BILL GARRETT, Davidson County
Trans:T20120080426 AFFIDAVIT
Recvd: 10/23/12 13:47 4 pgs
Fees:22.00 Taxes:0.00
20121023-0097076

This Instrument Prepared By:
John L. Whitfield, Jr., Esq.
Moody, Whitfield & Castellarin
95 White Bridge Road, Suite 509
Nashville, TN 37205

T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary.

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

Address New Owners As Follows:	**Send Tax Bills To:**	**Map and Parcel Numbers**
Gail Jackson Hunter 55 Nickleby Down Brentwood, TN 37027	Same	102-140032

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Geneva C. Jackson, a resident of Davidson County, State of Tennessee, who died September 28, 2011, as evidenced by a copy of the death certificate attached as Exhibit A, held as tenants by the entirety with right of survivorship interest, Marshall Jackson having predeceased Geneva C. Jackson, in the following described real estate:

> Land in Davidson County, Tennessee, being Lot 284 on the Plan of Brookmeade, Section 8, as of record in Book 2900, page 134, Register's Office for said County.
>
> Said Lot fronts 121 feet on the southerly side of Bresslyn Road, and extends back 383.4 feet on the westerly line and 384.6 feet on the easterly line, to a dead line on which it measures 123 feet thereon.
>
> Being property conveyed to Marshall Jackson and wife, Geneva C. Jackson by deed from John W. Frierson, Jr. and wife, Annie Bond Frierson by deed as recorded in Book 4354, page 795, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 919 Bresslyn Road, Nashville, Tennessee 37205.

Subject to Governmental zoning and subdivision ordinances or regulations in effect thereon.

The undersigned received 100% interest in the real estate described above by virtue of the laws of descent and distribution, being the decedent's only heir at law and being the recipient of the real estate under the provisions of the decedent's unprobated Will.

A copy of the Tennessee Inheritance Tax Receipt is attached as Exhibit B.

There are no debts or encumbrances remaining that are or might become a lien on interest in the described real estate. *T.C.A.* § 67-4-409(a)(3)(D) exempts this instrument from taxes and *T.C.A.* § 67-4-409(a)(5) provides the valuation oath is unnecessary, the affidavit being used evidences the transfer of title of the property to a beneficiary.

FURTHER AFFIANT SAITH NOT.

Gail Jackson Hunter

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 Jackson Hunter, 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 Gail Jackson Hunter 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 the 18 day of October, 2012.

Eve Saal
Notary Public

My Commission Expires:

5-3-16

EVE SAAL
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

1195643

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): Geneva C. Jackson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 28, 2011
4. SOCIAL SECURITY NUMBER: [redacted]8195
5a. AGE-LAST BIRTHDAY (Years): 88
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): June 05,1923
7. BIRTHPLACE (City and State or Foreign Country): Cooktown, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. 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.): Project Manager
12b. KIND OF BUSINESS/INDUSTRY: M D H A
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 919 Bresslyn Road
GENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Blaine Cravens
18. MOTHER'S NAME (First, Middle, Maiden Surname): Loretta Allred

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Gail Jackson Hunter
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 55 Nickleby Down Brentwood, TN 37027

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: Billy Orange
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5846
21c. SIGNATURE OF EMBALMER: Dawn Renee' Everett
21d. LICENSE NUMBER OF EMBALMER: 6024
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home & Memorial Park, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers QR
24. DATE FILED (Month, Day, Year): October 3, 2011

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: 022083
25c. DATE SIGNED (Month, Day, Year): 9/30/11
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): Dr. Craig D. Rutland, 300 20th Ave. North, 9th Fl, 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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Adenocarcinoma of Lung
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
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)

BIRTH NO.

PH-1658 (REV. 6/96) RDA 1399

4902940

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

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

OCT 03 2011
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT
A

N0018901 9382574120718

TENNESSEE DEPARTMENT OF REVENUE

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

July 22, 2012

JACKSON GENEVA C
ATTN: JOHN WHITFIELD
95 WHITE BRIDGE RD STE 509
NASHVILLE TN 37205-1490

Account Type:	INHERIT TX
Account No.:	441697514
Date of Death:	September 28, 2011
County:	DAVIDSON
SSN:	XXX-XX-8195

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:	$3,060.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$3,060.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

JACKSON GENEVA C
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95 WHITE BRIDGE RD STE 509
NASHVILLE, TN 37205-1490

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EXHIBIT
B

RV-N0018901