BILL GARRETT, Davidson County
Trans:T20100077301 AFFIDAVIT
Recvd: 12/08/10 11:08 12 pgs
Fees:62.00 Taxes:0.00
20101208-0097649

THIS DOCUMENT PREPARED BY:
Bill Hodde (#2268)
40 Music Square East
Nashville, TN 37203

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, Mary Tucker Howell, being duly sworn according to law, do hereby swear, state or affirm as follows:

1. I am an adult person more than eighteen (18) years of age and a resident of Davidson County, Tennessee, and have personal knowledge of these facts.

2. My mother, Ouida M. Tucker, was a resident of Davidson County, Tennessee at the time of her death on March 26, 2010. She was married only one time and that was to Murray Randolph Tucker who died on April 12, 1960. She was not married at the time of her death. A certified copy of her Death Certificate is attached hereto as **Exhibit A**.

3. Ouida M. Tucker had a will at the time of her death which was not probated by agreement of the heirs. She owned an undivided interest in real estate at the time of her death. She had three children as follows: John Tucker, Donald B. Tucker and Mary Tucker Howell.

4. The estate of Ouida Tucker is solvent, so real estate is not involved in the necessary probate of the estate.

5. By operation of law in Tennessee, and according to the terms of the will, the three (3) children of Ouida M. Tucker, inherited the full ownership of the real estate at 4711 Granny White Pike, Nashville, Tennessee, a copy of which Deed is attached hereto as **Exhibit B**, subject to any mortgages, liens or other indebtedness there against. That is, the present owners of the interest of Ouida Tucker in this real estate are John Tucker, Donald B. Tucker and Mary Tucker Howell, as joint tenants, with right of survivorship.

6. This transfer is subject to any Governmental zoning and subdivision ordinances or regulations in effect thereon.

7. The undersigned received 100% interest in the real estate described above by virtue of being the surviving heirs at law of the deceased.

8. Attached as **Exhibit C** is a copy of the Inheritance Tax Release. The heirs have filed and paid any and all tax liens.

9. A copy of the TennCare Waiver is attached as **Exhibit D**.

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

11. T.C.A. §67-4-409(a)(3)(A) exempts this instrument from tax and T.C.A. 67-4-409(a)(5) further provides that the valuation oath is unnecessary since the Affidavit is being used to transfer title of the property to the beneficiaries.

FURTHER this affiant saith not.

Mary Tucker Howell

MARY TUCKER HOWELL, Affiant

SUBSCRIBED and sworn to before me this 22nd day of November 2010.

Jorie Hoskins

NOTARY PUBLIC

JORIE HOSKINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: ~~MY COMMISSION EXPIRES~~ MARH 3, 2014

F:\shared\WORDPERF\WP51MAIN\TUCKER\heirship.affidavit.wp

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

1001969

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): Ouida McIntyre Tucker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 26, 2010
4. SOCIAL SECURITY NUMBER: [redacted]5720
5a. AGE-LAST BIRTHDAY (Years): 93
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug.20,1916
7. BIRTHPLACE (City and State or Foreign Country): Jackson, Alabama
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 XX Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): West Meade Place
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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.): Acting Director Nursing Services
12b. KIND OF BUSINESS/INDUSTRY: Vanderbilt University Hospital
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4711 Granny White Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37220
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O XX 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): 10; College (1-4 or 5+): 3

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John D. McIntyre
18. MOTHER'S NAME (First, Middle, Maiden Surname): Pearl Martin

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary T. Howell
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4717 Granny White Pike Nashville, TN 37220

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: Roger Kent Wildman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
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: Claudia Curtis DR
24. DATE FILED (Month, Day, Year): April 6, 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: David Tribble
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 4.05.2010
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): David B. Tribble, M.D. 1718 Patterson Street, Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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. Vascular Dementia
DUE TO (OR AS A 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.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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)

TH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

3792015

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.

APR 13 2011

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Forsman, Local Registrar
Davidson County Tennessee

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

EXHIBIT B

BOOK 4732 PAGE 812 FORM NO. WD-1

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $53,000.00

Terry Wayne Howell
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 27th DAY OF July 1973

Notary Public

MY COMMISSION EXPIRES 5-1-76

(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
WILKINS & ADAMS, ATTORNEYS, 1012 Stahlman Building, Nashville, Tenn.
NAME ADDRESS

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP, PARCEL OR INDEX NO.
Terry Wayne Howell (NAME)	Commerce Union Bank (NAME)	160 18 385
Granny White Pike (STREET ADDRESS OR ROUTE NUMBER)	400 Union Street (STREET ADDRESS)	Map 131-15
Nashville, Tennessee (CITY) (STATE) (P. O. ZIP)	Nashville, Tennessee (CITY) (STATE) (ZIP)	Par 24

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE W. K. PRIM and CLIFFORD B. PARRISH

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO TERRY WAYNE HOWELL and wife, MARY TUCKER HOWELL, as to a one-half undivided interest, and OUIDA M. TUCKER, as to a one-half undivided interest

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LAND in the 7th Civil District of Davidson County, Tennessee, being Lot No. 3, formerly Reserved Parcel "A" on the revised Map of the M. Agnes Russell Property as of record in Book 3842, page 246, and by instrument of record in Book 4451, page 775, Register's Office for said County, described as follows:

BEGINNING at a point in the southerly margin of a private drive running into Granny White Pike, said point being the northwest corner of Lot No. 1 on said Plan conveyed to Harold H. Robinson and wife by deed of record in Book 4165, page 223, Register's Office for said County, thence with the line between said Lot No. 1 and Lot No. 3, formerly Reserved Parcel "A" and Harold H. Robinson's line southwardly 172.5 feet to a point; thence south 83° 04' west 228.74 feet to a point in the eastern boundary line of Harpeth Acres Section V; thence with same north 3° 17' east 222.70 feet to a point; thence south 85° 44' east 188.4 feet to the western terminus of said Private Drive; thence with same south 4° 16' west 11 feet to the southerly margin of said Drive; thence with same eastwardly 40 feet to the beginning.

BEING the same property conveyed to W. K. Prim and Clifford B. Parrish by deed from Mabel Burkhalter, Unmarried, of record in Deed Book 4637, page 27, Register's Office for Davidson County, Tennessee.

This is unimproved ( ) property, known as (House Number) (Street) (P. O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hand s this 27th day of July, 1973

W. K. Prim

Clifford B. Parrish

STATE OF TENNESSEE
Davidson County

BOOK 4732 PAGE 813

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named W. K. Prim and Clifford B. Parrish

the bargainors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee, this 27th day of July 1973

Commission expires April 17, 1974

Notary Public

STATE OF TENNESSEE
Davidson County

Before me, _____, a Notary Public within and for said State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted and who upon (their several oaths) acknowledged (themselves) to be the _____ and _____ respectively of the within named bargainor, a corporation, and that (he) as such _____ and (they) being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by the said Clifford B. Parrish as such _____, and attesting the same by the said _____ as such _____

Witness my hand and official seal at office at _____ they on this the _____ day of _____, 19__. Witness my hand and official seal at Nashville, Tennessee, this 27th day of July 1973

My commission expires _____

Notary Public

STATE OF TENNESSEE
Davidson County

C 17545

WARRANTY DEED

FROM W. K. PRIM and CLIFFORD B. PARRISH

TO TERRY WAYNE HOWELL ET AL

IDENTIF. REFERENCE

JUL 31 11 55 AM '73

FELIX Z. WILCOX II, Register
DAVIDSON COUNTY, TENN.

Attorneys Title Company

Title Guaranteed

NASHVILLE, TENN.

WILKINS & ADAMS
ATTORNEYS-AT-LAW
112 STAHLMAN BUILDING
NASHVILLE, TENNESSEE 37201

JUL 31 CONV 53,000.00
JUL 31 S'TAX A* 137.80
JUL 31 PR'FEE C 1 7 5 4 5 A* .50
JUL 31 D'EED A* 4.00 * 142.30

WARRANTY DEED

FROM W. K. PRIM and CLIFFORD B. PARRISH

TO TERRY WAYNE HOWELL ET AL

IDENTIF. REFERENCE

Jul 31 11 55 AM '73

FELIX Z. WILCOX II, Register
DAVIDSON COUNTY, TENN.

Attorneys Title Company

Title Guaranteed

NASHVILLE, TENN.

WILKINS & ADAMS
ATTORNEYS-AT-LAW
112 STAHLMAN BUILDING
NASHVILLE, TENNESSEE 37201

EXHIBIT C

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: Ouida McIntyre Tucker

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: [redacted]-5720

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

APPLICATION:

ATTACHED: YES ___ NO X

ON FILE: YES ✓ NO ___ IF SO DATE FILED Application 4/29/10

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 Estate
1/2 owner in Duplex
4709-4711 Granny White Pk
Nash. TN 37220
1/2 value Appraised at $175,000

Terry W Howell executor
Representative of the Estate
(Not valid unless signed)
Appointment in will on File

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

Amy Green *DEPARTMENTAL USE ONLY* JUL 27 2010

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

Date approved
Inheritance-Gift Tax Section

Terry W. Howell
4714 Granny White Pike
Nash. TN 37220

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.

RVLP1/07/SM (Rev. 8-09)

Jul 22 2010 8:44 P.02

EXHIBIT D

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

5/19/2010

TERRY W. HOWELL
EXECUTOR
4717 GRANNY WHITE PIKE
NASHVILLE, TN 37220

RE: OUIDA M. TUCKER
411485720

Dear TERRY W. HOWELL:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X — This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

_____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

_____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Ron Singh
Manager