This Instrument Prepared By
Penny Harrington
Harrington Law Office
1215 Seventh Avenue North
Nashville, Tennessee 37208-2605

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transaction is $1.00

_____
AFFIANT

SWORN to and subscribed before me this ___ day of _____, 2011

_____ _____
Notary Public Commission expiration

ADDRESS NEW OWNER:
Natalie Hagewood
5911 Kinsdale Drive
Nashville, Tennessee 37211

SEND TAX BILLS TO:
Natalie Hagewood
5911 Kinsdale Drive
Nashville, Tennessee 37211

MAP & PARCEL NUMBER
Map 172-8
Parcel 5

AFFIDAVIT OF INHERITANCE

The undersigned, being duly sworn, deposes and states:

Joseph Randall Hagewood, a resident of Davidson County, Tennessee, died on August 29, 2009, *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 Davidson County, Tennessee, being Lot No. 106 on the Plan of Forest Acres Estates, Section 1, of record in Plat Book 3700, Page 2, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description thereof.
>
> Being the same property conveyed to Joseph Randall Hagewood and wife, Natalie Hagewood by Warranty Deed from Kathy A. Treas, Unmarried and Daytha D. Treas and husband, Lubie W. Treas, dated August 10, 2006, and recorded as Instrument #20060811-0099079 in the Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 5911 Kinsdale Drive, Nashville, Tennessee.

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

There are no debts or encumbrances remaining that are or might become a lien in the described real estate except the mortgage held with Community First Bank & Trust.

***Tenn. Code Ann.* § 67-4-409(a)(3)(D)** exempts this instrument from tax and ***Tenn. Code Ann.* § 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.

BILL GARRETT, Davidson County
Trans:T20110068354 AFFIDAVIT
Recvd: 11/01/11 11:05 3 pgs
Fees:17.00 Taxes:0.00
20111101-0084856

Natalie Hagewood
NATALIE HAGEWOOD

PICK-UP

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 **NATALIE HAGEWOOD**, 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, acknowledge 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 28th day of October, 2011.

REGINA C. GREVIOUS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF RUTHERFORD

Regina C. Grevious

Notary Public

My Commission Expires: My Commission Expires January 21, 2014

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH

STATE FILE NUMBER 1884918

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Joseph Randall Hagewood	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): August 29, 2009	
4. SOCIAL SECURITY NUMBER: [redacted]-7123	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): Apr 17, 1929	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 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): 5911 Kinsdale Dr.	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): Natalie Kirkova	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Engineer	12b. KIND OF BUSINESS/INDUSTRY: Ford Motor Co.
13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 5911 Kinsdale Dr.
CENSUS TRACT	13e. INSIDE CITY LIMITS? 1 X Yes 2 No	13f. ZIP CODE: 37211	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) 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+): 5+	
17. FATHER'S NAME (First, Middle, Last): E. Frank Hagewood	18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Bell		
19a. INFORMANT'S NAME (Type/Print): Natalie Hagewood	19b. RELATIONSHIP TO DECEASED: Wife	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5911 Kinsdale Dr., Nashville, Tennessee 37211	
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): Nolensville Cemetery	20c. LOCATION-City or Town, State: Nolensville, Tennessee	
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell T Byrd	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556	21c. SIGNATURE OF EMBALMER: ▶ David Dial	21d. LICENSE NUMBER OF EMBALMER: 5170
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211	22b. LICENSE NUMBER OF FUNERAL HOME: 760		
23. REGISTRAR'S SIGNATURE: ▶ Linda L Bowman/DR	24. DATE FILED (Month, Day, Year): September 2, 2009		

25a. CERTIFICATE - 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: ▶ Patrick Murphy
25b. LICENSE NUMBER: MD020152 | 25c. DATE SIGNED (Month, Day, Year): 9/2/09

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 SIGNING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Patrick B. Murphy, M.D. 4323 Carothers Parkway, Ste. 500, Franklin, TN 37067

28. PART I. Enter the disease, 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. Esophageal cancer
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. 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 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)

SEE INSTRUCTIONS ON OTHER SIDE

PH-1659 (REV. 6/09) — BIRTH NO. — RDA 1388

3574171

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.

Sharon M. Leinbach
STATE REGISTRAR

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

SEP 02 2009
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT A

Bumbery No. 3208