This Instrument Prepared in consultation with:
BONE MCALLESTER NORTON PLLC
131 Saundersville Road, Suite 130
Hendersonville, TN 37075
615.822.8822

Owner: **R. Wilburn Clouse**
737 Falcon Drive
Madison, Tennessee 37115

Send tax notice to: **Same as above** **Map & Parcel No.:** **42-2**

BILL GARRETT, Davidson County
Trans:T20110037359 AFFIDAVIT
Recvd: 06/22/11 11:46 4 pgs
Fees:22.00 Taxes:0.00
20110622-0047815

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

Robert O. Clouse, a resident of Nashville, Davidson County, State of Tennessee, who died intestate December 21, 1998 as evidenced by a copy of the death certificate attached as Exhibit A and Virgie Elrod Clouse (a/k/a Virgie E. Clouse), a resident of Davidson County, State of Tennessee, who died intestate August 8, 2010 as evidenced by a copy of the death certificate attached as Exhibit B, held as Tenants in Common, with their son Robert Wilburn Clouse each owning a thirty-three and one-third percent (33.30%) interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 117 on the Plan of Bonnie Brae Subdivision, Section Seven, of record in Plat Book 4860, Page 104, Register's Office for said County.
>
> SAID Lot No. 117 fronts 119.93 feet on the west margin of Falcon Drive, and extends back between lines, 414.3 feet on the north line, and 411.7 feet on the south line to a dead line in the rear on which it measures 162.85 feet thereon.
>
> BEING part of the same property conveyed to Robert O. Clouse and wife, Virgie E. Clouse, and son, Robert Wilburn Clouse, by deed from Charles B. Buchanan and wife, Bessie M. Buchanan of record in Book 5090, Page 571, Register's Office for Davidson County, Tennessee.

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

REFERENCE is made to prior title recorded in Book 5090, Page 571 in the Register's Office of Davidson County, Tennessee.

The undersigned received one hundred percent (100%) interest of Robert O. Clouse and Virgie Elrod Clouse's interest in the real estate described above by virtue of the laws of descent and distribution, being the only child of both Robert O. Clouse and Virgie Elrod Clouse and only heir at law.

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

R. Wilburn Clouse 6/20/2011
R. WILBURN CLOUSE

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared R. Wilburn Clouse, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person describe din 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 20 day of June, 2011.

NOTARY PUBLIC
My Commission Expires: 7-8-2013

JOYCE McMACKINS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

{00530810.1}

MY COMMISSION EXPIRES:
07/08/2013

Metropolitan Government of Nashville and Davidson County

EXHIBIT

A

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

JAN 5 1999

98067779

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR DISTRIBUTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Robert O. Clouse
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 21, 1998
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-8216
5a. AGE - LAST BIRTHDAY (Years): 94
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Dec. 8,1904
7. BIRTHPLACE (City and State or Foreign Country): Putnam Co., Tennessee
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): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): VIRGIE KLROD
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dacron Mfg
12b. KIND OF BUSINESS/INDUSTRY: DuPont
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 737 Falcon Dr.
CENSUS TRACT: -3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - e.g. 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): 8; College (1-4 or 5+):

NAME OF DECEDENT, For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Thomas Clouse
18. MOTHER'S NAME (First, Middle, Maiden Surname): Laura Gentry

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Wilburn Clouse
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 737 Falcon Dr. Madison, TN 37115

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): Fredonia Cemetery
20c. LOCATION - City or Town, State: Manchester, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Carolyn Young
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4981
21c. SIGNATURE OF EMBALMER: ▶ Carolyn Young
21d. LICENSE NUMBER OF EMBALMER: 4982
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): January 5, 1999

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: MD2943
25c. DATE SIGNED (Month, Day, Year): 1/19/99
26a. MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, 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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN) OR MEDICAL EXAMINER (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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. Acute MI
DUE TO (OR AS A CONSEQUENCE OF): b. DJD
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):
10 Yrs

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: A Fibrillation
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 [ ] 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)

SEE INSTRUCTIONS ON OTHER SIDE

BRANCH NO. _____

PH-1659

STATE OF TENNESSEE
Office of Vital Records

B

1064749

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): Virgie Elrod Clouse
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 8, 2010
4. SOCIAL SECURITY NUMBER (or Deceased): [redacted]4318
5a. AGE-LAST BIRTHDAY (Years): 98
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): July 16, 1912
7. BIRTHPLACE (City and State or Foreign Country): Cookeville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. 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): Vanderbilt Hospital Emergency Room
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Farm & Ranch Publishing Company
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 737 Falcon Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37115
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): 8; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Owen E. Elrod
18. MOTHER'S NAME (First, Middle, Maiden Surname): Flossie Maynard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): R. Wilburn Clouse
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 737 Falcon Drive Madison, TN 37115

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): Fredonia Cemetery
20c. LOCATION-City or Town, State: Manchester, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: John Phifer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5318
21c. SIGNATURE OF EMBALMER: John Phifer
21d. LICENSE NUMBER OF EMBALMER: 5319
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 R. Bowers, DR
24. DATE FILED (Month, Day, Year): August 18, 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:
25b. LICENSE NUMBER: 26125
25c. DATE SIGNED (Month, Day, Year): 8/13/10
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):

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.	Cardiac Arrest	immediate
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.	Thoracic aorta aneurysm	years
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 [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):

4364739

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. Forman, Local Registrar
Davidson County, Tennessee

AUG 18 2010
Date Issued

CERTIFICATION OF VITAL RECORD