Owner: Ruth W. Gailbreath 518 Bounty Drive Nashville, Tennessee 37210	Prepared by: David J. Waynick Attorney at Law 200 Nashboro Boulevard P.O. Box 17116 Nashville, Tennessee 37217
Send tax notice to: Ruth W. Gailbreath 518 Bounty Drive Nashville, Tennessee 37210	Map & Parcel No.: 95-14-12

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Davidson County AFFIDAVIT
Recvd: 07/22/11 14:27 8 pgs
Fees:42.00 Taxes:0.00
20110722-0056459

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

GRADY LYNN GAILBREATH, a resident of Davidson County, State of Tennessee, who died on March 21, 2011, as evidenced by a copy of the death certificate, release of the State of Tennessee's Bureau of TennCare, and Tennessee Department of Revenue Inheritance Tax Closing Letter attached as collective Exhibit A, held a fee simple interest in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 105 on the Plan of Elm Hill Acres, Section 1, as of record in Book 2331, page 67, Register's Office for said County.
>
> Said Lot No. 105 is described as follows: Beginning on the northerly margin of Crystal Drive at the corner of Lots Nos. 105 and 127; thence with the line between said two lots northwardly, 140 feet to the corner of Lots Nos. 105, 106, and 127; thence with the line between said Lots Nos. 105 and 106 eastwardly 130 feet to the westerly margin of Bounty Drive; thence with same southwardly 120 feet to the beginning of a curve; thence around said curve with a radius of 20 feet southwestwardly 31.42 feet to the northerly margin of Crystal Drive; thence with same westwardly 110 feet to the beginning.
>
> Being the same property conveyed to Grady L. Gailbreath and wife, Rachel Gailbreath by deed from Robert E. Earheart and wife, Evelyn R. Earheart of record in Book 4824, page 70, Register's Office for Davidson County, Tennessee. Rachel Gailbreath predeceased Grady L. Gailbreath on May 29, 1976, making him Tenant by the entirety.
> THIS conveyance is subject to any and all, recorded and unrecorded, zoning regulations, building restrictions and setback lines, easements and rights of way for public utilities.

The undersigned received the following interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the decedent's Will, filed with the Petition for Probate of Will for Muniment of Title Only in the Probate Court of

Davidson County, State of Tennessee, Case No. 11P-806 ***an undivided, fee simple interest in 518 Bounty Drive, Donelson, Tennessee, 37214***

Lizzie Ruth Gailbreath and Ruth W. Gailbreath are one and the same person.

A copy of the Order for Probate of Will for Muniment of Title Only 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 the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

Ruth W. Gailbreath

Ruth W. Gailbreath

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 Ruth W. Gailbreath, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the persons 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 her 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 7th day of July, 2011.

Notary Public

TONI M WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES: JUNE 24, 2012

CERTIFICATION

I, Toni Waynick, do hereby make oath that I am the custodian of the electronic version of the document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Toni Waynick

State of Tennessee;
County of Davidson
On this 7th day of July 2011, personally appeared before me, Rebecca Waynick, a notary public for this county and state, Toni Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Rebecca Waynick

REBECCA WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIR
JULY 24, 2011

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

1101787

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): Grady Lynn Gailbreath
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 21,2011
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 04,1930
7. BIRTHPLACE (City and State or Foreign Country): Gainesboro, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [XX] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Healthcare & Rehab.
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): L.Ruth Ward
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machinist
12b. KIND OF BUSINESS/INDUSTRY: Wright Industries
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 518 Bounty Drive
CENSUS TRACT: 27.34
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
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): 8; College (1-4 or 5+):

NAME OF DECEDENT: For data by physician or herbarium

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jesse Gailbreath
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lura Anderson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): L.Ruth Gailbreath
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 518 Bounty Drive, Nashville, TN 37210

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Roger Kent Wildman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: ▶ Jeff Plunk
21d. LICENSE NUMBER OF EMBALMER: 4353
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home and Memorial Park, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L Bowles, RE
24. DATE FILED (Month, Day, Year): March 31 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
25b. LICENSE NUMBER: 25891
25c. DATE SIGNED (Month, Day, Year): 3/31/11
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): Dr. Marcus Min, 607 Due West Ave.W., Madison, TN 37115

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. CHF
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. CAD
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: M
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

ANTI-FRAUD PROTECTION PATENT 5,197,094

4623853

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

Date Issued

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

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

6/21/2011

DAVID J. WAYNICK
LEGAL COUNSEL
P.O. BOX 148058
NASHVILLE, TN 37214

RE: GRADY L. GAILBREATH

Dear DAVID J. WAYNICK:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X — This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Ron Singh
Manager

TENNESSEE DEPARTMENT OF REVENUE

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

July 1, 2011

ESTATE OF GRADY L GAILBREATH
ATTN: DAVID J WAYNICK
PO BOX 148058
NASHVILLE TN 37214-8058

Account Type:	INHERIT TX
Account No.:	441566101
Date of Death:	March 21, 2011
County:	DAVIDSON
SSN:	XXX-XX-2555

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

ESTATE OF GRADY L GAILBREATH
ATTN: DAVID J WAYNICK
PO BOX 148058
NASHVILLE, TN 37214-8058

July 1, 2011	
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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

Copy

EXHIBIT B

FILED

IN THE GENERAL SESSIONS COURT FOR DAVIDSON COUNTY

2011 MAY 31 AM 10:52

PROBATE DIVISION

RICHARD R. ROOKER, CLERK

IN RE:

GRADY LYNN GAILBREATH) Case No. 11P-806

Deceased.)

)

ORDER ADMITTING WILL TO PROBATE FOR MUNIMENT OF TITLE ONLY

Based on an examination of the Petition, the decedent's last will, the affidavit of the subscribing witnesses and the sworn testimony of Petitioner, the Court finds the following:

A. Decedent was a resident of Davidson County, Tennessee;

B. Decedent died on March 21, 2011, at the age of eighty (80) years;

C. Decedent left a will dated May 27, 1982, which was properly signed and witnessed.

D. The decedent's property subject to a court-supervised administration has all been distributed according to the decedent's will.

E. All of the debts of the decedent have been paid in full.

Based on these findings, the Court orders the following:

1. Decedent's will dated May 27, 1982 be admitted to probate.

2. No letters testamentary need be issued to Lizzie Ruth Gailbreath.

3. Notice to creditors and the Department of Revenue as required by T.C.A. § 30-2-306 and T.C.A. § 67-8-406, respectively, is waived;

4. No court-supervised administration of the decedent's estate is required; and

5. Petitioner will file the Tennessee Inheritance Tax Clearance when received.

Copy

Entered May 31, 2011.

Probate Master

Respectfully Submitted,

David J. Waynick #12293
Attorney for Petitioner
211 Donelson Pike, Suite 2
P.O. Box 148058
Nashville, TN 37214
Telephone: (615) 885-5707
Fax: (615) 885-0224

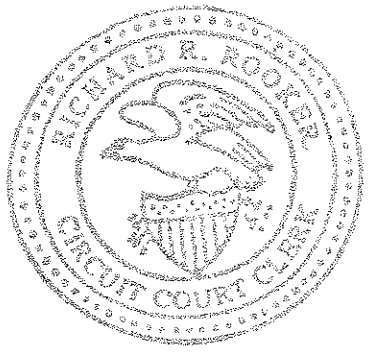
STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the FINAL ORDER heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 31 day of MAY , 2011 , in Case Number 11P861 between GAILBREATH, LIZZIE RUTH Petitioner, and GAILBREATH, GRADY LYNN Respondent, as same remains in the records of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 03 day of JUNE 2011

RICHARD R. ROOKER, Clerk,

SEAL



By _____

Deputy Clerk