BILL GARRETT, Davidson County
Trans:T20110057263 AFFIDAVIT
Recvd: 09/15/11 09:57 6 pgs
Fees:27.00 Taxes:0.00
20110915-0071548

THIS INST. PREPARED BY:
William G. Womack, Esq.
509 Georgetown Drive
Nashville, TN 37205

Send tax notice to:
Owner: Jean Claire Tinnin,
Daughter of Decedents,
14915 Devonshire Woods Place
Tampa, FL 33624

T.C.A. § 30-2-712
Map and Parcel No: 11504001800

AFFIDAVIT OF INHERITANCE
(REAL ESTATE)

STATE FLORIDA
COUNTY OF HILLSBOROUGH

The undersigned, being duly sworn, deposes and says:

Harold T. Tinnin, a resident of Nashville, Davidson County, Tennessee, who died on May 6, 2010, and his wife, Mary Hayman Hull Tinnin, of the same address, who died on September 3, 2010, (copies of their death certificates are attached hereto as Exhibits A and B) held the hereinafter described property as tenants by the entirety:

> Being Lot No. 57 on the Map of Brook Meade, Section IV, of Record in Book 2133, Page 93, Register's Office for Davidson County, Tennessee.
>
> Said Lot No. 57 fronts 150 feet on southerly side of Georgetown Drive and runs back between lines 236 feet on the easterly line and 237 feet on the westerly line to a dead line in the rear the same being a broken line, on which it measures 187.8 feet.
>
> Being the property conveyed to them by Siegrist Brothers Dairy appearing of record in Book 2283, Page 381, R.O.D.C.

Subject to governmental zoning and subdivisions ordinances or regulations in effect thereon.

Reference is made to prior title recorded in Book 1913, Page 204, R.O.D.C.

The undersigned received all of the interest in the real estate described above by virtue of the laws of descent and distribution, being the decedents' only heir at law.

A Tennessee Inheritance Tax ~~waiver~~ RELEASE has been received ~~being numb~~er , a copy of which is attached as Exhibit C. 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.

Jean Claire Tinnin

Jean Claire Tinnin
(Beneficiary)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the state and county aforesaid, personally appeared Jean Claire Tinnin, 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 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 8 day of August, 2011.

ANNIE L MIDDLETON
Notary Public - State of Florida
My Comm. Expires Dec 1, 2013
Commission # DD 940924
Bonded through National Notary Assn.

Notary Public

My commission expires: Dec. 1, 2013

STATE OF TENNESSEE
Office of Vital Records

1002752

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Harold Thel Tinnin
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 6, 2010
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-6330
5a. AGE-LAST BIRTHDAY (Years): 91
6. DATE OF BIRTH (Month, Day, Year): May 7, 1918
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
9a. PLACE OF DEATH (Check only one): 1 XX Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt University Medical Ctr.
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): Mary H. Hall
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Shoe Manufacturing
13a. RESIDENCE-STATE: Tn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 505 Georgetown Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 XX No
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+):
17. FATHER'S NAME (First, Middle, Last): Hugh T. Tinnin
18. MOTHER'S NAME (First, Middle, Maiden Surname): Clara Mellora Castles
19a. INFORMANT'S NAME (Type/Print): Mary H. Tinnin
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 505 Georgetown Rd. Nashville, TN 37205
20a. METHOD OF DISPOSITION: 1 XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Springhill Cemetery
20c. LOCATION-City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4250
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Avenue North, Nashville, TN, 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40
23. REGISTRAR'S SIGNATURE: [signature] Stanley DE
24. DATE FILED (Month, Day, Year): May 13, 2010
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 XX SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: TN31104
25c. DATE SIGNED (Month, Day, Year): 5/12/10
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

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. respiratory failure
DUE TO (OR AS A CONSEQUENCE OF): b. aspiration pneumonia
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Approximate Interval Between Onset and Death: 14 days 10-7 / 5/6/10

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 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:
32a. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
32. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
33. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TH-1658 (REV. 6/99) STATE FILE NO. RDA 1309

EXHIBIT A

3918778

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.

MAY 13 2010

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

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

STATE OF TENNESSEE
Office of Vital Records

VOID VOID VOID

2005166

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): Mary Hayman Hull Tinnin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 3, 2010
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-1690
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR MOS.
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): September 26, 1920
7. BIRTHPLACE (City and State or Foreign Country): Tampa, Florida
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 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 505 Georgetown Drive
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.): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 505 Georgetown Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Henry Hull
18. MOTHER'S NAME (First, Middle, Maiden Surname): Madie Hayman

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jean Claire Tinnin
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 14915 Devonshire Woods Place Tampa, Florida 33624

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): Springhill Cemetery
20c. LOCATION-City or Town, State: Madison, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Brian S. Davidson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5814
21c. SIGNATURE OF EMBALMER: Danny Keith Stapleton
21d. LICENSE NUMBER OF EMBALMER: 3236
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall Donnelly Combs Funeral Home, 201 25th Avenue North, Nashville, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers, CR
24. DATE FILED (Month, Day, Year): September 8, 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: 38869
25c. DATE SIGNED (Month, Day, Year): 9/7/2010
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):
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. Cardiac arrest
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. arteriosclerosis
DUE TO (OR AS A CONSEQUENCE OF):
c. hypercholesterolemia
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 [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)

EXHIBIT B

SEE INSTRUCTIONS ON OTHER SIDE

HS-1659 (REV. 6/99)

BIRTH NO. _____ RDA 1399

4366449

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. Foulman, Local Registrar
Davidson County, Tennessee

SEP 08 2010
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

STATE OF TENNESSEE
Office of Vital Records

109166

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): Mary Hayman Hull Tinnin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 3, 2010
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-1690
4a. AGE-LAST BIRTHDAY (Years): 89
4b. UNDER 1 YEAR: MOS / DAYS
4c. UNDER 1 DAY: HOURS / MIN
5. DATE OF BIRTH (Month, Day, Year): September 26, 1920
6. BIRTHPLACE (City and State or Foreign Country): Tampa, Florida
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 [X] Residence 6 Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 505 Georgetown Drive
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
10. SURVIVING SPOUSE (If wife, give maiden name): N/A
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Nurse
11b. KIND OF BUSINESS/INDUSTRY: Medical
12a. RESIDENCE-STATE: Tennessee
12b. COUNTY: Davidson
12c. CITY, TOWN OR LOCATION: Nashville
12d. STREET AND NUMBER OR RURAL LOCATION: 505 Georgetown Drive
CENSUS TRACT
12e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
12f. ZIP CODE: 37205
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
14. RACE-American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

For use by physician or institution

PARENTS

16. FATHER'S NAME (First, Middle, Last): John Henry Hull
17. MOTHER'S NAME (First, Middle, Maiden Surname): Madie Hayman

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Jean Claire Tinnin
18b. RELATIONSHIP TO DECEASED: Daughter
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 14915 Devonshire Woods Place Tampa, Florida 33624

DISPOSITION

19a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Springhill Cemetery
19c. LOCATION-City or Town, State: Madison, Tennessee
20a. SIGNATURE OF FUNERAL DIRECTOR: Brian S. Davidson
20b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5814
20c. SIGNATURE OF EMBALMER: Danny Keith Stapleton
20d. LICENSE NUMBER OF EMBALMER: 3236
21a. NAME AND ADDRESS OF FUNERAL HOME: Marshall Donnelly Combs Funeral Home, 201 25th Avenue North, Nashville, TN 37203
21b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

22. REGISTRAR'S SIGNATURE: Linda K. Bowers, OR
23. DATE FILED (Month, Day, Year): September 8, 2010

CERTIFIER

24a. 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: C Bovt
24b. LICENSE NUMBER: 38869
24c. DATE SIGNED (Month, Day, Year): 9/7/2010
25a. 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
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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

26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

CAUSE OF DEATH

27. 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
DUE TO (OR AS A CONSEQUENCE OF)
b. Alzheimer's disease
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
c. hypercholesterolemia
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.

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

EXHIBIT "B"

29. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY: M
30c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO. RDA 1399

CS-1650 (REV 6/99)

4366447

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

SEP 09 2010
Date Issued

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX RELEASE
FOR REAL OR PERSONAL PROPERTY

NOTICE: THIS DOCUMENT BECOMES AN OFFICIAL STATE RECORD WHEN COMPLETED. INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY IN INK. COMPLETE A SEPARATE INHERITANCE TAX RELEASE FORM FOR EACH PARCEL OF REAL PROPERTY OR FOR EACH BANK OR CORPORATION.

NAME OF DECEDENT: HAROLD T. TINNIN AND WIFE, MARY H. TINNIN

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: (HIM) [redacted]-6330
(HER) [redacted]-1690

APPLICATION:

ATTACHED: YES X NO ___

ON FILE: YES ___ NO ___ IF SO DATE FILED _____

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property now in your custody, or standing on your records in the name of the captioned decedent.

DESCRIPTION OF PROPERTY:
(List only one)

HOUSE AND LOT LOCATED AT 505 GEORGETOWN DRIVE NASHVILLE, TN 3720[illegible]
MAP AND PARCEL # 115 0F 001800
PROPERTY IS RECORDED IN BOOK 2283, PAGE 381, R.O.D.C.

TENNESSEE DEPARTMENT OF REVENUE INHERITANCE TAX

William G. Womack, Esq.
Representative of the Estate #3937
(Not valid unless signed)

RETAIN PINK COPY FOR YOUR RECORDS. RETURN WHITE AND YELLOW COPIES TO THE TENNESSEE DEPARTMENT OF REVENUE, 500 DEADERICK ST., NASHVILLE, TN 37242.

DEPARTMENTAL USE ONLY

Amy Green
For Commissioner of Revenue
(By Tax Audit Manager - Audit Division)

JUL 29 2011
Date approved
Inheritance-Gift Tax Section

WILLIAM G. WOMACK
ATTORNEY-AT-LAW
509 GEORGETOWN DRIVE
NASHVILLE, TN 37205

Release will be mailed to address to the left. Type or print clearly in ink the complete address (include street number and zip code.) Address should be contained within the space provided.

RV-F1401501 (Rev. 6-00)

EXHIBIT C