THIS INSTRUMENT WAS PREPARED BY:

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BILL GARRETT, Davidson County
Trans:T20120030669 AFFIDAVIT
Recvd: 04/26/12 13:50 3 pgs
Fees:17.00 Taxes:0.00
20120426-0035870

NEW OWNER	SEND TAX BILLS TO:	MAP/PARCEL
Andrew C. Poteete 130 Morningview Court Madison, TN 37115	Same	147 040 046

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, ANDREW C. POTEETE, after being duly sworn, hereby makes this sworn affidavit as follows:

1. By deed of record at Book 6027, Page 779 in the Register's Office for Davidson County, Tennessee, Andrew C. Poteete and Lillian R. Poteete were conveyed as joint tenants with right of survivorship a certain tract or parcel of land in Davidson County, Tennessee, by quitclaim deed from Glendon M. Fisher, Jr., described as follows to wit:

Land in Davidson County, Tennessee, being Lot No. 114 on the plan of Beverly Heights, Section 2, as of record in Book 2331, page 42, Register's Office for said County.

Said Lot No. 114 fronts 180 feet on the easterly side of Humber Drive and runs back 180 feet on the northerly line and 222.9 feet on the southerly line to a dead line, measuring 176.2 feet thereon.

Being the same property conveyed to Andy C. Poteete and wife, Lillian R. Poteete, by deed from Aaron B. Hutchison and wife, Helen H. Hutchison, of record in Book 2691, page 423, said Register's Office. By divorce decree Andy C. Poteete and Lillian R. Poteete held said property as tenants in common with right of survivorship. And upon the death of Lillian R. Poteete, said real property descended to Andrew C. Poteete.

This is improved property commonly known as 4812 Humber Drive, Nashville, Davidson County, Tennessee, 37211.

2. The said Lillian R. Poteete died a resident of Davidson County, Tennessee, on January 16, 2012. At the time of her death the said Lillian R. Poteete was unmarried, left no will and her personal property was of low enough amount that it was possible for a small estate to be opened and administered in Davidson County Probate Court under Docket No. 12P-251.

3. As a result of the foregoing, the real property as described in paragraph 1 hereof is now owned by Andrew C. Poteete.

Further, this affiant saith not.

WITNESS MY HAND this 5th day of April, 2012.

Andrew C. Poteete
ANDREW C. POTEETE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally, appeared before me, a Notary Public, ANDREW C. POTEETE, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 5th day of April, 2012.

Tom R. Smith
NOTARY PUBLIC

My Commission Expires: 11/07/12

TOM R. SMITH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

1200235 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Lillian Rue Poteete
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 16, 2012
4. TIME OF DEATH (Approx.): 8:04 pm
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 3, 1926
7. BIRTHPLACE (City and State or Foreign Country): Centerville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Purchasing Agent
11b. KIND OF BUSINESS/INDUSTRY: State of Tennessee
12. SOCIAL SECURITY NUMBER: [redacted]-8149
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4812 Humber Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th – 12th grade, no diploma
[ ] High school graduate or GED completed
[X] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Bryce M. Thompson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary E. Hensley

DISPOSITION

20a. INFORMANT'S NAME: Barry Poteete
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4812 Humber Drive, Nashville, TN 37211
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mt. Hope Cemetery
21c. LOCATION - City or Town and State: Franklin, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda K Bowers, CR
25. DATE FILED (Month, Day, Year): Jan. 19, 2012

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 37265
27c. DATE SIGNED (Month, Day, Year): 1/19/12
27d. NAME AND ADDRESS: Furrukh S. Malik, MD; 397 Wallace Rd., Nashville, TN 37211

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cardiogenic Shock	
Due to (or as a consequence of): b.	Acute Myocardial Infarction	
Due to (or as a consequence of): c.		
Due to (or as a consequence of): d.		

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1398

5095960

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.

JAN 19 2012

Teresa S. Hendricks
STATE REGISTRAR

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

Date Issued

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD