Owner: Gail Claiborne 338 Battle Road Antioch, TN 37013	Prepared by: David J. Waynick Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Gail Claiborne 338 Battle Road Antioch, TN 37013	Map & Parcel No.: 183000066.00

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

Davidson County AFFIDAVIT
Recvd: 07/25/12 15:58 10 pgs
Fees:52.00 Taxes:0.00
20120725-0065530

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

BEN WILLIAM CLAIBORNE (also known as Ben W. Claiborne), a resident of Davidson County, State of Tennessee, who died on May 4, 2012, as evidenced by a copy of the death certificate, release of the State of Tennessee's Bureau of TennCare, and Tennessee Department of Revenue Inheritance Tax Closing Letter attached as collective Exhibit A, held a fee simple interest in the following described real estate:

Land in the 5th Civil District of Davidson County, Tennessee, being Tract No. 12, on the survey of a portion of the Burkitt Estate Farm, more fully described according to a survey by Billy Carl Tomlin, dated April 15, 1976, not of record.

Said tract is bound in the general on the North by Burkitt's Tract No. 11, on the East by Battle Road,on the West by Burkitt's Tract No. 4, on the South by Burkitt's Tract No. 13.

COMMENCING at a point in the west margin of Battle Road, said point being Huffman's northeast corner; thence with the west margin of Battle Road, with the two following calls, N 34 degrees 35' W 667 feet, and N 6 degrees 45' E 85 feet to the point of beginning; thence with a new staked line N 84 degrees W 1122 feet to an iron pin; thence N 6 degrees 45' E 199.4 feet to an iron pin; thence with a new staked line S 84 degrees E 1122 feet to an iron pin in the west margin of Battle Road; thence with the west margin of said Road S 6 degrees 45' W 200 feet to the point of beginning, containing 5.12 acres, more or less.

BEING part of the same property conveyed to Ben W. Claiborne and wife, Linda S. Claiborne by Louise Burkitt, A.J. Burkitt, L.H. Burkitt and Lucien H. Burkitt, Executor of the Estate of Mary Elizabeth Burkitt by Deed of record in the Register's Office for Davidson County, Tennessee at Book 5032 Page 661. Linda

S. Claiborne having since died on July 27, 1986, as evidenced by her death certificate attached as Exhibit B, leaving Ben W. Claiborne as sole owner by right of survivorship. Thereafter, Ben W. Claiborne married Marian Gail Claiborne.

Marian Gail Claiborne and Gail Claiborne are one and the same person.

The undersigned received the following interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the decedent's Will, filed with the Petition for Probate of Will for Muniment of Title Only, in the Probate Court of Davidson County, State of Tennessee, Case No. 12P-961, ***an undivided, fee simple interest in 338 Battle Road, Antioch, Tennessee 37013.***

A copy of the Order Admitting Will to Probate for Muniment of Title Only and closing the Estate is attached as Exhibit C.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. 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.

Gail Claiborne

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Gail Claiborne, 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 he 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 25th day of July, 2012.

Notary Public
My Commission Expires:

TONI M. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY, TENN
My Comm. Expires June 1, 2016

STATE OF TENNESSEE
Office of Vital Records

Exhibit A

1202657

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ben William Claiborne
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 4, 2012
4. TIME OF DEATH (Approx.): 8:00 am
5a. AGE-Last Birthday (Years): 71
5b. UNDER 1 YEAR: Months / Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 14, 1941
7. BIRTHPLACE (City and State or Foreign Country): Franklin, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): Alive Hospice at St. Thomas
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Gail Peavyhouse
11a. DECEDENT'S USUAL OCCUPATION: Manager
11b. KIND OF BUSINESS/INDUSTRY: Auto Body Shop
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Cane Ridge
13d. STREET AND NUMBER: 338 Battle Rd.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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
☐ 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)
☒ 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)
☒ 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): Edgar Claiborne
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lettie Sullivan

DISPOSITION

20a. INFORMANT'S NAME: Gail Claiborne
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 338 Battle Rd., Cane Ridge, TN 37013
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center
21c. LOCATION - City or Town and State: Mt. Juliet, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
22b. LICENSE NUMBER: 2556
22c. SIGNATURE OF EMBALMER: ▶ None
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda L Bowers, DC
25. DATE FILED (Month, Day, Year): May 9, 2012

CERTIFIER

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

26. CERTIFIER (Check only one)
26a. ☒ 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: 44182
27c. DATE SIGNED (Month, Day, Year): 5-08-2012
27d. NAME AND ADDRESS: David B. Tidwell, MD 1718 Patterson St., Nashville, TN 37203

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. Non-small-cell Lung Cancer
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. Days or Less
b.
c.
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? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ 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)

RDA 1399

PH-1658 (Rev. 10/2011)

5297885

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

MAY 09 2012
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

6/18/2012

DAVID J. WAYNICK
200 NASHBORO BLVD.
P.O. BOX 17116
NASHVILLE, TN 37217

RE: BEN W. CLAIBORNE
1356

Dear DAVID J. WAYNICK:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X — This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Tangela J. Howard

Tangela J. Howard
Supervisor

N0019001 9265263120713

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

July 16, 2012

CLAIBORNE BEN
ATTN: DAVID J WAYNICK
PO BOX 17116
NASHVILLE TN 37217-0116

Account Type:	INHERIT TX
Account No.:	441694464
Date of Death:	May 4, 2012
County:	DAVIDSON
SSN:	XXX-XX-1356

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

CLAIBORNE BEN
ATTN: DAVID J WAYNICK
PO BOX 17116
NASHVILLE, TN 37217-0116

July 16, 2012

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Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

RV-N0019001

Exhibit B

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY
AUG 4 1986
J. M. Bistowish M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8603420
BECOMES A LEGAL
RD WHEN PROPERLY EXE-
D AND FILED.

OR PRINT IN
ANENT BLACK INK.

DECEASED

RESIDENCE WHERE DE-
D LIVED. IF DEATH OC-
ED IN INSTITUTION, GIVE
DENCE BEFORE ADMIS-

PARENTS AND INFORMANT

IT REQUIRED PRIOR TO
SPORTATION OF BODY BY
MON CARRIER OR RE-
L FROM STATE.

DISPOSITION

CERTIFIER

EATH NOT ATTENDED BY
SICIAN, AUTHORIZED OF-
AL SIGN HERE. ANY
SICIAN OR MEDICAL EX-
NER EXECUTING CER-
CATE MUST COMPLETE
SIGN MEDICAL CER-
CATION WITHIN 48
JRS. POWER OF
NATURE CANNOT BE
EGATED.

CAUSE

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (First, Middle, Last): Linda Sue Claiborne
2. DATE OF DEATH (Month, Day, Year): July 27, 1986
3a. AGE—Last Birthday (Years): 43
3b. Under 1 Year: Mos. / Days
3c. Under 1 Day: Hours / Min.
4. DATE OF BIRTH (Month, Day, Year): Aug. 27, 1942
5a. RACE (White, Black, American Indian, Etc.): Caucasian
5b. ORIGIN OR DESCENT (Italian, Mexican, German, Etc.): American
6. SEX: Female
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.): Edgefield Hospital
7e. If hosp. or inst., indicate (DOA, Outpat. or Emer. Rm., Inpatient, Other (Specify)): Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ben William Claiborne
12. SOCIAL SECURITY NUMBER (If none, specify): [redacted]
13a. SERVICE IN ARMED FORCES (Specify Yes or No): N/A
13b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
13c. KIND OF BUSINESS OR INDUSTRY: Nutri System Store
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Antioch
14d. STREET AND NUMBER: 338 Battle Road
14e. INSIDE CITY LIMITS (Specify Yes or No): Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Houston Underwood
16. MOTHER—MAIDEN NAME: Virginia Brantley
17. INFORMANT—NAME: Ben Claiborne
MAILING ADDRESS: Same
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
18b. DATE (Month, Day, Years): July 29, 1986
18c. CEMETERY OR CREMATORY—NAME: Woodlawn Memorial Park
18d. LOCATION (City or Town, State): Nashville, Tennessee
18e. FUNERAL DIRECTOR (Signature): [signature]
18f. LICENSE NO.: 3080
18g. EMBALMER (Signature): Gary A. Harrington
18h. LICENSE NO.: 3176
18i. 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
18j. REGISTRAR—SIGNATURE: Luther D. Trotter
DATE ACCEPTED BY LOCAL REGISTRAR (Month, Day, Year): Aug 4 1986
19. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Michel E. Kuzur DEGREE: M.D.
20a. DATE SIGNED (Month, Day, Year): 7/31/86
20b. 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
20c. DATE SIGNED (Month, Day, Year)
21a. CERTIFIER—NAME (Type or Print): Michel E. Kuzur, M. D.
21b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP)
22. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Interval Between Onset and Death
(a) IMMEDIATE CAUSE	Cardiopulmonary Arrest	5 min
(b) DUE TO, OR AS A CONSEQUENCE OF	Metastatic Ovarian carcinoma	1½ yrs
(c) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF:		

23. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
AUTOPSY (Yes or No):
24. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify):
25a. DATE OF INJURY (Month, Day, Year):
25b. HOUR:
25c. DESCRIBE HOW INJURY OCCURRED:
26. INJURY AT WORK (Specify Yes or No):
27. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify):
28. LOCATION (Street or R.F.D. No., City or Town, State):

PH-1659
Rev. 8/81 CRC

Copy

EXHIBIT C

FILED
2012 JUN 21 AM 11:04
RICHARD R. ROOKER, CLERK

IN THE GENERAL SESSIONS COURT FOR DAVIDSON COUNTY

PROBATE DIVISION

IN RE:)

BEN WILLIAM CLAIBORNE) **Case No.** 12P-961

Deceased.)

)

ORDER ADMITTING WILL TO PROBATE FOR MUNIMENT OF TITLE ONLY

Based on an examination of the Petition, the decedent's last will, the affidavit of the subscribing witnesses and the sworn testimony of Petitioner, the Court finds the following:

A. Decedent was a resident of Davidson County, Tennessee;

B. Decedent died on May 4, 2012, at the age of Seventy-One (71) years;

C. Decedent left a will dated December 20, 2010, which was properly signed and witnessed.

D. The decedent's property subject to a court-supervised administration has all been distributed according to the decedent's will.

E. All of the debts of the decedent have been paid in full.

Based on these findings, the Court orders the following:

1. Decedent's will dated December 20, 2010 be admitted to probate;

2. No letters testamentary need be issued to Gail Claiborne;

3. Notice to creditors and the Department of Revenue as required by T.C.A. § 30-2-306 and T.C.A. § 67-8-406, respectively, is waived;

4. No court-supervised administration of the decedent's estate is required; and

5. Petitioner will file the Tennessee Inheritance Tax Clearance when received.

Copy

Entered this 21st day of June, 2012.

Probate Master

Respectfully Submitted,

David J. Waynick, BPR #12293
Attorney for Petitioner
200 Nashboro Boulevard
P.O. Box 17116
Nashville, TN 37217
Telephone: (615) 885-5707
Fax: (615) 885-0224

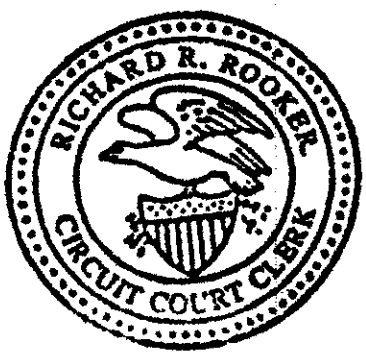
STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the FINAL ORDER heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 21 day of JUNE , 2012 , in Case Number 12P961 between CLAIBORNE, GAIL Petitioner, and CLAIBORNE, BEN WILLIAM Respondent, as same remains in the records of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 25 day of JUNE 2012

RICHARD R. ROOKER, Clerk,

SEAL



By _____
Deputy Clerk

CERTIFICATION

I, Toni Waynick, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Toni Waynick

State of Tennessee; County of Davidson
On this 25th day of July,_ 2012, personally appeared before me, Rebecca R. Waynick, a notary public for this county and state, Toni Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Rebecca R. Waynick
My Commission Expires:

REBECCA R. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY, TENN
My Comm. Expires July 7, 2015