THIS INSTRUMENT WAS PREPARED BY:

M. Allison Thompson
Thompson Law Office PLLC
4525 Harding Pike, Ste 200
Nashville, TN 37205

New Owner: Brenda K. Childers
Send tax notice to: 110 Walker Levee Road
Fulton, MS 38843

Map & Parcel No.: Map 49
Parcel 226

BILL GARRETT, Davidson County
Trans:T20120011691 AFFIDAVIT
Recvd: 02/16/12 12:35 4 pgs
Fees:22.00 Taxes:0.00
20120216-0013740

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF MISSISSIPPI)
)
COUNTY OF ITAWAMBA)

The undersigned, being duly sworn, deposes and says:

I am the daughter of Katherine Kelley Woodard, deceased, and I have personal knowledge of the matters stated below:

1. Katherine Kelley Woodard was married to Malcom Patterson Woodard when he died intestate on January 5, 1998. At his death, Malcom Patterson Woodard and Katherine Kelley Woodard owned as tenants by the entireties the real estate known as 427 Green Lane, Whites Creek, TN 37189. A certified copy of the death certificate of Malcom Patterson Woodard is attached. The property is described as follows:

> BEGINNING at a point in the center line of Greens Lane, at the northeast corner of the property conveyed to O.M. Denton and wife, by deed of record in book 1305, page 246, Register's Office for said County; thence with Denton's east line, south 3-3/4° west 800 feet, more or less, to a stake in the north line of the Aldrich property; thence with Aldrich's north line, south 86° east 200 feet to a point, the southwest corner of the property now owned by Wm. Noel Wilson and wife; thence along Wilson's west line, north 3-3/4° east 800 feet to the center line of Greens Lane; thence with the center line of same, north 86° west 200 feet to the beginning.
>
> Being the same real property conveyed to M. P. Woodard by deed from Lewis P. Sproles and wife, Thelma M. Sproles of record in Book 2750, page 335, Register's Office for said County.
>
> Being the same real property conveyed by M.P. Woodard to Russell E. Freeman, and by Russell E. Freeman to M.P. Woodard and wife, Katherine Woodard by quitclaim deed of record in Book 9473, page 565, Register's Office for said County.

2. Katherine Kelley Woodard died intestate on October 7, 2010, leaving her only child, Brenda K. Childers as her surviving heir. A certified copy of the death certificate of

Katherine Kelley Woodard is attached. Katherine Kelley Woodard was not married at the time of her death, and had no other children who predeceased her. Under Tennessee laws of descent and distribution, T.C.A. §31-2-104, Katherine Kelley Woodard's interest in the real estate described above passed to her daughter.

3. These facts and the application of Tennessee laws of descent and distribution give Brenda Childers an interest in the real estate described above in fee simple.

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.

2-13-12
Date

Brenda K. Childers
Brenda K. Childers

STATE OF MISSISSIPPI)
)
COUNTY OF Itawamba)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Brenda K. Childers, 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 13th day of February, 2012.

Tanya Watson
Notary Public

My commission expires: 12/21/12

STATE OF MISSISSIPPI
TANYA WATSON
NOTARY PUBLIC
ID NO. 91941
My Comm. Expires
DECEMBER 21, 2012
ITAWAMBA COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

98001.10

STATE FILE NUMBER

MALCOM PATTERSON WOODARD | M | JANUARY 5, 1998

[redacted] 5173 | 89 | 01-1908 | MOORE COUNTY, TENNESSEE

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes XX No | 9. Residence XX | DAVIDSON

9b. FACILITY NAME | 427 GREEN LANE | NASHVILLE | 9d. COUNTY OF DEATH: DAVIDSON

10. MARITAL STATUS: MARRIED | SURVIVING SPOUSE: KATHERINE KELLEY | 12a. DECEDENT'S USUAL OCCUPATION: UNITED SHOE | 12b. KIND OF BUSINESS/INDUSTRY: MACHINERY

13a. RESIDENCE STATE: TENNESSEE | 13b. COUNTY: DAVIDSON | NASHVILLE | 13d. STREET AND NUMBER OR RURAL LOCATION: 427 GREEN LANE

13e. INSIDE CITY LIMITS? XX Yes | 13f. ZIP CODE: 37189 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify, Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes o XX No | RACE-American Indian, Black, White, or (Specify): WHITE | 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 | College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): ANDREW J. WOODARD | 18. MOTHER'S NAME (First, Middle, Maiden Surname): B. [illegible] STOUT

INFORMANT

19a. INFORMANT'S NAME (Type/Print): KATHERINE WOODARD | 19b. RELATIONSHIP TO DECEASED: WIFE | 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 427 GREEN LANE NASHVILLE, TENNESSEE 37189

DISPOSITION

20a. METHOD OF DISPOSITION: XX Burial | 2 Cremation | 3 Removal from State | 4 Donation | 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): WOODLAWN MEMORIAL PARK | 20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE

21a. SIGNATURE OF FUNERAL DIRECTOR: RODNEY WELLS | 21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883 | 21c. EMBALMER: ROY MALLARD | 21d. LICENSE NUMBER OF EMBALMER: 3654

22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204 | 22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature] | DATE FILED (Month, Day, Year): January 9, 1998

CERTIFIER

24a. 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. ☐ SIGNATURE AND TITLE OF CERTIFIER: James Seely MD | LICENSE NUMBER: 0001486 | 24c. DATE SIGNED (Month, Day, Year): 1/9/98

24a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion death occurred at the time, and place, and due to the cause(s) and manner as stated. ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER | LICENSE NUMBER | 24b. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): DR. JAMES SEELY 1903 OLD HICKORY BLVD. OLD HICKORY, TENNESSEE 37138

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia | 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.

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I. Stroke, Dementia

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 XX No | 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 XX 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)

BIRTH NO.

5096322

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

JAN 23 2012
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1005865

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

WOODARD, KATHERINE

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Katherine Kelley Woodard
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 07, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1153
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 14,1927
7. BIRTHPLACE (City and State or Foreign Country): Wayne County, 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): 427 Green Lane
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 427 Green Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37189
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

NAME OF DECEDENT, For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Bay Kelley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lessie Copeland

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Brenda Childers
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 110 Walker Levee Road, Fulton, Mississippi 38843

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [XX] 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: ▶ Michael R. Thomas
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5941
21c. SIGNATURE OF EMBALMER: ▶ James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
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: ▶ Tonya Y. Foreman Dep
24. DATE FILED (Month, Day, Year): October 13, 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
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ [signature]
26b. LICENSE NUMBER: 44241
26c. DATE SIGNED (Month, Day, Year): October 08, 2010

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): John B Davis, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC10-1961

SEE INSTRUCTIONS ON OTHER SIDE

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. Hypertensive and atherosclerotic cardiovascular 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
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
29c. 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. 6/99)
BIRTH NO. _____
RDA 135

4369247

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.

OCT 13 2010

Teresa S. Hendricks
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