THIS INSTRUMENT WAS PREPARED BY: W. Faye Novelly, UAW – Legal Services Plan, 3011 Harrah Drive, Suite A, Spring Hill, TN 37174		
NAME AND ADDRESS OF NEW OWNER: James R. Malone 3621 Rainbow Place Nashville, TN 37204	**SEND TAX BILL TO:** New Owner	**TAX IDENTIFICATION NO:** **Map/Parcel: 11814017000**

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes now your Affiant, JAMES R. MALONE, and having first been duly sworn according to law, being of lawful age and a resident of Davidson County, Tennessee, and pursuant to *Tennessee Code Annotated* § 30-2-712, deposes and states as follows:

MARGARET MALONE, also known as MARGARET JACKSON MALONE, died on the 3rd day of June, 2008, in Nashville, Tennessee, at the age of Ninety (90) years, a citizen and resident of Davidson County, Tennessee, residing at 3621 Rainbow Place, Nashville, Tennessee, 37204, having survived her husband, ROBERT F. MALONE, also known as ROBERT FRANCIS MALONE, who died on the 20th day of February, 1986 in Nashville, Tennessee, at the age of Seventy-One (71) years, a citizen and resident of Davidson County, residing at 3621 Rainbow Place, Nashville, Tennessee 37204. (A certified copy of the certificate of death of Margaret Malone and a certified copy of the certificate of death of Robert F. Malone are attached as Collective Exhibit A.)

At the time of her death, MARGARET JACKSON MALONE, owned a fee simple interest in real property commonly known as 3621 Rainbow Place, Nashville, Tennessee 37204, and described as follows:

> Land in Davidson County, Tennessee, being the southerly part of Lot No. 31 and the northerly part of Lot No. 32 on the Plan of Marengo Park, Section "C", as of record in Book 1130, page 21, Register's Office for said County, and described according to a survey made by Hal R. Swann, Jr., Surveyor, dated October 23, 1965, as follows:
>
> BEGINNING at a spike in the westerly margin of Rainbow Road at a point which is 39 feet, 3 inches north of the common front corner of Lots 31 and 32 on said plan; thence with the margin of said road southerly 84 feet 9 inches to an iron pin in said margin; thence westerly 223 feet 6 inches to an iron pin, said pin being located 38 feet ½ inch south of the common rear corner of Lots 31 and 32; thence northerly with the westerly line of Lots 31 and 32, 71 feet, 1 inch to an iron pin on said line; thence easterly 224 feet to a spike in the westerly margin of Rainbow Road, said spike being the point of beginning.
>
> Being the same property conveyed to ROBERT F. MALONE and wife, MARGARET JACKSON MALONE, from JAMES R. COLE, by Deed of record in Book 4891, Page 404, of record in the Register's Office of Davidson County, Tennessee, the said ROBERT F. MALONE, having since died leaving MARGARET JACKSON MALONE, as the surviving tenant by the entirety. The said conveyance was subject to a life estate retained by JAMES R. COLE, and the said JAMES R. COLE, also known as JAMES ROY COLE, having since died on the 19th day of January, 1982 in Davidson County, Tennessee. (A certified copy of James R. Cole's certificate of death is attached hereto as Exhibit B.)

BILL GARRETT, Davidson County
Trans:T20120023260 AFFIDAVIT
Recvd: 03/30/12 12:35 5 pgs
Fees:27.00 Taxes:0.00
20120330-0027163

JAMES R. MALONE of 3621 Rainbow Place, Nashville, Tennessee, 37204, received 100% interest in the real property described above by virtue of being the sole heir-at-law of MARGARET JACKSON MALONE.

FURTHER AFFIANT SAYETH NOT.

WITNESS my hand this the 22 day of March, 2012.

JAMES R. MALONE

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared the within named JAMES R. MALONE, 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 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 22 day of March, 2012.

CASEY CAVANAUGH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC
My Commission Expires: 5/8/12

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, THIS AFFIDAVIT BEING USED TO EVIDENCE TRANSFER OF TITLE TO THE PROPERTY TO A BENEFICIARY.

Collective Exhibit "A"

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0803248

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): Margaret Malone
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 3, 2008
4. SOCIAL SECURITY NUMBER (or Decedent): [redacted]-6437
5a. AGE LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): Sept 4, 1917
7. BIRTHPLACE (City and State or Foreign Country): Loretto, 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 Residence 6 X Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
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.): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Hospital
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3621 Rainbow Place
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37204
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): 12; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ivan Mason Jackson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lucy Cole

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James R. Malone
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3621 Rainbow Place Nashville Tennessee 37204

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
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

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowles, RR
24. DATE FILED (Month, Day, Year): June 6, 2008

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 X SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: TN35619
25c. DATE SIGNED (Month, Day, Year): 6/6/2008
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): Jean LeSeay MD 1718 Patterson St., Nashville, TN 37203

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. Adult Failure to Thrive — months
DUE TO (OR AS A CONSEQUENCE OF): b. Recurrent Diverticulitis — 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, CAD
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)

PH-1639 (REV. 6/90)
BIRTH NO.
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued
JUN 09 2008

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

Collective Exhibit "A"

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

STATE FILE NO. 86-002580

BIRTH NO. 27 1904-

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DECEASED

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CERTIFIER

TENDED BY ORIZED OFERE. ANY EDICAL EX-

1. DECEASED—NAME (FIRST, MIDDLE, LAST)	Robert Francis Malone			2. DATE OF DEATH (MONTH, DAY, YEAR)	February 20, 1986
3a. AGE—LAST BIRTHDAY (YEARS)	71	3b. UNDER 1 YEAR: MOS. / DAYS	3c. UNDER 1 DAY: HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR)	Dec. 5, 1914
5a. RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	Caucasian	5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)	American	6. SEX	Male
7a. COUNTY OF DEATH	Davidson	7b. CITY, TOWN OR LOCATION	Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	St. Thomas Hospital	7e. IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Inpatient /		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Tennessee 43	9. CITIZEN OF WHAT COUNTRY	USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Margaret Jackson				
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	[redacted] 7503	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	N/A	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Rate Clerk 343
13b. KIND OF BUSINESS OR INDUSTRY	Ford Glass Plant 250				
14a. RESIDENCE—STATE	Tennessee	14b. COUNTY	Davidson	14c. CITY, TOWN, OR LOCATION	Nashville
14d. STREET AND NUMBER	3621 Rainbow Place	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes	14f. CENSUS TRACT NO.	
15. FATHER—NAME	Felix Malone	16. MOTHER—MAIDEN NAME	Jessie Rhea	17. INFORMANT—NAME	Margaret Jackson Malone
MAILING ADDRESS	Same				
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	Burial	18b. DATE (MONTH, DAY, YEAR)	Feb. 22, 1986	18c. CEMETERY OR CREMATORY—NAME	Woodlawn Memorial Park
18d. LOCATION—CITY OR TOWN, STATE	689 Thompson Lane Nashville Tennessee 37204				
19a. FUNERAL DIRECTOR (SIGNATURE)	M. John Parker	19b. LICENSE NO.	3674	19c. EMBALMER (SIGNATURE)	Nancy L. Padgett
19d. LICENSE NO.	3924				
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Woodlawn Funeral Home 689 Thompson Ln Nashville Tn. 37204	21a. REGISTRAR—SIGNATURE	Esther D. Gooch	21b. DATE RECEIVED BY LOCAL REGISTRAR	Feb. 28 1986
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED.	SIGNATURE: K M Raja	DEGREE: M.D.		22b. DATE SIGNED (MONTH, DAY, YEAR)	2-26-86
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	TITLE		23b. DATE SIGNED (MONTH, DAY, YEAR)	
24a. CERTIFIER—NAME (TYPE OR PRINT)	Dr. K. M. Raja	24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	2611 West End Avenue, Nashville, Tn. 37203		

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.

Paula Taylor
Paula Taylor
State Registrar

AUG 03 2000
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

Exhibit "B"

STATE OF TENNESSEE
Office of Vital Records

8200260

19094
33
19 94 BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

STATE FILE NO. 82 000635

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: James Roy Cole
2. DATE OF DEATH: Jan. 19, 1982
3a. AGE—LAST BIRTHDAY: 91
4. DATE OF BIRTH: May 31, 1890
5. RACE: White 99
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION: Memorial Hospital
7e. Emer. Rm. 2
8. STATE OF BIRTH: Tenn. 43
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
11. SURVIVING SPOUSE:
12a. SOCIAL SECURITY NUMBER: [redacted]-7027
12b. SERVICE: None
13a. USUAL OCCUPATION: Railroad Engineer
13b. KIND OF BUSINESS OR INDUSTRY: L&N Railroad
14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 3621 Rainbow Pl.
14e. INSIDE CITY LIMITS: Yes
14f. CENSUS TRACT NO.:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

15. FATHER—NAME: Thomas Cole
16. MOTHER—MAIDEN NAME: Margaret Mankin
17. INFORMANT—NAME: Margaret Malone
MAILING ADDRESS: Nashville, Tenn 3621 Rainbow Pl.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
18b. DATE: Jan. 22, 1982
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION: Nashville, Tenn.
19a. FUNERAL DIRECTOR: Lawrence H. McPeak
19b. LICENSE NO.: 3419
19c. EMBALMER: Lawrence H. McPeak
19d. LICENSE NO.: 3734
20. FUNERAL HOME—NAME AND ADDRESS: Woodlawn, 689 Thompson In. Nashville, Tn
21. RECEIVED BY—SIGNATURE: Esther D. Lyon
DATE RECEIVED BY LOCAL REGISTRAR: 1-29-82

CERTIFIER

22a. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED: SIGNATURE: [signature] DEGREE: MD
DATE SIGNED: 1-29-82
22b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED: SIGNATURE: [signature] TITLE: [illegible]
DATE SIGNED:
23a. CERTIFIER—NAME (TYPE OR PRINT): Marvin J. Rosenblum, M. D.
23b. MAILING ADDRESS (STREET OR R F D NO, CITY OR TOWN, STATE, ZIP): Nashville, Tennessee

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST

0006351982

5305185

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

Date Issued Mar-22-2012

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD