BILL GARRETT, Davidson County
Trans:T20130083477 AFFIDAVITH
Recvd: 09/26/13 15:12 3 pgs
Fees:17.00 Taxes:0.00
20130926-0101366

Owner: Susan A. Dill
5322 Edmondson Pike #4
Nashville, TN 37211

Send tax notice to same.

Map No.: 161-01-0-A
Parcel No.: 022.00C0

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney at Law
7100 Hardwood Lane, College Grove, TN 37046

AFFIDAVIT OF INHERITANCE
(T.C.A. § 30-2-712 - Real Property)

SUSAN A. DILL, being duly sworn, deposes and says:

WALLACE R. DILL, a resident of Davidson County, State of Tennessee, who died on April 20, 2010, as evidenced by a copy of the death certificate attached as Exhibit A, held with her as tenants by the entirety the following described real estate:

> A garage No. 22 of Danbury Condominiums, a horizontal property regime pursuant to the Tennessee Horizontal Property Act, as shown on the Plan Exhibit "C" to the Master Deed of record in Book 6612, Page 122, Register's Office for said County, to which source reference is hereby made for more complete details of description, together with the said Apartment's appurtenant undivided interest in the general and limited common elements of the Condominium.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title in Instrument Number 20010601-0056939 in the Register's Office of Davidson County, Tennessee.

The undersigned, SUSAN A. DILL, received 100% interest in the real estate described above by virtue of being the surviving tenant by the entirety.

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.

Susan A Dill

SUSAN A. DILL

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 23 day of September 2013.

Elizabeth L. Adams

Notary Public
My Commission Expires: May 17, 2015

ELIZABETH L. ADAMS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1002342

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): Wallace Ray Dill
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 20,2010
4. SOCIAL SECURITY NUMBER (or Decedent): [redacted]-8526
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 8,1941
7. BIRTHPLACE (City and State or Foreign Country): Chattanooga, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 5322 Edmondson Pike Unit #4
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Susan Frieling
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cad Designer
12b. KIND OF BUSINESS/INDUSTRY: Engineer
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5322 Edmondson Pike Unit #4
CENSUS TRACT: 2134.18
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): 3; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or funeral director

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ray Dill
18. MOTHER'S NAME (First, Middle, Maiden Surname): Evelyn Palmer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Susan Dill
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5322 Edmondson Pk.,Nashville, Tn. 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Jeff Murphy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3862
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary, 2409 Kline Avenue, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L Bowers RR
24. DATE FILED (Month, Day, Year): April 22, 2010

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: 0017706
25c. DATE SIGNED (Month, Day, Year): 4/22/10
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)

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. Dementia/ Alzheimer's Disease
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.

RH-1859 (REV. 8/99)
RDA 1389

3917160

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.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

APR 22 2010
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