THIS INSTRUMENT PREPARED BY:
MARK H. WESTLAKE, ATTORNEY
GULLETT, SANFORD, ROBINSON & MARTIN, PLLC
150 Third Avenue South, Suite 1700
Nashville, TN 37201 (615) 244-4994

BILL GARRETT, Davidson County
Trans:T20130084801 AFFIDAVITH
Recvd: 10/01/13 14:45 5 pgs
Fees:27.00 Taxes:0.00
20131001-0103022

Address Property Tax Bills To:

Graeme Kelley Huffman
2200 Lebanon Pike
Nashville, TN 37214

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Affiant, Graeme Kelley Huffman, a surviving daughter of George Bridges Kelley, after first being duly sworn, states as follows:

1. By Warranty Deed of record in instrument number 20100205 - 0009253, Register's Office for Davidson County, Tennessee, the property described in Exhibit A attached hereto was conveyed to George Bridges Kelley, a single person, his heirs and assigns.

2. Decedent, GEORGE BRIDGES KELLEY died on March 5, 2012 and left a will leaving all his property to GRAEME KELLEY HUFFMAN and LAD LAWRENCE KELLEY, Co-Trustees of the GEORGE BRIDGES KELLEY LIVING TRUST FOR MARION WILLIAMS KELLEY AND GRAEME KELLEY HUFFMAN, LAD LAWRENCE KELLEY AND THEIR APPOINTEES OR ISSUE. A copy of the death certificate for George Bridges Kelley is attached as Exhibit B.

Decedent, GEORGE BRIDGES KELLEY's will is recorded as a muniment of title in the Davidson County Probate Court Clerk's Office at 1 Public Square, Nashville, Tennessee 37219.

4. This Affidavit of Inheritance is given pursuant to Tennessee Code Annotated § 30-2-712, *et seq.*, to establish and reflect the inheritance by and to confirm the vesting of title to said interest in Graeme Kelley Huffman and Lad Lawrence Kelley, Co-Trustees of the George Bridges Kelley Living Trust for Marion Williams Kelley and Graeme Kelley Huffman, Lad Lawrence Kelley and Their Appointees or Issue.

5. GEORGE BRIDGES KELLEY was not a TennCare beneficiary. His estate was not subject to Tennessee Inheritance Tax.

Further affiant saith not.

ESTATE OF GEORGE BRIDGES KELLEY

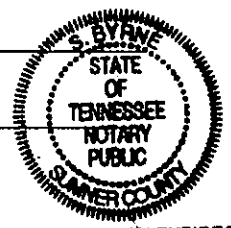
By: Graeme Kelley Huffman
Graeme Kelley Huffman, Surviving Daughter

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within GRAEME KELLEY HUFFMAN (with whom I am personally acquainted or proved to me on the basis of satisfactory evidence), after being duly sworn acknowledged herself to be a surviving daughter of George Bridges Kelley and that as such she executed the foregoing Affidavit of Inheritance for the purpose therein contained.

WITNESS my hand and official seal this 5th day of August, 2013.

Notary Public
My Commission Expires:



MY COMMISSION EXPIRES:
October 21, 2014

EXHIBIT

tabbies

A

WARRANTY DEED

SONYA M. BRANHAM
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
COUNTY OF ROBERTSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $95,000.00

George B. Kelley
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 4th day of February, 2010.

Sonya M. Branham
Notary Public

MY COMMISSION EXPIRES: 10-18-2011
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
Warranty Title Insurance Company, Inc., 2401 Memorial Blvd.
Springfield, Tennessee 37172

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
George B. Kelley	SAME	07307015900
(NAME) 2200 Lebanon Pike	(NAME)	
(ADDRESS) Nashville TN 37214	(ADDRESS)	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	File No.: 20100084

For and consideration of the sum of ten dollars, cash in hand paid by the hereinafter named GRANTEE, and other good and valuable considerations, the receipt of which is hereby acknowledged, I, Kim Alexander, hereinafter called the GRANTOR, have bargained and sold, and by these presents do transfer and convey unto George B. Kelley, a single person, hereinafter called the GRANTEE, his/her heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit.:

Certain real property situate in Davidson County, Tennessee, and described as follows, to-wit:

BEING Lot No. 18 of Cabin Hill Subdivision, Section One, as of record in Plat Book 5200, page 581, Register's Office for Davidson County, Tennessee, to which record reference is hereby made for a more particular description thereof.

BEING all of the same property conveyed to Kim Alexander by Quitclaim Deed from William G. Alexander and wife, Jean D. Alexander dated January 28, 1993 and filed of record in Book 8899, Page 35, Register's Office for Davidson County, Tennessee.

RESTRICTIONS:
This conveyance is made subject to Terms, conditions, easements, rights and liens as set forth in the Declaration of Covenants, Conditions, and Restrictions and the By-Laws appended thereto, of record in Book 6430, Page 508, as amended in Book 9412, page 317, said Register's Office, and to easements, setback lines, notes, conditions, stipulations, etc, and all other matters set out on the aforesaid subdivision plat.

unimproved ☐

This is improved ☒ property, known as 2333/2335 Kimberly Drive, Nashville, TN 37214

(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE, his/her heirs and assigns forever; and I do covenant with the said GRANTEE that I am lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and I do further covenant and bind myself, my heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE, his/her heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used any gender shall be applicable to all genders.

It is expressly agreed by the parties hereto that all taxes for the current year shall be prorated between them as of the date of this deed.

This conveyance is expressly made subject to reservations, restrictions, easements, covenants and conditions contained in former instruments of record pertaining thereto and to all easements and encroachments apparent from an inspection of the property.

BILL GARRETT, Davidson County
Trans:T20100007326 DEEDWARR
Recvd: 02/05/10 09:35 2 pgs
Fees:13.00 Taxes:351.50
20100205-0009253

Witness my hand this 4th day of February, 2010.

Kim Alexander

STATE OF TENNESSEE

COUNTY OF ROBERTSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within Kim Alexander, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that Kim Alexander executed the within instrument for the purposes therein contained.

Witness my hand and official seal this 4th day of February, 2010.

Commission expires: 10-18-2011

Notary Public

SONYA M. BRANHAM
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

EXHIBIT
B

STATE OF TENNESSEE
Office of Vital Records

1202658

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): George Bridges Kelley
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 5, 2012
4. TIME OF DEATH (Hours): 7:15 pm
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 8, 1926
7. BIRTHPLACE (City and State or Foreign Country): Shelbyville, TN

TYPEWRITE OR 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): 2200 Lebanon Pike
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Business Owner
11b. KIND OF BUSINESS/INDUSTRY: George Kelley Florist

12. SOCIAL SECURITY NUMBER: [redacted]096
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2200 Lebanon Pike
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (If not filled by Physician or Medical Examiner)

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): Lawronco Dow Kelley
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Iva Wilkerson

DISPOSITION

20a. INFORMANT'S NAME: Graeme Huffman
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2200 Lebanon Pike, Nashville, TN 37214
21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Meharry Medical College
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR
22b. LICENSE NUMBER
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME
23b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

24. REGISTRAR'S SIGNATURE: Teresa S. Hendricks, De
25. DATE FILED (Month, Day, Year): May 8, 2012

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: 41114
27c. DATE SIGNED (Month, Day, Year): 4/17/2012
27d. NAME AND ADDRESS: Jill Gilbert MD 2220 Pierce Ave Nashville, TN 37232

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. thyroid cancer
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause b. 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

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

31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
32. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
33. 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
34. 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)

TH-1859 (Rev. 10/2011)

5298011

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

5/9/2012
Date Issued

CERTIFICATION OF VITAL RECORD