NEW OWNER:	**Send Tax**	**Prepared by:** W. Faye Novelly
Linda Ann Milam	**Bills to:**	UAW Legal Services Plan
P.O. Box 210892	New Owner	3011 Harrah Drive, Suite A
Nashville, TN 37221		Spring Hill, Tennessee 37174

Map & Parcel: 14211010200

BILL GARRETT, Davidson County
Trans:T20100043176 AFFIDAVIT
Recvd: 07/14/10 13:25 3 pgs
Fees:17.00 Taxes:0.00
20100714-0055249

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes now your Affiant, LINDA ANN MILAM, and having first been duly sworn according to law, being of lawful age and a resident of Nashville, Davidson County, Tennessee, and pursuant to Tenn. Code Ann. § 30-2-712, deposes and states as follows:

TRAVIS MILAM (the "Decedent") who died on the 24th day of July, 2009, at the age of sixty-six (66), a citizen and resident of Davidson County, residing at 523 Colice Jeanne Road, Nashville, Tennessee 37221, held a tenancy by the entireties interest with his wife, LINDA ANN MILAM, in real property located in Davidson County, Tennessee, and commonly known as 523 Colice Jeanne Road, Nashville, Tennessee, and more particularly described as follows:

> Being Lot No. 42 on the Plan of Valley West, Section II, as of record in Book 3600, page 86, described as follows:
>
> BEGINNING at a concrete monument in the easterly margin of Willow Creek Drive, at a common corner of Lots Nos. 42 and 43; thence northwardly with said margin of said Drive, 82 feet to a concrete monument; thence to the right around a curve, 39.27 feet to a concrete monument in the southerly margin of Colice Jeanne Road, thence with the southerly margin of Colice Jeanne Road, eastwardly 180 feet to a point, a common corner of Lots Nos. 41 and 42; thence southwardly with the dividing line between Lots Nos. 41 and 42, 107 feet to a point; thence westwardly between Lots Nos. 42 and 43, 205 feet to the point of beginning.
>
> Being the same property conveyed to TRAVIS MILAM and wife, LINDA ANN MILAM, by Warranty Deed from JAMES L. ERSKINE and wife, WANDA J. ERSKINE, of record as Book 4630, Page 239 and Instrument No. 197208224630239, in the Davidson County Register of Deeds Office, Nashville, Tennessee.

SUBJECT to restrictions of record in Book 3833, page 789, and in Book 3838, page 501.

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

The undersigned received 100% interest in the real estate described above by virtue of being the surviving tenant by the entireties.

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

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 13th day of July, 2010.

Linda Ann Milam
LINDA ANN MILAM

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared LINDA ANN MILAM, 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 WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 13th day of July, 2010.

RACHEL A. WATTS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC
My Commission Expires: 07-03-12

Tenn. Code Ann. § 67-4-409(a)(3)(D) exempts this instrument from tax and Tenn. Code Ann. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, this affidavit being used to evidence transfer of title to the property to a surviving tenant by the entireties.

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
AUG 10 2009

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-09-090608

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH ACTUAL OR PRESUMED	
TRAVIS MILAM				07/24/2009	
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo / Days	IF UNDER 1 DAY Hours / Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE	03/03/1943	66			PARSONS, TN
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
412-70-8691	☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	☒ Married		LINDA LONG	
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.	10c. CITY OR TOWN		
523 COLICE JEANNE ROAD			NASHVILLE		
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
DAVIDSON	TENNESSEE	37221	☒ Yes ☐ No		
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
NOAH MILAM		BONNIE POMEROY			

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	16. FACILITY NAME (If not institution, give street address)
HARRIS	HOUSTON, 77030	M.D.ANDERSON CANCER CENTER
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number,City,State,Zip Code)	
LINDA MILAM - WIFE	P.O. BOX 210892, NASHVILLE, TN 37221	

19. METHOD OF DISPOSITION	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. ☒ Unknown
☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removal from state ☐ Other (Specify)	NICOLLE BOLDEN ,BY ELECTRONIC SIGNATURE - 11294	Section / Block / Lot / Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)	
MT. ZION CEMETERY	DECATURVILLE, TN	
24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
KIRK MORTUARY For: PARSONS MORTUARY INC.	2017 AIRLINE DR, HOUSTON, TX 77009	

26. CERTIFIER (Check only one)

☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.

☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time,date and place, and due to the cause(s) and manner stated.

27.SIGNATURE OF CERTIFIER	28. DATE CERTIFIED (Mo/Day/Yr)	29. LICENSE NUMBER	30. TIME OF DEATH(Actual or presumed)
NADA FADUL , BY ELECTRONIC SIGNATURE	08/06/2009	M5699	07:00 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)			32. TITLE OF CERTIFIER
NADA FADUL 1515 HOLCOMBE UNIT 8, HOUSTON, TX 77030			MD

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1996)

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

Approximate Interval Onset to death

IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)

a. RESPIRATORY FAILURE

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST

b. PNEUMONIA

Due to (or as a consequence of):

c. DELIRIUM

Due to (or as a consequence of):

d. ADVANCED NON SMALL CELL LUNG CANCER

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	☐ Yes ☐ No ☐ Probably ☒ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY (Mo/Day/Yr)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		☐ Yes ☐ No	

40e. LOCATION (Street and Number, City,State,Zip Code)	40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR
0212132	08/10/2009	REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED

VS-112 REV 1/2006

EDR NUMBER 000000611164

M00727979

ARU

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

AUG 11 2009

Geraldine R. Harris

GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES
STATE OF TEXAS
VITAL STATISTICS