BILL GARRETT, Davidson County
Trans:T20120080426 AFFIDAVIT
Recvd: 10/23/12 13:48 4 pgs
Fees:22.00 Taxes:0.00
20121023-0097077

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	104010238

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:

> Being the westerly 60 feet of lots Nos. 168, 169 and 170 on the Map of West Grove, as of record in book 421, page 109, Register's Office for said County, more particularly described as follows:
>
> Beginning at the southeast corner of 37th Avenue North and Pilcher Avenue, being the northwest corner of said Lot No. 170; running thence with the easterly margin of 37th Avenue North, southwardly 171 feet to a point, being the southwest corner of lot No. 168; running thence eastwardly, with the line between lots Nos. 167 and 168, 60 feet to a point; thence northwardly along a line parallel with 37th Avenue North, to Pilcher Avenue, a distance of 150 feet, more or less; thence with the southerly margin of Pilcher Avenue, westwardly about 62 feet to the beginning.
>
> Being the same real property conveyed to Marshall Jackson and wife, Geneva C. Jackson by deed from Sidney J. Dillon, unmarried woman, of record in Book 2633, page 149, Register's Office for Davidson County, Tennessee
>
> This is improved real property known commonly as 132 37th Avenue North, Nashville, Tennessee 37209.

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

1105643

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Geneva C. Jackson	Female	September 28, 2011

4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: AGE / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]8195	88			June 05,1923	Cooktown, Tennessee

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital	Nashville	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Project Manager	M D H A

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	919 Bresslyn Road

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
1 ☒ Yes 2 ☐ No	37205	☐ Yes ☒ No	White		2

PARENTS

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

INFORMANT

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

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Woodlawn Memorial Park	Nashville, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Billy Orange	5846	▶ Dawn Renee' Everett	6024

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Woodlawn-Roesch-Patton Funeral Home & Memorial Park 660 Thompson Lane, Nashville, TN 37204	933

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Linda K. Powers RR	October 3, 2011

CERTIFIER

25a. PHYSICIAN - On the basis 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	25c. DATE SIGNED (Month, Day, Year)
▶	022083	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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Adenocarcinoma of Lung	
DUE TO (OR AS A CONSEQUENCE OF): b.		
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.

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 ☒ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined		M	1 ☐ Yes 2 ☐ No	

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-1659 (REV. 6/09) RDA 1339

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
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Teresa S. Hendricks
STATE REGISTRAR

OCT 03 2011
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

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
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RV-N0018901