Tennessee, described according to a survey made by T. R. Sanford, dated November 6, 1965, described as follows:
>
> Beginning at a point 383 feet from the northeast corner of the land of Leslie L. Williams (see Book 1340, page 80, Register's Office), said point being in the center of Grays Point Road, formerly New Road; thence in a southerly direction south 1 degree 30' West 131 feet to an iron pin; thence continuing in the same direction South 5 degrees West 1,003 feet to a point; thence in an easterly direction South 85 degrees East 226.7 feet to a point; thence in a northerly direction North 5 degrees East 1,170 feet to a point; thence in a westerly direction South 87 degrees West 157 feet to a point; thence continuing in the same direction South 88 degrees 45' West 82 feet to the point of beginning.
>
> Being the same property conveyed to G.W. Tribble, Jr. with remainder to his children, per stirpes, by deed from G.W. Tribble and wife Flora Tribble, of record in Deed Book 5016, Page 686, Register's Office of Davidson County, Tennessee. George W. Tribble, Jr. died on June 15, 1983, leaving daughters, Judy Tribble Walls and Cathy L. Tribble Bramlett, as his only surviving heirs. The said Judy Tribble Walls and husband James L. Walls conveyed their one-half undivided interest to Cathy L. Tribble Bramlett and husband Randy E. Bramlett on July 18, 1983, of

record in Deed Book 6134, Page 77, Register's Office of Davidson County, Tennessee.

2. Cathy Lynn Bramlett and Randy E. Bramlett divorced in 1998 in Davidson County, Docket No. 96D-2218. As part of the Marital Dissolution Agreement, they agreed to sell the home at 4499 Grays Point Road and divide the proceeds. However, before the home could be sold, Cathy Lynn Bramlett died. At her death on September 19, 1999, Cathy Lynn Bramlett owned three-quarters of the property at 4499 Gray's Point Road, said ownership interest was comprised on the one-half interest inherited from her father and the one-quarter that was her share of the interest that she and Randy E. Bramlett had purchased from Judy Tribble Walls. The divorce decree had changed the divorcing parties' ownership interest from tenants by the entirety to tenants in common.

3. Cathy Lynn Tribble Bramlett died intestate leaving one daughter, Jennifer Lynn Bramlett, and one son, George David Bramlett. A copy of the death certificate of Cathy Lynn Tribble Bramlett is attached. Under Tennessee laws of descent and distribution Cathy Lynn Tribble Bramlett's 75 % interest in the real estate described above passed to her daughter, Jennifer Lynn Bramlett a 37.5% interest, and to her son, George David Bramlett a 37.5% interest.

4. These facts and the application of Tennessee laws of descent and distribution give Jennifer Lynn Bramlett a 37.5 % interest and George David Bramlett a 37.5 % interest in the real estate described above in fee simple.

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.

12-11-09
Date

Jennifer Lynn Bramlett
Jennifer Lynn Bramlett

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Jennifer Bramlett, 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 11th day of December, 2009.

M. Allison Thompson
Notary Public

My commission expires: MY COMMISSION EXPIRES: January 3, 2011

M. ALLISON THOMPSON NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

9284647

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

FILING DATE: JUN 29 1983

STATE FILE NUMBER: 123- 83-10137

1. NAME: First: George; Middle: ; Last: Tribble, Jr.
2. SEX: Male
3a. HOUR OF DEATH: 11:00pm.
3b. DATE OF DEATH (Month, Day, Year): June 14, 1983
4. RACE (Specify White, Black, American Indian, etc.): White
5a. AGE AT LAST BIRTHDAY: 44 Years
5b. MOS. / 5c. DAYS / 5d. HOURS / 5e. MINS. (ONLY IF UNDER 1 YEAR / ONLY IF UNDER 1 DAY)
6. DATE OF BIRTH (Month, Day, Year): October 22, 1938
7a. COUNTY OF DEATH: Harrison
7b. CITY OR TOWN OF DEATH: Biloxi
7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number, or other location): Pat Harrison at West Beach Blvd.
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA: none
8. STATE OF BIRTH: TENNESSEE
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): None
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): no
13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.): American
14. SOCIAL SECURITY NUMBER: 409-58-3532
15a. USUAL OCCUPATION (Kind of work done most of working life): Construction
15b. KIND OF BUSINESS OR INDUSTRY: Construction
16a. RESIDENCE-STATE: TENNESSEE
16b. COUNTY: unk
16c. CITY OR TOWN: Joelton
16d. INSIDE CITY LIMITS (Specify Yes or No): yes
16e. STREET AND NUMBER OR RURAL LOCATION: 5016 Ridge Road
17. FATHER—NAME: First: George; Middle: ; Last: Tribble, Sr.
18. MOTHER—NAME: First: Goldie; Middle: Denny; Maiden: Denny
19a. INFORMANT—NAME (Type or print): Kathy Bramlett
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 5016 Ridge Road Joelton TE
20a. BURIAL, CREMATION, REMOVAL (Specify): burial
20b. CEMETERY, CREMATORY—NAME: Good Hope Cemetery
20c. LOCATION (City and State): Lebanon, TE
21a. EMBALMER—SIGNATURE AND NUMBER: [signature] 1004
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: 24B
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): Bradford-O'Keefe Funeral Home P.O. Box 133, Biloxi, Ms. 39533
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print):
22b. PRONOUNCED DEAD (Month, Day, Year): ON June 16 183
22c. PRONOUNCED DEAD (Hour): AT 7:30p. m.
23a. CERTIFIER—NAME (Type or print): Edgar Little, Jr.
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): P.O. Box 1480, Gpt. MS 39501

This section to be completed by physician if NOT a coroner or medical examiner:
24a. To the best of my knowledge, death occurred due to the causes stated. SIGNATURE ▶ MD
24b. DATE SIGNED (Month, Day, Year)
24c. STATE LICENSE NUMBER
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by coroner or medical examiner ONLY:
24e. On the basis of examination and/or investigation, in my opinion death occurred due to the causes stated. SIGNATURE ▶ Edgar Little Jr
24f. TITLE: Coroner
24g. DATE SIGNED (Month, Day, Year): June 21, 1983

25. PART I. DEATH CAUSED BY:
(a) IMMEDIATE CAUSE (Enter one cause only): Cardio-pulmonary arrest — Interval between onset and death: Unknown
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):
(b) acute alcohol poisoning. — Interval between onset and death: UNKNOWN
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):
(c) — Interval between onset and death:

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not relating to cause given in PART I (a)
27. AUTOPSY (Yes or No): no
28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No): yes

Use if death NOT due to natural causes:
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)
29b. DATE OF INJURY (Month, Day, Year)
29c. HOUR OF INJURY
29d. DESCRIBE HOW INJURY OCCURRED
29e. INJURY AT WORK (Yes or No)
29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)
29g. LOCATION: Street or route number / City or town / State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

DEC 22 2009

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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.

John F. Dunne
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

-05336

1. DECEDENT'S NAME (First, Middle, Last): THY LYNN BRAMLETT
2. SEX: F
3. DATE OF DEATH: 09-15-1998
4. SOCIAL SECURITY NUMBER: -83-9436
5a. AGE-LAST BIRTHDAY: 38
6. DATE OF BIRTH: 10-10-1960
7. BIRTHPLACE: LEBANON TN
8. RESIDENCE WITHIN U.S. LIMITS: Yes X No
9. PLACE OF DEATH: Hospital: 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other
10. FACILITY NAME: VANDERBILT MEDICAL CENTER
11. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
12. COUNTY OF DEATH: DAVIDSON
13. MARITAL STATUS: DIVORCED
14. SURVIVING SPOUSE:
15. USUAL OCCUPATION: HUMAN RESOURCES DEPT
16. KIND OF BUSINESS/INDUSTRY: METRO GOVERNMENT
17. RESIDENCE-STATE: TN
18. COUNTY: DAVIDSON
19. CITY, TOWN, OR LOCATION: JOELTON
20. STREET ADDRESS: 4499 GRAYS BRIDGE ROAD
21. CITY: 1
22. ZIP CODE: 37080
23. WAS DECEDENT OF HISPANIC ORIGIN? 1 Yes 2 X No
24. RACE: WHITE
25. NAME OF INFORMANT: GEORGE W. TRIBBLE JR
26. RELATIONSHIP: MOTHER
27. MAILING ADDRESS: PATTY CUE LONG
28. NAME OF INFORMANT: MRS. PATTY ENGLAND
29. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
30. PLACE OF DISPOSITION: WILSON COUNTY MEMORIAL
31. LOCATION: LEBANON TN
32. SIGNATURE OF FUNERAL DIRECTOR: ROBERT D. ANDERSON, JR
33. LICENSE NUMBER: 4342
34. DATE RECEIVED BY REGISTRAR: SEAN BAZER
35. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT, JOELTON, TN 37080
36. REGISTRAR'S SIGNATURE:
37. DATE FILED BY REGISTRAR:
38. DATE SIGNED: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.
39. 1 SIGNATURE AND TITLE OF PHYSICIAN:
40. LICENSE NUMBER: 00002 29838
41. DATE SIGNED: 10/1/98
42. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) stated.
43. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER:
44. LICENSE NUMBER:
45. DATE SIGNED:

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): JOHN R. ROBERTS, M.D., TVC-2986, NASHVILLE TN 37232-5734

47. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac Arrest
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. Respiratory Acidosis
DUE TO (OR AS A CONSEQUENCE OF)
c. Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF)
d. Pneumonia

SPECIFIC CONDITIONS CONTRIBUTING TO DEATH

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

48. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
49. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? 1 Yes 2 No

50. MANNER OF DEATH: 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Could not be Determined 6 Homicide
51a. DATE OF INJURY (Month, Day, Year)
51b. HOUR OF INJURY
51c. INJURY AT WORK? 1 Yes 2 No
51d. PLACE OF INJURY (e.g., Home, Farm, Street, Factory, Office Building, etc.) (Specify)
51e. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)