BILL GARRETT, Davidson County
Trans:T20110017247 AFFIDAVIT
Recvd: 03/24/11 10:37 3 pgs
Fees:17.00 Taxes:0.00
20110324-0022791

NEW OWNER AND SEND TAX BILLS TO:
James A. Summers
1717 Yellow Wood Court
Nashville, Tennessee 37221

Map 142-07-0-C, Parcel 021.00

AFFIDAVIT OF INHERITANCE

Comes now your Affiant, JAMES A. SUMMERS, the child of LEWIS A. SUMMERS, and having first been duly sworn according to law, being of lawful age and a resident of Davidson County, Tennessee, and pursuant to *Tennessee Code Annotated* § 30-2-712, deposes and states as follows:

LEWIS A. SUMMERS, also known as LEWIS ALLEN SUMMERS, died on the 22nd day of February, 2011, at the age of eighty-four (84) years, a citizen and resident of Davidson County, residing at 412 Bradford Green, Nashville, Tennessee 37221, as evidenced by a certified copy of his certificate of death, which is attached hereto as Exhibit A.

At the time of his death, LEWIS A. SUMMERS, owned a fee simple interest in the following described real property:

BEING a certain Condominium Apartment in Davidson County, Tennessee, being Unit No. 21 of the Ashley Green Condominiums, a horizontal property regime, created under Title 66, Section 27-101, et seq., as amended, Tennessee Code Annotated, and established by a Master Deed for Ashley Green Condominiums, of record in Book 7184, Page 44, as amended in Book 7482, Page 312, and Certificate of Correction and Affidavit, of record in Book 7467, Page 279, Register's Office for Davidson County, Tennessee, including without limitation the By-Laws appended thereto, of record in Book 7184, Page 71, said Register's Office, together with the undivided percentage interest in the Common Elements appurtenant to said Unit, as set forth in said Master Deed. Reference is hereby made to the Plan of Ashley Green Condominiums, as set out on Exhibit "C" to the Master Deed of record in Book 7184, Page 44, said Register's Office, for a more complete identification and description of such Unit.

Being the same property conveyed to Lewis A. Summers by Warranty Deed from Naomi Edwards of record in Instrument No. 20040112-0004200, Register's Office for Davidson County, Tennessee.

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

This is improved property commonly known as 412 Bradford Green, Nashville, Tennessee 37221.

The following individual received 100% interest in the above described real estate by virtue of being the sole heir-at-law law of LEWIS A. SUMMERS:

JAMES A. SUMMERS (son of Lewis A. Summers)
1717 Yellow Wood Court
Nashville, Tennessee 37221

Lewis A. Summers was not married at the time of his death and had no other children.

This instrument was prepared in accordance with the information provided by the Affiant without the benefit of a title search or survey. The preparer was not responsible for determining the status of the title, the accuracy of the description or the accuracy of any other information provided by the Affiant.

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 use to evidence transfer of title to the property to a beneficiary.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 24 day of March, 2011.

James A Summers
JAMES A. SUMMERS

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 the within named JAMES A. SUMMERS, 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 he 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 24th day of March, 2011.

NOTARY PUBLIC
My Commission Expires: May 2, 2011

This instrument prepared by:
W. FAYE NOVELLY, BPR #019523
UAW LEGAL SERVICES PLAN
3011 Harrah Drive, Suite A
Spring Hill, TN 37174



My Commission Expires MAY 2, 2011

STATE OF TENNESSEE
Office of Vital Records

T1012[illegible]

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): Lewis Allen Summers
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 22, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]3225
5a. AGE-LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): October 8, 1926
7. BIRTHPLACE (City and State or Foreign Country): Portland, Tennessee
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): Baptist Hospital
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.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Commercial Trucking
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 412 Bradford Green
CENSUS TRACT: 31.3014
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 [X] 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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Eldon T. Summers
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lizzie Alice O'Steen

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James Allen Summers
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1717 Yellow Wood Court Nashville, TN 37221

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Amanda Reeves
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6368
21c. SIGNATURE OF EMBALMER: Amanda Reeves
21d. LICENSE NUMBER OF EMBALMER: 6369
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L Bowers, DR
24. DATE FILED (Month, Day, Year): March 8, 2011

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: [illegible]
25b. LICENSE NUMBER: 36164
25c. DATE SIGNED (Month, Day, Year): 3.2.11
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)

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. pneumonia
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. emphysema
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
SEE INSTRUCTIONS ON OTHER 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)

4626611

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. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

MAR 0 8 2011
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD