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:T20100020020 AFFIDAVIT
Recvd: 04/06/10 12:21 4 pgs
Fees:22.00 Taxes:0.00
20100406-0025644

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, being duly sworn, depose and say:

STELLA E. WADKINS, a resident of Cherokee, Alabama, who died on 9-11-2008, 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:

> LAND in Davidson County, Tennessee, being Lot No. 15, on the Plan of Charlotte Park Annex, of record in Book 3700, page 49, said Register's Office, to which reference is hereby made for a more complete and accurate legal description.
>
> Being the same property conveyed to MARY DANE WADKINS by deed from CAROL J. CLINTON, dated August 30, 1994, of record in Book 9462, Page 479, Register's Office for Davidson County, Tennessee.
>
> Being the same property inherited by STELLA E. WADKINS as evidenced by an Affidavit of Inheritance from AQUILLA W. YAGODA, Administratrix of the Estate of MARY DANE WADKINS, dated November 18, 2008, of record at Instrument Number 20081231-0124069, Register's Office for Davidson County, Tennessee.

The Decedent died intestate. The Decedent was widowed at the time of her death. Decedent's heirs at law are her children, CORINNE W. TUCKER, WILLIAM E. WADKINS, BENNY W. WADKINS, and AQUILLA W. YAGODDA, and they each received a one-fourth (1/4) interest in the real estate described above by virtue of being the heirs-at-law of Decedent's estate.

A Tennessee Inheritance Tax Closing Letter has been received, being number 441390710 a copy of which is attached as Exhibit B.

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: 10-14-2009

Aquilla W. Yagoda

AQUILLA W. YAGODA, Administratrix of the Estate of MARY DANE WADKINS Docket Number 07-P887, The Seventh Circuit Court (Probate Division) of Davidson County, Tennessee and Heir at Law, Estate of STELLA E. WADKINS

STATE OF Ohio

COUNTY OF LAKE

Personally appeared before me, Aquilla W. Yagoda, a Notary Public, in and for said State and County, the within named AQUILLA W. YAGODA, Administratrix, 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 Mentor, Ohio, this the 14 day of Oct, 2009.

Theresa A Smith

Notary Public

My Commission Expires:

THERESA A SMITH
Notary Public, State of Ohio
My Commission Expires May 18, 201
Recorded in Lake County

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS IS A TRUE AND EXACT COPY OF THE RECORD ON FILE WITH THE COLBERT COUNTY HEALTH DEPARTMENT.

Brenda E. Bearden — SIGNATURE OF LOCAL REGISTRAR

September 23, 2008 — DATE OF ISSUE

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME (First, Middle, Last)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
STELLA ELIZABETH WADKINS	SEPT. 11, 2008	COLBERT

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
CHEROKEE, 35616	NO	RESIDENSCE, 1245 MHOONTOWN RD.

7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
	NO	WHITE	FEMALE

11. AGE	12. UNDER 1 YEAR: MOS.	DAYS	UNDER 1 DAY: HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
99 YRS.					FEB. 25, 1909	418-78-2339

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
10		WIDOWED	NONE	NO

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
ALABAMA	ALABAMA	COLBERT	CHEROKEE, 35616

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
NO	1245 MHOONTOWN RD.	AQUILLA YOGODA 7361 FORD DR. MENTOR, OHIO 44060

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
HOMEMAKER	OWN HOME

28. FATHER—NAME (First, Middle, Last)	29. MAIDEN NAME OF MOTHER— (First, Middle, Last)
ALBERT NEWTON WALDREP	CORA ANN LAUDERDALE

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
BURIAL	SEPT. 14, 2008	SMITH CEMETERY	CHEROKEE, ALABAMA

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
MORRISON FUNERAL HOME P.O.BOX 530 CHEROKEE, AL 35616	Stephanie Underwood	9/15/2008

37. — Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated."
— Medical Examiner X Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated"
Signature: Carlton K Utley

38. DATE SIGNED (Month, Day, Year): 9-23-08

39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
	9-11-2008 15:32 HRS	CARLTON UTLEY, CORONER

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
P O BOX 3203, MUSCLE SHOALS, AL 35661	

44. REGISTRAR—Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Anita A. Barton		September 23, 2008

MEDICAL CERTIFICATION

46. 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. 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. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. — 48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Cause	No	

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
		M.

55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

N0006801 1728152100226

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

March 2, 2010

ESTATE OF STELLA E WADKINS
ATTN: SUSAN S WEISS
7100 EXECUTIVE CENTER DR
BRENTWOOD TN 37027-2100

Account Type:	INHERIT TX
Account No.:	441390710
Date of Death:	SEPTEMBER 11, 2008
County:	DAVIDSON
SSN:	XXX-XX-2339

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, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

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

ESTATE OF STELLA E WADKINS
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7100 EXECUTIVE CENTER DR
BRENTWOOD, TN 37027-2100

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RV-N0006801