Owner: JoAnne Pembleton
5916 Manor Place
Brentwood, TN 37027

Map & Parcel No.: 160-16-48

Send tax notice to: same

THIS INSTRUMENT WAS PREPARED BY:
ELIZABETH L. ADAMS, ATTORNEY AT LAW
3015 Carpenters Pass, Spring Hill, TN 37174

AFFIDAVIT OF INHERITANCE
(T.C.A. § 30-2-712 - Real Property)

BILL GARRETT, Davidson County
Trans:T20100028834 AFFIDAVIT
Recvd: 05/13/10 12:17 4 pgs
Fees:22.00 Taxes:0.00
20100513-0036926

STATE OF TENNESSEE
COUNTY OF Davidson

JoAnne Pembleton, being duly sworn, deposes and says:

Minnie L. Bowden, a resident of Davidson County, State of Tennessee, who died on February 13, 2010, as evidenced by a copy of the death certificate attached as Exhibit A, held with her as joint tenants with right of survivorship the following described real estate:

> Land in Davidson County, TN, being Lot No. 215 on the Plan of Revised, Phase 6, Hearthstone, of record in Plat Book 6250, page 994 and revised in Book 6900, pages 254-255, Register's Office for Davidson County, TN, to which Plan reference is hereby made for a complete and accurate description thereof.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title in Book 10663, Page 75 in the Register's Office of Davidson County, Tennessee.

The undersigned, JoAnne Pembleton, received 100% interest in the real estate described above by virtue of being the surviving joint tenant with right of survivorship.

A Tennessee Inheritance Tax Waiver has been received being number 548-68094, 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. § 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.

JoAnne Pembleton

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared JoAnne Pembleton, 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 JoAnne Pembleton executed the foregoing instrument for the purposes therein contained as her 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 4 day of May, 2010.

Notary Public
My Commission Expires: 10-11-2011

KENRICK T. LARSON
STATE OF TENNESSEE NOTARY PUBLIC
AT LARGE COUNTY

STATE OF TENNESSEE
Office of Vital Records

100095 1

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): Minnie Lee Bowden
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 13, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): 410-44-3741
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): April 03, 1930
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT 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 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 5916 Manor Place
9c. CITY, TOWN, OR LOCATION OF DEATH: Brentwood
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Parks and Recreation
12b. KIND OF BUSINESS/INDUSTRY: Metropolitan Davidson County
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Brentwood
13d. STREET AND NUMBER OR RURAL LOCATION: 5916 Manor Place
CENSUS TRACT:
13e. INSIDE CITY LIMITS? [XX] Yes [ ] No
13f. ZIP CODE: 37027
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] 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): 3; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Charlie Hosse
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Andrews

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Walter E. Bowden
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4903 Darlington Ct., Nashville, TN 37211

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Roger Kent Wildman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: ▶ Todd Lee Yates
21d. LICENSE NUMBER OF EMBALMER: 4558
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home and Memorial Park, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L Bowers DR
24. DATE FILED (Month, Day, Year): February 19, 2010

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Dr. Beverly Turner-Wynbush
25b. LICENSE NUMBER: 36203
25c. DATE SIGNED (Month, Day, Year): 2/19/10
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): Dr Beverly Turner-Wynbush, 4230 Harding Pike, Ste 530, 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. MULTIPLE MYELOMA — DUE TO (OR AS A CONSEQUENCE OF): — 1 month
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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: HOUR / MIN. / A.M. / P.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-1859 (REV. 6/99) RDA 1399

3795266

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

FEB 19 2010
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX RELEASE
FOR REAL OR PERSONAL PROPERTY

NOTICE: THIS DOCUMENT BECOMES AN OFFICIAL STATE RECORD WHEN COMPLETED. INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY IN INK. COMPLETE A SEPARATE INHERITANCE TAX RELEASE FORM FOR EACH PARCEL OF REAL PROPERTY OR FOR EACH BANK OR CORPORATION.

NAME OF DECEDENT: MINNIE LEE BOWDEN

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: 410-44-3741

APPLICATION:

ATTACHED: YES X NO ___

ON FILE: YES ___ NO ___ IF SO DATE FILED ___

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property now in your custody, or standing on your records in the name of the captioned decedent.

DESCRIPTION OF PROPERTY:
(List only one)

REAL PROPERTY - RESIDENCE
5916 MANOR PLACE
BRENTWOOD, TN 37027

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

#548-08094

Joanne Pembleton, EXT.

Joanne Pembleton
Representative of the Estate
(Not valid unless signed)

RETAIN PINK COPY FOR YOUR RECORDS. RETURN WHITE AND YELLOW COPIES TO THE TENNESSEE DEPARTMENT OF REVENUE, 500 DEADERICK ST., NASHVILLE, TN 37242.

DEPARTMENTAL USE ONLY

Amy Green

APR 06 2012

For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

Date approved
Inheritance-Gift Tax Section

JO ANNE PEMBLETON
5916 MANOR PLACE
BRENTWOOD, TN 37027

Release will be mailed to address to the left. Type or print clearly in ink the complete address (include street number and zip code.) Address should be contained within the space provided.

RV-F1401501 (Rev. 6-00)