AFFIDAVIT OF INHERITANCE FOR REAL ESTATE
PURSUANT TO T.C.A. § 30-2-712

OWNERS: Nancy C. Strickland
1208 Harpeth Lake Court
Nashville, TN 37221

Map & Parcel No.: 142-13-0-B
#206.00 C0

BILL GARRETT, Davidson County
Trans:T20110016204 AFFIDAVIT
Recvd: 03/18/11 14:05 4 pgs
Fees:22.00 Taxes:0.00
20110318-0021447

Send Tax Notice To: Same

STATE OF TENNESSEE)
COUNTY OF Davidson)

The undersigned, being duly sworn, deposes and say as follows:

Gerald J. Strickland, a resident of Davidson County, State of Tennessee, who died November 11, 2010 as evidenced by a copy of the Death Certificate attached as Exhibit A held a tenants by the entirety interest in the following described real estate:

Land in Davidson County, Tennessee being Lot No. 210 on the Final Plat Riverside, Phase 5 B of record in Instrument No. 20030212-0019415 said Register's Office.

Being part of the same property conveyed to Rochford Realty & Construction Co., Inc. by deed from Frank H. Carter and wife, Delores H. Carter, Charles C. Handly, Jr. and Mary Handly Beard of record in Instrument No. 7103-48, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Gerald J. Strickland and wife Nancy C. Strickland by warranty deed from Rochford Realty and Construction, Co. inc. recorded at 20031027-0158122, Register's Office for Davidson County.

This conveyance subject to all covenants, conditions and restrictions of records.

This is improved property known as 1208 Harpeth Lake Court, Nashville, TN 37221.

Subject to governmental zoning and subdivision ordinances and regulation in affect thereon.

Reference is made to prior title at recording number 20031027-0158122 in Register's Office for Davidson County, Tennessee. The undersigned received 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety.

The Tennessee Inheritance Tax Non-Taxable Certificate has been received, a copy of which is attached as Exhibit B. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides that the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to a beneficiary.

Nancy C. Strickland

Nancy C. Strickland

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 Nancy Strickland, 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 she 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 17 day of March, 2011.

My Commission Expires:
5-8-12

Eve Saal
Notary Public

EVE SAAL NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

This Instrument Prepared By:
John L. Whitfield, Jr., Esq.
Moody, Whitfield & Castellarin
95 White Bridge Road, Suite 509
Nashville, TN 37205
(615) 356-8130

STATE OF TENNESSEE
Office of Vital Records

1006595

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): Gerald Joseph Strickland
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 11, 2010
4. SOCIAL SECURITY NUMBER: [redacted]3803
5a. AGE LAST BIRTHDAY: 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Aug 4, 1929
7. BIRTHPLACE (City and State or Foreign Country): Ewell, AL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Nancy Jane Chipman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not give retired): Real Estate Broker
12b. KIND OF BUSINESS/INDUSTRY: Real Estate
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1208 Harpeth Lake Ct.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes 0 [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Fred Strickland
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Elizabeth Green

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Jane Strickland
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1208 Harpeth Lake Ct. Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Rick Arnett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5194
21a. SIGNATURE OF EMBALMER:
21c. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers
24. DATE FILED (Month, Day, Year): November 16, 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: Bruce E Richards MD
25b. LICENSE NUMBER: 16031
25c. DATE SIGNED (Month, Day, Year): 11/12/10
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)

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): BRUCE RICHARDS 300 20TH AVE N #701 NASHVILLE 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.	ISCHEMIC CARDIOMYOPATHY	+3 YEARS
DUE TO (OR AS A CONSEQUENCE OF): b.	ATHEROSCLEROTIC VASCULAR	DECADES
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.	DISEASE	
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.
CHRONIC KIDNEY DISEASE,
EMCA STROKE 10/09

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)

FH-1859 (REV. 8/03)

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.

43795733

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Jonya Y. Foreman

Jonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

Date Issued NOV 16 2010

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

N0019001

7073867110228

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

March 4, 2011

STRICKLAND GERALD J
ATTN: JOHN L WHITFIELD
95 WHITE BRIDGE RD STE 509
NASHVILLE TN 37205-1490

Account Type:	INHERIT TX
Account No.:	441537679
Date of Death:	November 11, 2010
County:	DAVIDSON
SSN:	XXX-XX-3803

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

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