THIS INSTRUMENT WAS PREPARED BY:

M. Allison Thompson
Thompson Law Office PLLC
4525 Harding Pike, Ste 200
Nashville, TN 37205

New Owner: Duane Meeks
Send tax notice to: 702 Loretta Drive
Goodlettsville, TN 37072-3556

Map & Parcel No.: 085-13-00-43-00

BILL GARRETT, Davidson County
Trans:T20110027518 AFFIDAVIT
Recvd: 05/09/11 12:46 4 pgs
Fees:22.00 Taxes:0.00
20110509-0035432

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

I am the son of Jacqueline Isabelle Meeks, deceased, and I have personal knowledge of the matters stated below:

1. Jacqueline Isabelle Meeks was married to Ted R. Meeks when he died intestate on February 1, 2008. At his death Ted R. Meeks owned the real estate known as 2607 Crestwood Drive, Davidson County, Nashville, Tennessee 37214. A certified copy of the death certificate of Ted R. Meeks is attached. The property is described as follows:

   Being Lot No. 9, on the Plan of Resubdivision of Cliffdale, of record in Plat Book 974, Page 49, Registers Office for Davidson County, TN to which plat reference is hereby made for a more complete description.

   SAID Lot No. 9 fronts 100 feet on the easterly side of Crestwood Road and runs back 152 feet on the northerly line and 195 feet on the southerly line to a dead line, measuring 106 feet thereon,

   BEING the same property conveyed to Mary Bottcher by Quitclaim Deed from June A. Coker, of record in Book 7409, Page 831, Register's Office for said County. See also deeds of record in Book 6962, Page 649 and Book 6613, Page 647, said Register's Office. Being the same property conveyed to Ted R. Meeks, married by Warranty Deed from Mary Bottcher, of record in the Davidson County Register of Deeds document number 20020925-0116859. The said Ted R. Meeks died on February 1, 2008 intestate leaving his wife Jacqueline Meeks and three children: Duane Meeks, Troy Meeks and Julie Brumit as his surviving heirs.

2. Jacqueline Isabelle Meeks died intestate on April 22, 2011 leaving her three children: Amanda Ingram Gill, Rebecca Ingram, and Richard Ingram as her surviving heirs. A certified copy of the death certificate of Jacqueline I. Meeks is attached. Under Tennessee laws of descent and distribution, T.C.A. § 31-2-104, Jacqueline I. Meeks' interest in the real estate described above passed to her three children in equal shares.

3. These facts and the application of Tennessee laws of descent and distribution give Amanda Ingram Gill, Rebecca Ingram, and Richard Ingram an interest in the real estate described above in fee simple.

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 the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

6 MAY 2010
Date

Richard Ingram

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Richard Ingram, 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 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 6th day of May, 2011.

Notary Public

My commission expires: 11/5/2014

M. ALLISON THOMPSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 5, 2014

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

B80-0585

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): Teddy Ray Meeks
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 1, 2008
4. SOCIAL SECURITY NUMBER (for Decedent): 457-84-4632
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): October 30, 1942
7. BIRTHPLACE (City and State or Foreign Country): Fayetteville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
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): Jacqueline White
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Courier
12b. KIND OF BUSINESS/INDUSTRY: Alliance One
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2607 Crestwood Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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+): 5+

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Howard L. Meeks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Edrie O'Neal

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jacqueline Meeks
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2607 Crestwood Drive Nasvhville, Tennessee 37214

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): West Harpeth Funeral Home and Crematory
20c. LOCATION-City or Town, State: Nasvhille, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Nathaniel Holman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5974
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Hendersonville Funeral Home 353 East Main Street, Hendersonville, Tennessee 37075
22b. LICENSE NUMBER OF FUNERAL HOME: 1127

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Sr. O.R.
24. DATE FILED (Month, Day, Year): February 6th of 2008

CERTIFIER

25. 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: Ian W. Flinn M.D.
25b. LICENSE NUMBER: MD0000041006
25c. DATE SIGNED (Month, Day, Year): Feb. 4 2008
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: MD0000041006
26c. DATE SIGNED (Month, Day, Year): Feb 4 2008

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): Ian W. Flinn, MD 250 25th Ave North Suite 412 Nashville, TN

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute myelogenous leukemia — DUE TO (OR AS A CONSEQUENCE OF): — 2 months
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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 139

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued: FEB 04 2008

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

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1102349

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: Meers, Jacqueline (For use by physician or institution)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jacqueline Isabelle Marie Meeks
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 22, 2011
4. SOCIAL SECURITY NUMBER (of Decedent): 553-39-8516
5a. AGE-LAST BIRTHDAY (Years): 54
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): August 28, 1956
7. BIRTHPLACE (City and State or Foreign Country): Edmonton, Alberta Canada
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): Skyline Medical Center
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)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2607 Crestwood Road
CENSUS TRACT: 10
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Phillips White
18. MOTHER'S NAME (First, Middle, Maiden Surname): Louise Fottie

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Richard Ingram
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4412 Lausen Avenue Apt. 10, North Pole, Alaska 99705

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): West Harpeth Funeral Home & Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Thomas W. Bowers
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3049
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Hendersonville Funeral Home, 353 East Main Street, Hendersonville, Tennessee 37075
22b. LICENSE NUMBER OF FUNERAL HOME: 01127

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Forman, DC
24. DATE FILED (Month, Day, Year): April 26, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 44537
26c. DATE SIGNED (Month, Day, Year): April 23, 2011

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): Bridget B Eutenier, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC11-0757

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hemorrhagic stroke
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. Hypertensive cardiovascular disease
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.: Chornic ethanol abuse

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)

PH-1659 (REV. 6/99)

BIRTH NO. _____

RDA 136

4616284

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 26 2011

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

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