This instrument prepared by:
Paul N. Rudolph, Attorney at Law
222 2nd Ave N Ste 316
Nashville TN 37201
615 256 5354

PICK-UP

BILL GARRETT, Davidson County
Trans:T20110028765 AFFIDAVIT
Recvd: 05/13/11 14:33 2 pgs
Fees:12.00 Taxes:0.00
20110513-0036924

AFFIDAVIT OF INHERITANCE (REAL PROPERTY, T.C.A. § 30-2-712)

Owner: **LaRodney Jenkins**
Send tax notice to: **2609 Mountainvale Court, Antioch TN 37013**
Map & Parcel No.: **164100A13000CO**

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Angela LaShane Jenkins, a resident of Davidson County, State of Tennessee, who died March 17, 2011 as evidenced by a copy of the death certificate attached as Exhibit A, held as joint tenants with right of survivorship the sole interest in the following described tract or parcel of land in Davidson County, Tennessee:

Being Lot No. 336 on the Plan of Village Two, Summerfield of record in Instrument No. 20000929-0096421, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

Being the same property conveyed to Angela L. Moore and LaRodney Jenkins as joint tenants with rights of survivorship by Quitclaim Deed from Angela L. Moore of record in Instrument No. 20090902-082198, Register's Office of Davidson County, Tennessee.

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

REFERENCE is made to prior title recorded in Instrument No. 20090709-0064142 In the Register's Office of Davidson County, Tennessee.

The undersigned received 100% (one hundred percent) interest in the real estate described above by virtue of being the surviving joint tenant with right of survivorship.

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.

Date: 5/13/2011

LaRodney Jenkins

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared LaRodney Jenkins, 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 13th day of May, 2011.

Notary Public

My commission expires: _____

PAUL N. RUDOLPH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires SEPT. 19, 2009

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 110169

PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Angela LaShane Jenkins
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 17, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): 068-70-6493
5a. AGE-LAST BIRTHDAY (Years): 41
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): July 3, 1969
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [✓] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [✓] 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): Southern Hills 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.): LaRodney Jenkins
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dental Hygenist
12b. KIND OF BUSINESS/INDUSTRY: Gray Dental Group
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 2609 Mountaindale Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [✓] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [✓] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): / College (1-4 or 5+): 04

NAME OF DECEDENT: For use by physician and institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Larry Nelson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Doris Ewing

INFORMANT

19a. INFORMANT'S NAME (TYPE/PRINT): LaRodney Jenkins
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2609 Mountaindale Court, Antioch, TN, 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [✓] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle TN Veterans Cemetery
20c. LOCATION-City or Town, State: Pegram, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Tonya Scales Haynes
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5681
21c. SIGNATURE OF EMBALMER: Tonya Scales Haynes
21d. LICENSE NUMBER OF EMBALMER: 5682
22a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, TN, 37013
22b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): March 25, 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: SNW, MD
25b. LICENSE NUMBER: TN40616
25c. DATE SIGNED (Month, Day, Year): 03/24/11
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): Sareda Nur, 391 Wallace Rd, Nashville, TN 37211

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Septic Shock
DUE TO (OR AS A CONSEQUENCE OF): b. Neutropenia
DUE TO (OR AS A CONSEQUENCE OF): c. Neuroendocrine Tumor

Approximate Interval Between Onset and Death:

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [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 1399

4623471

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Hopson, Local Registrar
Davidson County, Tennessee

Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD