INSTRUMENT PREPARED BY:

Susan S. Weiss, Attorney at Law
7100 Executive Center Drive
Mooreland House, Suite 100
P. O. Box 1025
Brentwood, TN 37024-1025
(615) 377-1209

BILL GARRETT, Davidson County
Trans:T20100002151 AFFIDAVIT
Recvd: 01/12/10 08:17 4 pgs
Fees:22.00 Taxes:0.00
20100112-0002700

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, being duly sworn, depose and say:

JOAN MARIE WILLIAMS, a resident of Nashville, Davidson County, State of Tennessee, who died on September 1, 1998, as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate in Davidson County, Tennessee:

> Lot No. 21, Subdivision 11, Harding Lytle Plat of record in Book 21, page 136, Register's Office for Davidson County, Tennessee.
>
> Said Lot faces 50 feet on the north side of Morena Street, and runs back between parallel lines, 160 feet to a 15 foot alley.
>
> Being the same property conveyed to AVON N. WILLIAMS, Jr., and wife, JOAN M. WILLIAMS, by deed from CITIZENS INSURANCE AGENCY, INC., dated September 13, 1978, of record in Book 5337, Page 47, Register's Office for Davidson County, Tennessee. AVON N. WILLIAMS, JR., predeceased his wife, JOAN M. WILLIAMS, having died on August 29, 1994.

Subject to governmental zoning and subdivision ordinances or regulations in effect thereon.

The undersigned received one hundred percent interest in the real estate described above as a portion of her share of Decedent's estate under the provisions of Decedent's Will, probated in The Seventh Circuit (Probate Division) Court of Davidson County, State of Tennessee, Docket Number 98P-1437.

A Tennessee Inheritance Tax Non-Taxable Certificate has been received, being number 440162601 a copy of which is attached as Exhibit B.

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. Section 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. Section 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.

Dated: 12/31/2009

WENDY JANETTE WILLIAMS,
Beneficiary

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

Personally appeared before me, Susan S. Weiss, a Notary Public, in and for said State and County, the within named WENDY JANETTE WILLIAMS with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal, at Brentwood, Tennessee, this the 31st day of December, 2009.

Notary Public

My Commission Expires: May 8, 2012

SUSAN S. WEISS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO.

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, 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.

SEP 3 1998

9864591

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): Joan Marie Bontemps Williams
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): September 1, 1998
4. SOCIAL SECURITY NUMBER (or Occupation): [redacted]7078
5a. AGE—LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 05-03-27
7. BIRTHPLACE (City and State or Foreign Country): New York, New York
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 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify) Home
9b. FACILITY NAME (If not institution, give street and number): 3901 West End Avenue #208-5
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.): Librarian
12b. KIND OF BUSINESS/INDUSTRY: University
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3901 West End Avenue #208-5
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 5+

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arna Wendell Bontemps
18. MOTHER'S NAME (First, Middle, Maiden Surname): Alberta Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Wendy Williams
19b. RELATIONSHIP TO DECEASED: daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3901 West End Avenue #208-5 Nashville

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery Affiliated Crematory
20c. LOCATION—City or Town, State: Nashville, Tennessee Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Highway Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): September 3, 1998

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: ▶ [signature] MD
25b. LICENSE NUMBER: MD19072
25c. DATE SIGNED (Month, Day, Year): 9-3-98
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): John A Strupp MD 4230 Harding Rd. Suite 400 Nashville, TN 37205

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.	Advanced Breast cancer	5 years
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 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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: 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-1669
REV. 1/89

N0018901

9284573991209

TENNESSEE DEPARTMENT OF REVENUE

WILLIAMS JOAN B
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
BRENTWOOD TN 37027-5249

December 12, 1999

Account Type:	INHERIT TX
Account No.:	440162601
Date of Death:	September 1, 1998
County:	DAVIDSON
Social Security No.:	[redacted]-7078

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 shown to be due and paid to the State of Tennessee is denoted below:

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

WILLIAMS JOAN B
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
BRENTWOOD, TN 37027-5249

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