BILL GARRETT, Davidson County
Trans:T20110079872 AFFIDAVIT
Recvd: 12/16/11 14:51 4 pgs
Fees:22.00 Taxes:0.00
20111216-0098352

This Instrument Prepared By:
John L. Whitfield, Jr., Esq.
Moody, Whitfield & Castellarin
95 White Bridge Road, Suite 509
Nashville, TN 37205

T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary.

AFFIDVIT OF INHERITANCE OF REAL ESTATE

Address New Owners As Follows:	**Send Tax Bills To:**	**Map and Parcel Numbers**
Sarah Ivadell Cantrell 1137 Riverwood Drive Nashville, TN 37216	Same	Map and Parcel 061120087

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Emery P. Cantrell, resident of Davidson County, State of Tennessee, who died on June 3, 2011, as evidenced by a copy of the death certificate attached as Exhibit A, held a joint tenants with a right of survivorship in the following described real estate:

> Land in Davidson County, Tennessee, being Lot No. 104 on the Plan of Eastdale Place, of record in Book 547, pages 29 and 30, Register's Office for said County. Said Lot No. 104 fronts 80 feet on the north side of Riverwood Drive and runs back 283.5 feet on the west line and 300.5 feet on the east line to a dead line in the rear on which it measures 81.6 feet.
>
> Being the same property conveyed to Emery P. Cantrell and wife, Ivadell Cantrell by deed from William B. Rainey and wife, Jane M. Rainey, of record noted in Book 89, page 533, recorded in Book 2736 page 39.
>
> This is improved property known as 1137 Riverwood Drive, Nashville, Tennessee 37216

The undersigned received 100% interest in the real estate described above by virtue of being the surviving joint tenant by right of survivorship.

There are no debts or encumbrances remaining which are or might become a lien on interest in the described real estate. T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from

taxes and T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary, the affidavit being used evidences the transfer of title of the property to a beneficiary.

FURTHER AFFIANT SAITH NOT.

Sarah Ivadell Cantrell

Sarah Ivadell Cantrell

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 Sarah Ivadell Cantrell, 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 Sarah Ivadell Cantrell 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 the 14 day of Nov., 2011.

Notary Public

My Commission Expires:

5-8-12

WILLIAM C. MOODY
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

1103269

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): Emery Preston Cantrell
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 03,2011
4. SOCIAL SECURITY NUMBER: [redacted]-0992
5a. AGE-LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): March 25,1921
7. BIRTHPLACE (City and State or Foreign Country): Tullahoma, Tennessee
8. 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)
9b. FACILITY NAME (If not Institution, give street and number): 1137 Riverwood Drive
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): Sarah Ivadell Golden
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Factory Worker
12b. KIND OF BUSINESS/INDUSTRY: Automobile Manufacturing
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1137 Riverwood Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216-2232
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Unknown; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Preston Frank Cantrell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cymbaline North

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sarah Ivadell Cantrell
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1137 Riverwood Drive Nashville, TN 37216

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Cross Mausoleum
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James R. Padgett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5535
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 K. Bowers, DR
24. DATE FILED (Month, Day, Year): June 9, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 35503
25c. DATE SIGNED (Month, Day, Year): 6/8/11
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: ~~35503~~
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. Brian M. Scott, 5653 Frist Blvd., Ste 630, Hermitage, TN 37076~~ Dr Thomas Williams 300 Frist Blvd. Suite 603 Hermitage TN 37076

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. sudden death (unknown) DUE TO (OR AS A CONSEQUENCE OF):
b. diastolic dysfunction 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. bradycardia DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

BIRTH NO.

PH-1659 (REV. 8/92) RDA 1389

4620062

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.

Tonya Y. Forman — JUN 09 2011

Teresa S. Hendricks, STATE REGISTRAR

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

Date Issued

EXHIBIT tabber A

CERTIFICATION OF VITAL RECORD

N0018901

9207021111206

TENNESSEE DEPARTMENT OF REVENUE

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

December 10, 2011

ESTATE OF EMERY P CANTRELL
ATTN: JOHN L WHITFIELD JR
95 WHITE BRIDGE RD STE 509
NASHVILLE TN 37205-1490

Account Type:	INHERIT TX
Account No.:	441625501
Date of Death:	June 3, 2011
County:	DAVIDSON
SSN:	XXX-XX-0992

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

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95 WHITE BRIDGE RD STE 509
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EXHIBIT
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