BILL GARRETT, Davidson County
Trans:T20120054121 AFFIDAVIT
Recvd: 07/24/12 09:03 5 pgs
Fees:27.00 Taxes:0.00
20120724-0064782

THIS INSTRUMENT WAS PREPARED BY:

Tom R. Smith
Attorney At Law
100 Thompson Lane
Nashville, TN 37211
(615) 333-0099

NEW OWNERS	SEND TAX BILLS TO:	MAP/PARCEL
Buford Ricky Massey 114 Elk Avenue Smyrna, TN 37167, and Mildred Diane Massey Johnson 107 Bailey Collins Drive Smyrna, TN 37167	Buford Ricky Massey 114 Elk Avenue Smyrna, TN 37167	135000/04500

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, BUFORD RICKY MASSEY and MILDRED DIANE MASSEY JOHNSON, after being duly sworn, hereby make this sworn affidavit as follows:

1. By deed of record at Book 1678, Page 107 in the Register's Office for Davidson County, Tennessee, Ed Massey and wife, Mildred C. Massey were conveyed as tenants by the entireties a certain tract or parcel of land in Davidson County, Tennessee, by deed from H. E. Lavender and wife, Gertrude Lavender, as corrected by deeds from H. E. Lavender and others of record in Book 1906, Page 23, and from T. B. Hill and others or record in book 1906, Page 25, Register's Office for said County described as follows to wit:

A certain tract or parcel of land in the Second Civil District of Davidson County, Tennessee, particularly described as follows:

Beginning at a point in the center of Franklin Limestone Road, running thence south 70 degrees and 20 minutes east 675 feet, more or less, to a point in Ransom's westerly line; thence north 5 degrees west 164 feet, more or less, to a post; thence north 82 degrees and 45 minutes west 186 feet to a 12 inch sycamore; thence north 67 degrees and thirty minutes west 430 feet to a railroad spike in the center of said road; thence with the center of said road south 27 degrees and 30 minutes west 110.8 feet and south 24 degrees west 25.2 feet to the point of beginning.

Said property is bounded on the north by Charlton and Stiltz, on the east by Ransom, on the south by Lavender, and the western boundary line is the center of said Franklin Limestone Road.

This is improved property commonly known as 460 Franklin Limestone Road, Nashville, Davidson County, Tennessee, 37217.

2. The said Ed Massey and Mildred C. Massey were divorced in Davidson County, Tennessee several years after the said real property was conveyed to them as stated hereinabove. As part of the Final Decree of Divorce, the said real property described above in paragraph 1 above was conveyed to Mildred C. Massey which Final Decree appears of record at Book 32, Page 945 in the Register's Office of Davidson County, Tennessee.

3. The said Mildred C. Massey died a resident of Davidson County, Tennessee, on January 11, 2012 as noted by the attached copy of the Tennessee Certificate of Death. At the time of her death the said Mildred Claudine Massey was unmarried, and left a will which has been probated in the Davidson County, Tennessee Probate Court and her estate is being administered under Docket No. 12P-375. Pursuant to the said Last Will and Testament of the decedent, the above described

real property descended equally to her two children, Buford Ricky Massey and Mildred Diane Massey Johnson.

4. As a result of the foregoing, the real property as described in paragraph 1 herein is now owned as an undivided equal tenancy in common by Buford Ricky Massey and Mildred Diane Massey Johnson.

Further, these affiants saith not.

WITNESS MY HAND this 8th day of June, 2012.

Mildred Diane Massey Johnson
MILDRED DIANE MASSEY JOHNSON

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally, appeared before me, a Notary Public, MILDRED DIANE MASSEY JOHNSON, 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 8th day of June, 2012.

NOTARY PUBLIC

NICK ECKERT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 01/06/14

WITNESS MY HAND this 8 day of June, 2012.

Buford Ricky Massey
BUFORD RICKY MASSEY

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally, appeared before me, a Notary Public, BUFORD RICKY MASSEY, 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 6th day of June, 2012.

NOTARY PUBLIC

My Commission Expires: 01/06/14

NICK ECKERT
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

FILED
2012 MAR -7 AM 11:19
RICHARD R. ROBERTS, CLERK

1200246 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

COPY

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mildred Claudine Massey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 11, 2012
4. TIME OF DEATH (Approx.): 6:15 am
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 19, 1930
7. BIRTHPLACE (City and State or Foreign Country): Smithville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (For use by Physician or Institution)

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: Care Giver
11b. KIND OF BUSINESS/INDUSTRY: Medical

12. SOCIAL SECURITY NUMBER: 412-36-3275
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN:
13d. STREET AND NUMBER: 460 Franklin Limestone Road
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 8th grade or less
[ ] 9th – 12th grade, no diploma
[ ] High school graduate or GED completed
[ ] 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): Robert Bates
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Eula Kelly

DISPOSITION

20a. INFORMANT'S NAME: Dianne Johnson
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 107 Bailey Collins Dr., Smyrna, Tennessee 37167
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Gary Michael Morgan
22b. LICENSE NUMBER: 5220
22c. SIGNATURE OF EMBALMER: Dawn Renee Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane, Old Hickory, Tennessee 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

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

CERTIFIER

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

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.
27a. SIGNATURE OF CERTIFIER: [signature]
27b. LICENSE NUMBER: 29400
27c. DATE SIGNED (Month, Day, Year): 1/18/12
27d. NAME AND ADDRESS: STEVEN P JOHNSON MD

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Myelodysplastic Syndrome — Due to (or as a consequence of):
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
b. — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.
Approximate Interval: Onset to death
a. chronic

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [X] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] 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)

TH-1659 (Rev. 10/2011) — RDA 1399

5096003

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
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

JAN 19 2012
Date Issued

CERTIFICATION OF VITAL RECORD