Owner: Lynn Bryant Ray 903 Highlands Ridge Mt. Juliet, TN 37122	Prepared by: David J. Waynick Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Lynn Bryant Ray 903 Highlands Ridge Mt. Juliet, TN 37122	Map & Parcel No.: 73-1-58

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Davidson County AFFIDAVIT
Recvd: 08/27/13 13:32 13 pgs
Fees:67.00 Taxes:0.00
20130827-0090368

The undersigned, being duly sworn, deposes and says:

MAI ELLEN RAY (also known as Mai Ellen Lawler Ray), a resident of Davidson County, State of Tennessee, who died on June 8, 2012, (as evidenced by a copy of her 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:

TRACT I: A certain tract or parcel of land *in* the 11th Civil District of Davidson County, Tennessee, being a part of the W. J. Tune Land of record in Book 974, page 1, Register's Office for said County, and described according to a survey made by Blanchard and Parrish, Engineers, September 2, 1940, as follows: Beginning at a point in the easterly margin of Maxey Lane 331.7 feet southeast of a concrete monument set in the easterly margin of Maxey Lane, the beginning of a curve to Claypool Avenue; thence southwestwardly with the easterly margin of Maxey Lane 60 feet to a point; thence at right angles with Maxey Lane eastwardly 170 feet to a point; thence northerly and parallel with said Maxey Lane 60 feet to a point; thence westerly 170 feet to the point of beginning.

TRACT 2: Land in Davidson county, Tennessee, being part of the w. J. Tune 56.92 acre tract, as of record in book 974, page 1, Register's Office for said County, being lot No. *2* on the unrecorded plan of Moss Rose Heights Section No. 2, described according to a survey made by Blanchard and Parrish, Engineers, as follows: Beginning on the easterly margin of Maxey Lane at the northwest corner of the property conveyed to Walter L. Paris and wife, by deed from Weakley J. Tune and wife, of record in Book 1383, page 149, said Register's Office; thence with said Lane, northwardly sixty (60) feet to the corner of lots Nos. 1 and 2; thence with the line between said two lots, eastwardly 170 feet; thence southwardly 60 feet to the northeast corner of said Paris property; thence with the northerly line of same, westwardly 170 feet to the beginning.

Being the same property conveyed to Leland M. Ray and wife, Mai Ellen Ray by deed from Frank S. King, Jr., Trustee of record in Book 4678, page 409 Register's Office for Davidson County, Tennessee, the said Leland M. Ray having since died (as evidenced by a copy of his death certificate attached as Exhibit B).

Mai Ellen Ray and Mai Ellen Lawler Ray 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 Letters Testamentary, in the Probate Court of Davidson County, State of Tennessee, Case No. 12P-1471, ***an undivided, fee simple interest in 1711 Riverwood Drive, Nashville, Tennessee 37216***

A copy of the Order Admitting Will to Probate and Granting of Letters Testamentary and a copy of the Order closing the Estate is attached as collective 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.

Lynn Bryant Ray

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 Lynn Bryant Ray, 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~~ his 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 19th day of July, 2013.

Notary Public

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

CERTIFICATION

I, Toni Rutgerson, 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 Rutgerson

State of Tennessee; County of Davidson
On this 27 day of August, 2013, personally appeared before me, Rebecca R. Waynick, a notary public for this county and state, Toni Rutgerson, 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

STATE OF TENNESSEE
Office of Vital Records

Exhibit A

1203465

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	Mal Ellen Ray
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	June 8, 2012
4. TIME OF DEATH (Approx.)	10:57 am
5a. AGE-Last Birthday (Years)	87
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Month, Day, Year)	June 3, 1925
7. BIRTHPLACE (City and State or Foreign Country)	Nashville, Tennessee
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)	Summit Medical Center
8c. CITY OR TOWN	Hermitage
8d. COUNTY OF DEATH	Davidson
9. MARITAL STATUS	[ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
11a. DECEDENT'S USUAL OCCUPATION	Homemaker
11b. KIND OF BUSINESS/INDUSTRY	Domestic
12. SOCIAL SECURITY NUMBER	[redacted]6110
13a. RESIDENCE-STATE OR FOREIGN COUNTRY	Tennessee
13b. COUNTY	Davidson
13c. CITY OR TOWN	Nashville
13d. STREET AND NUMBER	1711 Riverwood Drive
13e. INSIDE CITY LIMITS	[X] Yes [ ] No
13f. ZIP CODE	37216
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)	[ ] 8th grade or less; [ ] 9th – 12th grade, no diploma; [X] 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
18. FATHER'S NAME (First, Middle, Last)	Frank Lawler
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	Florence Bryant
20a. INFORMANT'S NAME	Lynn Ray
20b. RELATIONSHIP TO DECEDENT	Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	903 Highland Ridge Mount Juliet, TN 37122
21a. METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Spring Hill Cemetery
21c. LOCATION - City or Town and State	Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR	▶ Nathaniel Holman
22b. LICENSE NUMBER	5974
22c. SIGNATURE OF EMBALMER	▶ Nathaniel Holman
22d. LICENSE NUMBER	5975
23a. NAME AND ADDRESS OF FUNERAL HOME	Spring Hill Funeral Home & Cemetery 5110 Galletin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME	1046
24. REGISTRAR'S SIGNATURE	▶ Linda L. Bowers, RR
25. DATE FILED (Month, Day, Year)	June 18, 2012
26. CERTIFIER (Check only one)	[X] 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.
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.	
27a. SIGNATURE OF CERTIFIER	▶ [signature]
27b. LICENSE NUMBER	TN 85914
27c. DATE SIGNED (Month, Day, Year)	6/13/2012
27d. NAME AND ADDRESS	B. Allan Callstedt MD 6733 Centenary Blvd Brentwood TN 37027
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. End Stage Dementia
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. Due to (or as a consequence of): ____
Approximate Interval: Onset to death	a. 9 months; 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)	

PH-1888 (Rev. 8/2011) RDA 1388

5291893

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

JUN 18 2012
Date Issued

CERTIFICATION OF VITAL RECORD

State of Tennessee
Department of Finance and Administration
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

FILED
2013 AUG -2 PM 1:47
D.C.

Bill Haslam
Governor

Mark A. Emkes
Commissioner

10/8/2012

DAVID J. WAYNICK
ATTORNEY
P.O. BOX 17116
NASHVILLE, TN 37217

RE: MAI E. RAY
Last Four Of SSN 6110

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,

Tamela J. Howard

N0019001 8557155130312

TENNESSEE DEPARTMENT OF REVENUE

FILED
2013 AUG -2 PM 1:47

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

March 15, 2013

ESTATE OF MAI E RAY
ATTN: DAVID J WAYNICK
PO BOX 17116
NASHVILLE TN 37217-0116

Account Type:	INHERIT TX
Account No.:	441777599
Date of Death:	June 8, 2012
County:	DAVIDSON
SSN:	XXX-XX-6110

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

ESTATE OF MAI E RAY
ATTN: DAVID J WAYNICK
PO BOX 17116
NASHVILLE, TN 37217-0116

March 15, 2013

Account Type:	INHERIT TX
Account No.:	441777599
Date of Death:	June 8, 2012
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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

Exhibit B

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Leland M. Ray
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 4, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]7996
5a. AGE - LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Apr 20, 1923
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Henry County Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Paris
9d. COUNTY OF DEATH: Henry
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mai Ellen Lawler
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Service Man
12b. KIND OF BUSINESS/INDUSTRY: Pitney-Bowes
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1711 Riverwood Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE—American Indian, Black, White, etc (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ira B. Ray, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Burnett

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mai Ellen Ray
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1711 Riverwood Dr., Nashville, TN 37216

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): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Donald Garrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: ▶ Rodney Pendell
21d. LICENSE NUMBER OF EMBALMER: 4245
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Ann H. Jones, Local Registrar
24. DATE FILED (Month, Day, Year): December 18, 2000

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, 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):
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Terry O. Harrison
26b. LICENSE NUMBER: MD011365
26c. DATE SIGNED (Month, Day, Year): 12/14/00

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): Terry O. Harrison, M.D. 305 Tyson Ave., Paris, TN 38242

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Acute myocardial infarction	
	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):	

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: M
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):

PH-1659
REV. 2-93

BIRTH NO _____

RDA 1359

HENRY COUNTY HEALTH DEPARTMENT
803 JOY STREET
PARIS, TN 38242

THIS IS TO CERTIFY THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL RECORDS, TN DEPARTMENT OF HEALTH, NASHVILLE, TN, BY HENRY COUNTY HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

(SEAL)

Ann H. Jones — DEPUTY REGISTRAR

December 18, 2000 — DATE

FILED

THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)

2012 SEP 25 PM 1:56

RICHARD R. ROOKER, CLERK

THE ESTATE OF MAI ELLEN RAY,
Deceased.

_____ D.C.

Docket No. 12P-1471

LYNN BRYANT RAY,
Petitioner / Executor.

ORDER ADMITTING WILL TO PROBATE

AND

GRANTING OF LETTERS TESTAMENTARY

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

1. The decedent was a resident of Davidson County, Tennessee.

2. The decedent died on June 8, 2012 at the age of eighty-seven (87) years.

3. The decedent left a will dated January 19, 1968, which was properly signed and witnessed.

4. Lynn Bryant Ray is the only child of Mai Ellen Ray.

5. The decedent's husband, Leland M. Ray, is appointed Executor in Article I of the decedent's will. Leland M. Ray predeceased the decedent, as evidenced by a copy of Leland M. Ray's death certificate (filed with the Petition for Probate of Will and Granting of Letters Testamentary). Petitioner, as the sole child, sole beneficiary under the will, and sole heir, is ready, willing and alleges to be qualified to administer the decedent's estate. Article I excuses the Executor from making bond for the

performance of Petitioner's duties.

6. Decedent owned real and personal property at the time of her death.

Based on these findings, the Court **ORDERS** the following:

1. The decedent's will dated January 19, 1968, be admitted to probate;

2. After issuing the oath to Petitioner, letters testamentary will be issued to Lynn Bryant Ray.

3. All bonds are excused;

4. Notice will be issued to creditors and the Department of Revenue as required by T.C.A. § 30-2-306 and § 67-8-406 respectively;

5. Inventory shall be waived; and

6. Accountings shall be waived.

ENTERED THIS 25th DAY OF SEPTEMBER, 2012

PROBATE MASTER

Respectfully submitted,

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

CERTIFICATE OF SERVICE

I certify that I have hand-delivered, emailed, or mailed by United States First Class Mail, postage pre-paid, a true and exact copy of the foregoing Order, to the following on this the 5th day of September, 2012.

LYNN BRYANT RAY
903 HIGHLANDS RIDGE
MT. JULIET, TN 37122
lraygmg@raskinco.com

David J. Waynick

Copy

THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)

FILED
2013 AUG 16 PM 2:44
RICHARD R. ROOKER, CLERK

THE ESTATE OF MAI ELLEN RAY,
Deceased.

Docket No. 12P-1471

LYNN BRYANT RAY,
Petitioner / Executor.

ORDER TO CLOSE ESTATE WITHOUT DETAILED ACCOUNTING

Based on examination of the Personal Representative's Statement and the Residuary Distributee's Approval, the Court finds the following:

1. Petitioner is the qualified Personal Representative of this Estate;
2. The Estate is solvent;
3. The Estate is fully administered;
4. Each claim filed against the Estate has been paid. All other debts have been paid;
5. All inheritance and estate taxes due to the State of Tennessee have been paid. All US Estate taxes have also been paid;
6. This estate has been properly distributed; and,
7. The residuary distributee and legatee of this Estate agrees to close the Estate without a detailed accounting.

Copy

Based on these findings, the Court ORDERS the Estate closed without a detailed accounting, discharges the Personal Representative and his surety, if any, and directs no copy of this final Order to be sent to the Distributee and Legatee or the Personal Representatives.

ENTERED THIS 10 DAY OF August, 2013.

JUDGE RANDY KENNEDY

APPROVED FOR ENTRY:

David J. Waynick, BPR #012293
Attorney at Law
200 Nashboro Blvd.
P.O. Box 17116
Nashville, TN 37217
(615) 885-5707

Copy

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Order to Close Without Detailed Accounting has been sent via e-mail or first-class U.S. Mail, postage prepaid, to the following, this the 2nd day of August, 2013:

LYNN BRYANT RAY
903 HIGHLANDS RIDGE
MT. JULIET, TN 37122

David J. Waynick