File Box 9B
First Title

BILL GARRETT, Davidson County
Trans:T20100035324 AFFIDAVIT
Recvd: 06/10/10 11:46 9 pgs
Fees:47.00 Taxes:0.00
20100610-0045099

This instrument prepared by:
Mudter & Patterson, Attys. EPJ
2000 Richard Jones Road, Suite 103
Nashville, TN 37215

AFFIDAVIT IN FURTHERANCE OF TITLE

Re: Warranty Deed to David Graham Orr and wife, Elizabeth Clark Orr, of record in Book 2993, page 75, Register's Office for Davidson County, TN (Lot No. 10, Broadwell Acres, Plat Book 2663, page 118, said Register's Office; Map/Parcel No. 160 080 01800)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, David G. Orr, makes oath that the following statements are true to the best of his knowledge, information and belief:

By deed dated November 4, 1959, and recorded in Book 2993, page 75, Register's Office for Davidson County, Tennessee, his parents, David Graham Orr and Elizabeth Clark Orr, purchased the following described property located at 5372 Trousdale Drive, Nashville, Tennessee 37220:

> Land in the 6th Civil District of Davidson County, Tennessee, being Lot No. 10 on the Plan of Broadwell Acres, as of record in Plat Book 2663, page 118, Register's Office for said County.
>
> Said Lot No. 10 fronts 110 feet on the easterly side of Trousdale Drive and runs back 470.2 feet on the northerly line and 422.7 feet on the southerly line to a dead line, measuring 120 feet thereon.

His father, David Graham Orr, died on August 20, 1969. A copy of his death certificate is attached hereto as Exhibit "A."

His mother, Elizabeth Clark Orr, married Gaston Thompson on May 31, 1980.

His mother died on November 11, 1986, leaving a will which was admitted to probate on November 24, 1986, in the Probate Court for Davidson County, Tennessee, Docket No. 79127. Pursuant to said will, she devised a life estate in the above described property to Gaston Thompson, with the remainder to her only surviving child, the undersigned David G. Orr. A certified copy of said will is attached hereto as Exhibit "B."

That Gaston Thompson died on December 1, 1998. A copy of his death certificate is attached hereto as Exhibit "C."

This affidavit is made to evidence of record the vesting of title to the above described property in David G. Orr.

This 24th day of May, 2010.

David G. Orr

Subscribed and sworn to before me this 24th day of May, 2010.

Notary Public

My commission expires _____

ELIZABETH J. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires NOV. 7, 2011

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named David G. Orr, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and seal at Nashville, Tennessee, this 24th day of May, 2010.

Notary Public

My commission expires _____

ELIZABETH J. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires NOV. 7, 2011

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT "A"

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

FILE NO. 69-023489

32-68-62
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.
[redacted]2565
TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.
116301
DECLASD

1944
27
1944
BIRTH NO.

1. DECEASED — NAME	First: David	Middle: Graham	Last: Orr			2. DATE OF DEATH (MONTH, DAY, YEAR)	8-20-69
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	White	4. SEX	Male	5a. AGE — LAST BIRTHDAY (YEARS)	50	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR)	11-4-1918						
7a. COUNTY OF DEATH	Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH	Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	St. Thomas Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Texas	9. CITIZEN OF WHAT COUNTRY	U. S.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Elizabeth Clark Orr
12a. SOCIAL SECURITY NUMBER	[redacted]	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	no	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Salesman	13b. KIND OF BUSINESS OR INDUSTRY	Real Estate
14a. RESIDENCE — STATE	Tennessee	14b. COUNTY	Davidson	14c. CITY, TOWN, OR LOCATION	Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes
14e. STREET AND NUMBER	5372 Trousdale Drive						

USUAL RESIDENCE (WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

PARENTS AND INFORMANT

15. FATHER — NAME	16. MOTHER — MAIDEN NAME	17. INFORMANT — NAME	MAILING ADDRESS
W. C. Orr	Clarice Roberts	Mrs. Elizabeth Orr	5372 Trousdale Drive Nashville, Tenn.

488
CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

FORM 120 REV. 1-68

22a. MEDICAL EXAMINER — CERTIFICATION (ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.) SIGNATURE	M.A. Petrone 3	TITLE M.D.	DATE SIGNED (MONTH, DAY, YEAR) 8-26-69
23a. CERTIFIER — NAME (TYPE OR PRINT)	M.A. Petrone, M.D.	23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	4300 Charlotte Ave., Nashville, Tenn. 37209
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial	24b. DATE (MONTH, DAY, YEAR) 8-21-69	24c. CEMETERY OR CREMATORY — NAME: City Cemetery; LOCATION (CITY OR TOWN, STATE): Gallatin, Tennessee
25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Woodlawn, Thompson La., Nashville, Tenn. 37204	26. REGISTRAR — SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR 8-28-69

4232471

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.

Teresa S. Hendricks
STATE REGISTRAR

Date Issued May-25-2010

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

Elizabeth Orr Thompson Probated December 11, 1986 79127

Last Will and Testament

OF

ELIZABETH ORR THOMPSON

I, ELIZABETH ORR THOMPSON, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament. I hereby revoke all former Wills and Codicils at any time heretofore made by me.

ITEM I

PROVISIONS RELATIVE TO THE PAYMENT OF DEBTS AND TAXES

I direct that all of my just debts and funeral expenses by paid by my Executor out of my general estate as soon as may be practicable after my death. My Executor shall likewise pay out of my general estate, and not out of the share of any beneficiary, all fees and expenses incident to the administration of my estate, and all inheritance, succession and estate taxes assessed on account of policies of insurance on my life, jointly held property or other property taxable as a part of my estate, but not coming into the hands of my Executor. Provided, however, if the Executor shall receive death benefits from any pension, retirement or annuity contracts which would be subject to any federal estate tax, if payable to my estate, but otherwise exempt from that tax, the proceeds of such benefit shall not be usable in paying taxes, debts or other charges enforceable against my estate or in any other manner which would benefit my estate. Any life insurance made payable to my estate may be used for payment of debts and all expenses incidental to the administration of my estate.

ITEM II

SPECIAL BEQUESTS

I devise to my husband, GASTON THOMPSON, the parcel of real property

Elizabeth Orr Thompson

now occupied by me as my residence with all appurtenances and improvements used in connection therewith, located in the City of Nashville, County of Davidson, and State of Tennessee, and commonly known as 5372 Trousdale Drive, Nashville, Tennessee, for so long as he chooses to live in the property. I direct that my said husband shall pay all charges incident to maintaining said property including, without limitation, all assessments, insurance premiums, taxes, and ordinary repairs. If my said husband shall fail to pay any such charges, then my issue may pay the same; and in such event such issue so paying shall have a lien against said property in the amount so expended with interest thereon at the rate of ten percent (10%) per annum until paid.

My said husband shall not be required to account for or repair any waste, injury, or damage to or depreciation of such property, or to replace any part thereof which may be consumed, used up, or destroyed, unless the same is attributable to his act or omission, except as herein otherwise expressly provided.

At the conclusion of my husband's life estate in said property, it shall pass to my son, DAVID G. ORR, per stirpes.

ITEM III

RESIDUAL ESTATE

After satisfying all of the foregoing, all of the rest, residue, and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises and all proceeds of life insurance payable to my estate, I give, devise and bequeath to my child, DAVID G. ORR, per stirpes. I direct my Executor to give to my child any articles of tangible pesonal property which he may desire to have. Any articles of tangible personal property not so distributed by my Executor shall be sold, either publicly or privately at the election of my Executor in the exclusive exercise of his discretion, and the proceeds thereof shall be included in my residual estate for disposition as herein provided.

Elizabeth Orr Thompson

ITEM IV

CONTINGENT RESIDUAL TRUST

In the event that my son, DAVID G. ORR, should predecease me, or if we should die of a common disaster, or as the result of a common disaster or otherwise, I direct that my residual estate shall be delivered and conveyed to ROBERT L. BAKER of Nashville, Tennessee, as Trustee, to be held separately and to be known as the "Residual Trust" and to be held, managed and controlled as a trust estate with all of the rights and powers and subject to the limitations hereinafter enumerated, for the following uses and purposes:

1. My Trustee is directed to divide the residual trust into equal shares for the benefit of the children of my son, DAVID G. ORR, and each share shall be set apart and administered as a separate trust, the annual net income therefrom to be used by and expended by my Trustee for the confortable maintenance, education, health, and welfare of each child. The remaining portion of the income which is not required in the discretion of the Trustee to be expended shall be held by the Trustee and invested as a part of the corpus of each child's trust. Thereafter, as each of said children reaches the age of 30 years I direct that my Trustee pay to that child the entire corpus of his or her trust, and his or her trust shall terminate.

2. My Trustee is authorized to make any payment of income to the surviving parent of any grandchild or grandchildren who may become entitled thereto without requiring the legal qualification of a guardian, unless, in the sole discretion of the Trustee, he should determine the appointment and qualification of such guardian in a particular circumstance to be advisable.

3. My Trustee is further authorized to make such encroachments upon the corpus of the trust of any grandchild as he may consider necessary and proper to provide for the confortable maintenance, education, health and welfare of any of my grandchildren where it appears that funds are not available elsewhere. Any encroachments shall be against the corpus of the trust of the grandchild for whom the encroachment is necessary and not against the share of any other grandchild. Any encroachment

Elizabeth Orr Thompson

shall be within the sole discretion of the Trustee, and this power to encroach shall be a continuing one, and his discretion in regard thereto shall be given the full credit for the amount of all such encroachments as proper expenditures.

4. Neither the principal nor income of this contingent residual trust shall be pledged, assigned, transferred, sold, or in any manner whatsoever accelerated, anticipated, or encumbered by any beneficiary, nor shall any income or principal of said trust estate be in any manner subject or liable in the hands of the Trustee for the debts, contracts or engagements of any beneficiary, or be subject to any assignment, or any other voluntary or involuntary alienation or disposition whatever. All distributions of income or principal shall be paid only upon receipt to the beneficiary entitled, or to others for his use and benefit.

ITEM V

TRUST POWERS

The Trustee, under the Contingent Residual Trust, shall have such powers and authorities as may be accorded fiduciaries, either by common law or under the provisions contained in Tennessee Code Annotated, §35-616 through §35-618, including amendments thereto which are specifically incorporated herein by reference and made a part of this my Will.

ITEM VI

APPOINTMENT OF EXECUTOR

I nominate, constitute and appoint my son, DAVID G. ORR, to serve as Executor of this my Last Will and Testament, and I direct that he shall not be required to execute a bond for the faithful performance of his duties. Should my son predecease me or be unable to serve in such capacity, I then appoint ROBERT L. BAKER of Nashville, Tennessee, as alternate Executor.

During the period of executorship, my said Executor or alternate Executor shall be vested with all of the rights, powers, duties and responsibilities of the Trustee as herein expressed.

Elizabeth Orr Thompson

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, consisting of five pages, each of which bears my original signature, at Nashville, Tennessee, this the 30th day of September 1980.

Elizabeth Orr Thompson
ELIZABETH ORR THOMPSON

Signed, published and declared by the said ELIZABETH ORR THOMPSON as and for 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 presence of each other, have hereunto signed our names as attesting witnesses on the day and date and at the place above written.

Betty V. Smith

Nancy Easterling

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BETTY V. SMITH and NANCY EASTERLING, being duly sworn, do depose and say that they witnessed the preceding Will of ELIZABETH ORR THOMPSON and subscribed the Will in her presence and in the presence of each other and at her request; that ELIZABETH ORR THOMPSON appeared to be of full age and of sound and disposing mind and memory and competent to make testamentary disposition of real and personal property; that she voluntarily signed her Will and declared it to be her Last Will and Testament in the presence of the subscribing wintesses hereto; and that this affidavit is made at the request of the Testatrix.

Betty V. Smith

Nancy Easterling

Sworn to and subscribed before me, this 30th day of SEPT, 1980.

Notary Public

My Commission expires: 4-12-83

I hereby certify that this is a true copy of original instrument filed in my office this 18th day of OCT 30 10
RICHARD R. ROOKER, Clerk
By Deputy Clerk

RICHARD R. ROOKER
CLERK & MASTER
COURT

CERTIFICATION OF VITAL RECORD

City of Lubbock
Texas

EXHIBIT "C"

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2. SEX	3. DATE OF DEATH
GASTON	CLEGG	THOMPSON		MALE	12/01/1998

4. DATE OF BIRTH	5. AGE (IN YEARS)	IF UNDER 1 YR. MO	DAYS	IF UNDER 1 DAY HOURS	MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
11/02/1918	80	0	29			MOUNTAINAIR, NEW MEXICO	[redacted]

8. RACE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN?	9c. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM., OR SECONDARY (0-12) COLLEGE (13-16, 17+)
WHITE	☐ YES ☒ NO		☐ YES ☒ NO	16

12. MARITAL STATUS	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	Kathryn Thompson	SPECIAL AGENT	F.B.I.

15a. RESIDENCE STREET ADDRESS	15b. CITY OR TOWN
5515 26TH ST.	LUBBOCK

15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
LUBBOCK	TEXAS	79407	☒ YES ☐ NO

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
ROBERT GASTON THOMPSON	MATTIE PEARL CLEGG

16. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA OTHER: ☐ NURSING HOME ☒ RESIDENCE ☐ OTHER (SPECIFY)

18. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)
LUBBOCK	LUBBOCK	5515 26TH ST.

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT
KATHRYN THOMPSON - WIFE	5515 26TH ST. LUBBOCK, TX. 79407

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section / Block / Lot / Space / Unknown ☒	29. NAME & ADDRESS OF FUNERAL HOME
☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	SUNNY SLOPE CEMETERY 26. LOCATION (CITY, STATE) RICHMOND, MISSOURI 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH [signature] 28. DATE OF DISPOSITION 12/5/98		RESTHAVEN FUNERAL HOME 5740 W. 19TH ST. LUBBOCK,, TEXAS 79416

30. CERTIFIER

☒ CERTIFYING 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.

☐ MEDICAL EXAMINER / ☐ JUSTICE OF THE PEACE — 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 AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO	DAY	YEAR	33. TIME OF DEATH
[signature] M.D.	12	02	98	5:15 p.m.

34. PRINTED NAME & ADDRESS OF CERTIFIER: LARRY A. [illegible], M.D. 3506 21 ST, Lubbock, TX 79410

WARNING: The penalty for knowingly making a false statement in this form can be ≤10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH

35. PART 1 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. Coronary Heart disease (Ischemic heart disease)

DUE TO (OR AS A LIKELY 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. CHF

DUE TO (OR AS A LIKELY CONSEQUENCE OF):

c.

DUE TO (OR AS A LIKELY CONSEQUENCE OF):

d.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☒ NO	☐ YES ☒ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK. WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK.

40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M.	☐ YES ☐ NO	

41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
02 2443	DECEMBER 21, 1998	[signature] BY DEPUTY REGISTRAR

VS-112 REV. 9/95

S805815

I hereby certify this to be a true copy of the permanent record as filed in the City of Lubbock Vital Statistics office.

ISSUED JAN 28 2008

Rebecca Garza, Registrar
Office of Vital Statistics
City of Lubbock, TX

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar