BILL GARRETT, Davidson County
Trans:T20100030714 AFFIDAVIT
Recvd: 05/21/10 10:23 6 pgs
Fees:32.00 Taxes:0.00
20100521-0039284

Affidavit of inheritance (real property, T.C.A. § 30-2-712)

Owner: Mary Lucile Johnson
Send tax notice to: 891 Gibbs Rd. Ashland City, Tn 37015

Map and Parcel No.: _____

**AFFIDAVIT OF INHERETANCE (REAL ESTATE)**

STATE OF TENNESSEE)
COUNTY OF CHEATHAM)

The undersigned, being duly sworn, deposes and says:

Lucille Gordon McClendon a resident of Davidson County, State of Tennessee, who died March 16, 2010 as evidenced by a copy of the death certificate attached as Exhibit A, held a fee simple interest in the following described real estate:

All of that certain piece, parcel, portion or lot of land lying and being situated in the Eighth Civil District of Davidson County, Tennessee, and being a portion of a 24.4 acre tract of record in Book 1632, page 1, Register's Office of Davison County, Tennessee, surveyed the 21st day of May, 1962, by S.H. Hutchison, more particularly described as follows:

BEGINNING at a large sycamore tree on westerly side of the Still House branch, in George Hobbs line, the northeasterly corner of Mrs. Jessie Biggs tract; thence north 29 degrees east with the Hobbs line, 321 feet to a point, formerly a Beech call for; thence with Hobbs line, north 40 degrees east, 78 feet more or less to a stake with an Elm and Sycamore pointers; thence leaving the Hobbs line going south 42 degrees east, 104 feet to a White Walnut tree; thence south 37 degrees west, 135 feet to a Double White Oak tree; thence south 15 degrees east, 145 feet to an Elm tree; thence south 66 degrees east, 204 feet to a stone pike with a Beech pointer; thence south 53 degrees east, 334 feet more or less to an iron stake in another line of George Hobbs property; thence with his line north 87 degrees 30 minutes west, 540.5 feet to a Beech tree, the southeasterly corner of Mrs. Jessie Biggs tract; thence with her line north 34 degrees west, 293 feet more or less to the point of the BEGINNING, containing 3.50 acres.

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

REFERENCE is made to prior title recorded in Book _____, Page____ In the Register's Office of _____ County, Tennessee.

Prepared By Rhonda R. CrabTree

The undersigned received 100% interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the decedent's Will. (See attached)

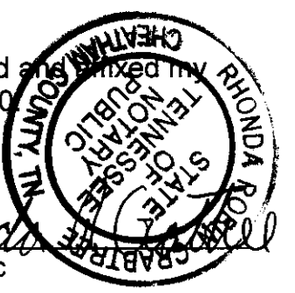
There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

Mary L. Johnson

Mary L. Johnson

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Mary L. Johnson the within names 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 she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 19th day of May, 2010.




Notary Public

My commission expires: June 19, 2013

# STATE OF TENNESSEE
## Office of Vital Records

Exhibit A

1001621

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): Lucile Gordon McClendon
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 16, 2010
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]4324
5a. AGE - LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct 27, 1934
7. BIRTHPLACE (City and State or Foreign Country): , Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Saint Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): seamstress
12b. KIND OF BUSINESS/INDUSTRY: clothing
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 8547 Biggs Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209-
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College(1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Johnny L. Biggs
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruby Stephson

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Mary L. Johnson
19b. RELATIONSHIP TO DECEASED: daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 891 Gibbs Road Ashland City, Tennessee 37015-

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cheatham Memorial Gardens
20c. LOCATION—City or Town, State: Pleasant View, Tennessee

**FUNERAL DIRECTOR**

21a. SIGNATURE OF FUNERAL DIRECTOR: Johnny Jones
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4990
21c. SIGNATURE OF EMBALMER: Reed Buckner
21d. LICENSE NUMBER OF EMBALMER: 4090
22a. NAME AND ADDRESS OF FUNERAL HOME: Cheatham County Funeral Home 117 Elizabeth Street, Ashland City, Tennessee 37015-
22b. LICENSE NUMBER OF FUNERAL HOME: 1006

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Tonya Y. Foreman, DC
24. DATE FILED (Month, Day, Year): March 22, 2010

**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: Phil Kwong
25b. LICENSE NUMBER: 38823
25c. DATE SIGNED (Month, Day, Year): 3/19/10
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): Phil Kwong, 4220 Hardy Rd #500, Nashville, TN 37205

**CAUSE OF DEATH**

28. PART I. Enter the disease, 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. Aut-d.-hospital Cardiopulmonary arrest | |
| 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): End-stage renal disease | |
| | c. DUE TO (OR AS A CONSEQUENCE OF): | |
| | d. DUE TO (OR AS A CONSEQUENCE OF): | |

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:
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):

PH-1658 (REV. 8/99)

BIRTH NO.

RDA 1399

COPY

3790586

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

MAR 22 2010
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD

**LAST WILL AND TESTAMENT**

**OF**

***LUCILE GORDAN MCCLENDON***

I, LUCILE GORDAN MCCLENDON, of Cheatham County, Tennessee, being of sound mind and disposing memory, do hereby make and publish this my Last Will and Testament, hereby revoking any and all other Wills or Codicils by me any time heretofore made.

## I. EXECUTRIX

I hereby appoint and nominate, my daughter, Mary Lucile Johnson, to serve as executrix of my Estate should she survive me. I name Jerry T. Johnson, Sr. as my successor executor should my daughter not survive me. To the extent permitted by applicable law, no Executor(rix) shall be required to furnish bond, file inventory or file any accountings with respect to the performance of the Executor(rix)'s duties.

For convenience, the Executor(rix) named in this Will (including any alternates) are sometimes referred to in the singular person and masculine gender, regardless of the number or gender of those actually named herein.

## II. ADMINISTRATIVE PROVISIONS

All my legally enforceable debts (except secured debts, which may be paid or retained in the discretion of the Executor(rix); and if paid be without right of contribution from my spouse), my funeral expenses and expenses of administration of my estate, both domiciliary and ancillary, shall be paid by my Executor(rix) as soon as practicable after

L M M

Initials

my death. My Executor(rix) shall pay out of my residuary estate all estate, inheritance and other death taxes which shall become payable by reason of my death, whether in respect of property passing under this Will or otherwise, as an expense of administration, without apportionment.

**III.**

After all items in Article II have been paid, then all the rest, remainder and residue of my property, real, personal or mixed, wherever situated, and whether acquired before or after my death, I hereby, devise and bequeath to my daughter, Mary Lucile Johnson to be distributed as she wishes to my heirs should she survive me. If my daughter should not survive me, then to my son in law, Jerry T. Johnson, Sr. I recognize that I have three (3) other children which I have not named but have previously given items to.

IN WITNESS WHEREOF, I have hereunto subscribed my name in Ashland City, Tennessee this the 5th day of March, 2007 to this my Last Will and Testament, and I have also initialed each of the pages for identification.

Lucile G. McClendon
LUCILE GORDAN MCCLENDON

L G M
Initials

Signed published and declared by LUCILE GORDAN MCCLENDON., as her Last Will and Testament in the presence of us, the undersigned, who at her request, and in her sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses on this the 5TH day of March, 2007.

Witness

321 Destin Dr. Clarksville, TN 37040
Address

Crystal Morgan
Witness

2505 Mosley Ferry Rd. Ashland City, TN 37015
Address

STATE OF TENNESSEE )
COUNTY OF CHEATHAM )

We, the undersigned, after first being duly sworn or affirming, make oath or affirm that the foregoing Last Will and Testament consisting of ___ pages, this page included, was signed and declared by Lucile Gordan McClendon. to be her Last Will and Testament, in the sight and presence of us, the undersigned, who at her request and in her sight and each other, have subscribed our names as further make oath or affirm that the Testator was of sound and disposing memory, and not acting under the fraud, menace or undue influence of any person, that she was more than 18 years of age and that each of the attesting witnesses is more than 18 years of age.

Witness

Crystal Morgan
Witness

Sworn and affirmed and subscribed to before me, and notary public in and for said county, this 5th day of March, 2007.

Notary Public

My Commission Expires: June 8, 2009

LKM
Initials