AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address of New Owner	**Send Tax Bills To**	**Map & Parcel No**
Ronnie E. Shores 3310 Glencliff Road Nashville, TN 37211	Same	Map 105-07 Parcel 215

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

BILL GARRETT, Davidson County
Trans:T20120010927 AFFIDAVIT
Recvd: 02/14/12 09:34 6 pgs
Fees:32.00 Taxes:0.00
20120214-0012781

The undersigned, being duly sworn, deposes and says:

Eva Joyce Shores, unmarried, was the sole owner of the following described real estate. The said Eva Joyce Shores died in Nashville, Davidson County, Tennessee on June 27, 2011. Said land is described specifically as follows:

> LAND in the 6th Civil District of Davidson County, Tennessee, being Part of Lot No. 2 on the Map of Hamilton's Subdivision, of record in Minute Book 1, Page 97, County Court for said County, being Lot No. 14 on the unrecorded Subdivision of said Lot No. 2.
>
> SAID Lot No. 2 fronts 50.00 feet on the northerly side of Hamilton Avenue and runs back 167.5 feet on the easterly line and 167.5 feet on the westerly line to a line in the rear which measures 50.00 feet thereon.
>
> BEING the same property conveyed to Eva Joyce Shores, unmarried, by Deed from Eunice Robertson Doss, of record in Book 8227, Page 800, Register's Office for Davidson County, Tennessee.
>
> This conveyance is subject to any and all zoning regulations, building restrictions and setback lines, if any, and easements and rights for public utilities applicable to this property.
>
> This is improved property known as: 526 Hamilton Avenue, Nashville, TN 37203.

Eva Joyce Shores died intestate. Her heirs at law are Ronnie E. Shores and Sheila G. Scott. The Estate of Eva Joyce Shores was admitted to probate in the Probate Court of Davidson County, Tennessee, docket number 11P-1214, on August 12, 2011. Sheila G. Scott disclaimed all property and interests which she was entitled to receive. A copy of the disclaimer, which has been duly filed with the Probate Court for Davidson County, Tennessee, is attached hereto.

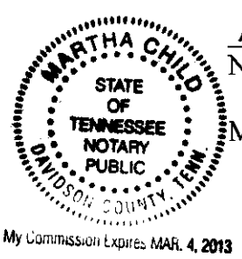
The said Eva Joyce Shores, deceased, was an unmarried person at the time of her death.

2-6-12
Date

Ronnie E. Shores
Ronnie E. Shores, Administrator

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the state and county aforesaid, personally appeared Ronnie E. Shores, the within bargainor, with whom I am personally acquainted, who signed and delivered the foregoing instrument in my presence, and who, upon his oath, acknowledged that the statements contained herein are true to the best of his knowledge, information, and belief, and that he executed the foregoing instrument for the purposes therein contained as his 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 6 day of Feb., 2012.



Martha Child
Notary Public

My Commission Expires: 3-4-2013

THIS INSTRUMENT PREPARED BY:

Martha Child, Attorney at Law
392 Harding Place, Suite 215
Nashville, TN 37211
(615) 834-4300

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE
(PROBATE DIVISION)

FILED
2012 JAN 18 AM 9:15
RICHARD R. ROOKER, CLERK
D.C.

IN RE:)
ESTATE OF EVA JOYCE SHORES) **DOCKET NO.: 12P1214**

DISCLAIMER PURSUANT TO TENNESSEE CODE ANNOTATED SECTION 31-1-103

Pursuant to Tennessee Code Annotated Section 31-1-103 and in accordance with the U.S. Internal Revenue Code, Section 2518, the undersigned Sheila G. Scott (herein referred to as "Disclaimant"), hereby exercises the Disclaimant's rights and election to disclaim property or other interests in which the Disclaimant is entitled to receive on account of the death of Eva Joyce Shores (herein referred to as "Decedent"), who died on June 27, 2011; and in furtherance of such disclaimer, Disclaimant states as follows:

1. The Disclaimant is entitled to a one-half interest in the real property of the decedent located at 526 Hamilton Avenue, Nashville, Tennessee, one-half of the monies in checking and savings of the decedent, not to exceed $8,000.00.

2. The property disclaimed consists of all the Disclaimant's right, title, and interest as a designated beneficiary under the laws of descent and distribution of Tennessee.

3. The Disclaimant has not accepted, received, or benefited in any way with respect to the disclaimed assets or interests. The Disclaimant hereby irrevocably and unqualifiedly disclaims and refuses to accept an interest in any and all right, title, and interests in said assets and interests being disclaimed.

4. This a full disclaimer and the Disclaimant renounces all interests which she may have in the estate of Eva Joyce Shores.

5. By virtue of this action, the funds renounced and disclaimed and the one-half interest in the real property renounced and disclaimed shall pass to Ronnie E. Shores.

Witness my hand this the 1 day of Aug., 2011.

Sheila Scott
Sheila G. Scott

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned Notary Public, in and for County and State, the within named Sheila G. Scott, the bargainor, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal, at Nashville, Tennessee, this the 1st day of August, 2011.

Notary Public

My Commission Expires: 11-5-14

ELAINE P. GRIGGS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires NOV. 5, 2014

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE
(PROBATE DIVISION)

IN RE:)
ESTATE OF EVA JOYCE SHORES) **DOCKET NO.:** _____

ACCEPTANCE

As the personal representative of the Estate of Eva Joyce Shores, I acknowledge receipt and acceptance of this Disclaimer.

Witness my hand this the 1 day of August, 2011.

Ronnie E. Shores

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned Notary Public, in and for County and State, the within named Ronnie E. Shores, the bargainor, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal, at Nashville, Tennessee, this the 1 day of August, 2011.

Notary Public

My Commission Expires: 11-5-14

ELAINE P. GRIGGS
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires NOV. 5, 2014

STATE OF TENNESSEE
Office of Vital Records

1103680

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Eva Joyce Shores	Female	June 27, 2011

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]8746	73			July 24, 1937	Davidson County, TN

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 [X] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital	Nashville	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Divorced		X-ray Escort	Hospital

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	526 Hamilton Ave.

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes:	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
	37203	Yes [ ] No [X]	White	12

NAME OF DECEDENT: For use by physician or institution

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
William Pope Taylor	Laura Elizabeth Armor

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Ronnie E. Shores	Son	3310 Glencliff Rd., Nashville, TN 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)	20c. LOCATION-City or Town, State
	Mt. Olivet Cemetery	Nashville, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
Wendell L Byrd	2556	NONE	

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-	396

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Tonya Y. Forman, DR	June 29, 2011

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	25c. DATE SIGNED (Month, Day, Year)
Randall Fullerton	16563	6/29/11

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)
Randall C. Fullerton, M.D.
2021 Church Street, 5th Fl., Ste. 504, Nashville, TN 37203

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.	Myocardial Infarction	hours
DUE TO (OR AS A CONSEQUENCE OF): b.	Arteriosclerosis	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.		
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.
HTN, Hyperlipidemia, Smoker (COPD

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	31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No	31d. DESCRIBE HOW INJURY OCCURRED
		M		

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

4618222

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.

JUN 29 2011

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD