BILL GARRETT, Davidson County
Trans:T20100075519 AFFIDAVIT
Recvd: 12/01/10 09:27 3 pgs
Fees:17.00 Taxes:0.00
20101201-0095340

This Instrument Prepared By:
John L. Whitfield, Jr., Esq.
Moody, Whitfield & Castellarin
95 White Bridge Road, Suite 509
Nashville, TN 37205

T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary.

AFFIDVIT OF INHERITANCE OF REAL ESTATE

Address New Owners As Follows:	Send Tax Bills To:	Map and Parcel Numbers
Reginald J. Widick	Reginald J. Widick	Map 132-15
1022 Deep Woods Trail	1022 Deep Woods Trail	Parcel 35
Brentwood, TN 37027	Brentwood, TN 37027	

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Betty W. Widick, a resident of Davidson County, State of Tennessee, who died October 13, 2010, as evidenced by a copy of the death certificate attached as Exhibit A, held a joint tenants with right of survivorship in the following described real estate:

> Being land in Davidson County, Tennessee, being Lot No. 45 on the Map of Elysian Fields, Section 1, as of record in Book 1424, page 81, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 45 fronts 135 feet on the easterly side of Elysian Fields Road and runs back between parallel lines 335 feet to a dead line.
>
> This is improved property known as 740 Elysian Fields Road, Nashville, Tennessee 37204.
>
> Betty Widick and Betty W. Widick are one and the same person.
>
> Being the same property conveyed to Betty W. Widick and Reginald J. Widick as joint tenants with rights of survivorship from Betty Widick by Quitclaim Deed of record at 20000906-0087871, Register's Office for Davidson County, Tennessee.
>
> Subject to governmental zoning and subdivision ordinances and regulations and affect thereon. Reference is made to prior title

recorded at Number 20000906-0087871 in the Register's Office for Davidson County, Tennessee.

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

There are no debts or encumbrances remaining which are or might become a lien on interest in the described real estate. T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from taxes and T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary, the affidavit being used evidences the transfer of title of the property to a beneficiary.

FURTHER AFFIANT SAITH NOT.

Reginald J. Widick

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County, aforesaid, personally appeared, Reginald J. Widick, 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 Reginald J. Widick executed the foregoing instrument for the purposes therein contained as his 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 the 22nd day of NOVEMBER, 2010.

Notary Public

My Commission Expires:

May 6, 2013

SUSAN R. CICORA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires May 6, 2013

STATE OF TENNESSEE
Office of Vital Records

1006285

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): Betty Womack Widick
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 13, 2010
4. SOCIAL SECURITY NUMBER: 411-42-2186
5a. AGE-LAST BIRTHDAY: 82
6. DATE OF BIRTH: Dec. 21, 1927
7. BIRTHPLACE (City and State or Foreign Country): Waverly, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH: HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other
9b. FACILITY NAME: St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE: N/A
12a. DECEDENT'S USUAL OCCUPATION: Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 740 Elysian Fields Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes 2 [X] No
15. RACE-American Indian, Black, White, etc.: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hershel L. Womack
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cora Corlew

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Reggie J. Widick
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1022 Deep Woods Trail Brentwood, TN 37027

DISPOSITION

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Billy D. Orange
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5846
21c. SIGNATURE OF EMBALMER: ▶ James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
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. Bowerside
24. DATE FILED (Month, Day, Year): October 29, 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 SIGNATURE AND TITLE OF PHYSICIAN: ▶ Roger Hodge MD
25b. LICENSE NUMBER: 17145
25c. DATE SIGNED (Month, Day, Year): 10/21/10
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Dr. Roger Hodge, St. Thomas Med Grp, 4230 Harding Road, Ste 400, Nashville, TN 37205

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. Acute systolic CHF combined
DUE TO (OR AS A CONSEQUENCE OF): c Acute renal failure
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): on chronic kidney
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: d. disease

SEE INSTRUCTIONS ON COVER 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 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)

FORM NO.

EXHIBIT
tabbies 1

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.

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

OCT 29 2010
Date Issued

Teresa S. Hendricks
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD