OWNER: SAMMY ALLEN GREEN
SEND TAX NOTICE TO: SAMMY ALLEN GREEN
4618 ASHLAND CITY HWY.
NASHVILLE, TN 37218
MAP & PARCEL NO.: 068000061.00

BILL GARRETT, Davidson County
Trans:T20110064718 AFFIDAVIT
Recvd: 10/17/11 12:15 3 pgs
Fees:17.00 Taxes:0.00
20111017-0080551

AFFIDAVIT OF INHERITANCE OF REAL PROPERTY

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

The undersigned, being duly sworn, deposes and says:

BARBARA A. GREEN, a resident of Davidson County, State of Tennessee, who died June 22, 2010, as evidenced by a copy of the death certificate attached as Exhibit A, held a joint tenants with right of survivorship interest in the following described real estate:

Land in the 13th Civil District of Davidson County, Tennessee, described as follows:

BEGINNING at a concrete monument in the north margin of Hydes Ferry Pike, the same being Wall's SE corner; thence with the north margin of Hydes Ferry Pike generally in an easterly direction, 573.2 feet to a fence stake, the beginning point of the property described in this conveyance; thence North 4 deg. 45' 30" East 17 feet to a bearing stake and continuing on B91.57 feet, passing through two bearing stakes to a fence stake; thence South 86 deg. 45' East 376.03 feet to a fence stake; thence South 8 deg. 36' 29" West passing through two bearing stakes 914.81 feet to a concrete monument in the north margin of Hydes Ferry Pike; thence with the north margin of said Pike, 326.56 feet to the beginning, containing 7.15 acres, more or less, according to survey of Jack R. Underwood, No. 420, dated 1973.

Being the same property conveyed to Joe Green and wife, Barbara Green by deed from John Robert Martin and L.H. Melton of record in Book 5934, page 699, Register's Office for Davidson County, Tennessee.

And, which has the address of 4618 Ashland City Hwy., Nashville, TN 37218.

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

The undersigned received 100% 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, probated in the Probate Court of Davidson County, State of Tennessee, Case No. 10P1023.

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 this title to the property to the beneficiary.

Sammy Allen Green
Sole Beneficiary/Heir

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared SAMMY ALLEN GREEN, 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 a 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 the 17th day of October, 20 11.

NOTARY PUBLIC

My Commission expires: 11/07/2012



Prepared by:
NINA NEAL
P.O. Box 60504
Nashville, TN 37206

STATE OF TENNESSEE
Office of Vital Records

100360

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): Barbara Ann Green
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 22, 2010
4. SOCIAL SECURITY NUMBER: [redacted]-7909
5a. AGE-LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): May 16, 1937
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): Baptist Hospital
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: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4618 Ashland City Highway
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Spain
18. MOTHER'S NAME (First, Middle, Maiden Surname): Myrtle Spann

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sammy Green
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4618 Ashland City Highway Nashville, Tennessee 37218

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): Middle TN Veterans' Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nash, Randy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6177
21c. SIGNATURE OF EMBALMER: ▶ Nash, Randy
21d. LICENSE NUMBER OF EMBALMER: 6178
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda K. Bouvenne
24. DATE FILED (Month, Day, Year): June 23, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: MD0000107501
25c. DATE SIGNED (Month, Day, Year): 6/27/10
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):

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. Septicemia
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. Colon cancer
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):

PH-1659 (REV. 6/80)

BIRTH NO.

RDA 1369

4357809

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. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

JUN 23 2010
Date Issued

CERTIFICATION OF VITAL RECORD