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 14:47 6 pgs
Fees:32.00 Taxes:0.00
20131001-0103023

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 Book number 10366, Page numbers 618 - 619, Register's Office for Davidson County, Tennessee, the property described in Exhibit A attached hereto was conveyed to George Bridges Kelley and wife, Marion Williams Kelley, their heirs and assigns.

2. Marion Williams Kelley died on July 5, 2009 survived by her husband, George Bridges Kelley. Her husband, George Bridges Kelley died on March 5, 2012. (Copies of the death certificates for George Bridges Kelley and Marion Williams Kelley are attached hereto as Exhibit B.)

2. Decedent, GEORGE BRIDGES KELLEY 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)

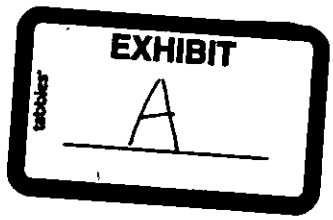
Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within GRAEME KELLEY HUFFMAN (with whom I am personally acquainted or proved to me on the basis of satisfactory evidence), after being duly sworn acknowledged herself to be a surviving daughter of George 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:

S. BYRNE
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

MY COMMISSION EXPIRES:
October 21, 2014



This Instrument Prepared By:
Norman D. Rollins
Kemper & McLemore, PLC
144 Second Avenue, North, Suite 333
Nashville, TN 37201

QUITCLAIM DEED

FROM: Marion Williams Kelley

BOOK 10366 PG 618

TO: George B. Kelley et. ux. Marion Williams Kelley

Name and Address of Property Owner: George B. Kelley, et. ux.
2200 Lebanon Road
Nashville, TN 37214

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is:
$ No Monetary consideration
Affiant

Sworn to and subscribed before me, the undersigned Notary Public, this 26th day of February, 1997.

Notary Public

My Commission Expires: 7-22-2000

THIS DEED, executed as of the 26 day of Feb., 1997, at Nashville, Davidson County, Tennessee, by Grantor, MARION WILLIAMS KELLEY to Grantees, GEORGE B. KELLEY and wife, MARION WILLIAMS KELLEY;

WITNESSETH:

THAT Grantor, in consideration of love and affection and no monetary consideration, has this day bargained and sold and does hereby transfer and convey unto the Grantees, to create a tenancy by the entirety, to have and to hold to themselves, and to their heirs, assigns and successors forever, certain real estate situated in the 3rd Civil District of Davidson County, Tennessee, more particularly described as follows:

> Beginning at a point in the north margin of Lebanon Pike, the southwest corner of property belonging to Irma L. Sterling as of record in Book 2994, page 433: then 601 feet, more or less, northwesterly with Sterlings west line to the southeast corner of Lot No. 1, Donelson Hills Subdivision, as of record in Book 2331, pages 22 & 23, R.O.D.C; thence S 40° 15' w 252.9 feet, and S 34° 22' W 366.2 feet along the rear line of Lots Nos. 1,2,3,4,5,6 and 7 of said Donelson Hills Subdivision to the east margin of Donelson Hills Drive; thence southerly with Donelson Hills Drive around a curve having a radius of 465 feet a distance of 129.95 feet to a concrete monument; then S 47° 41' E 352.3 feet with Donelson Hills Drive to the north margin of Lebanon Pike; thence N50° 01'E 559 feet, more or less along the north margin of Lebanon Pike to the point of beginning and containing 7.46 acres, more or less.

Being the same property conveyed to Marion Williams Kelley, by deed from Malcolm R. Williams and wife, Eudora Anderson Smith Williams as of record in Deed Book 4793, page 14, Register's Office for Davidson County, Tennessee.

This is improved property known as 2200 Lebanon Road, Nashville, Tennessee, 37214.

WITNESS my hand this 26 day of February, 1997.

GRANTOR:

Marion Williams Kelley

MARION WILLIAMS KELLEY

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

BOOK 10366 PG 619

Before me, Dawn E. Wright, a Notary Public with and for the State and County aforesaid, personally appeared MARION WILLIAMS KELLEY, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purpose therein contained.

WITNESS my hand and seal at office in Nashville, Tennessee, this 26th day of February, 1997.

Dawn E. Wright

Notary Public

My Commission Expires:

7-22-2000

0278345
IDENTIF. & REFERENCE

97 MAR -3 PM 4:07
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

2000 03/03 0101 03CHECK

B-1

EXHIBIT

tabbies

B

STATE OF TENNESSEE
Office of Vital Records

[redacted]966

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Marion Williams Kelley		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): July 5, 2009
4. SOCIAL SECURITY NUMBER: [redacted]-0527	5a. AGE-LAST BIRTHDAY (Years): 79	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): July 12, 1929	7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No	9a. PLACE OF DEATH (Check only one): Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA; Other: 4 Nursing Home 5 Residence 6 [X] Hospice (Specify)		
9b. FACILITY NAME (If not Institution, give street and number): Alive Hospice @ St. Thomas	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): George Kelley	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker	12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 2200 Lebanon RD.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No	13f. ZIP CODE: 37214	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No [X]	15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): [illegible]; College (1-4 or 5+): 4			
17. FATHER'S NAME (First, Middle, Last): Malcolm R. Williams		18. MOTHER'S NAME (First, Middle, Maiden Surname): Eudora Smith	
19a. INFORMANT'S NAME (Type/Print): George B. Kelley	19b. RELATIONSHIP TO DECEASED: Husband	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2200 Lebanon Rd., Nashville, TN 37214	
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 [X] Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Meharry Medical College	20c. LOCATION-City or Town, State: Nashville, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR ▶	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER ▶	21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME		22b. LICENSE NUMBER OF FUNERAL HOME	
23. REGISTRAR'S SIGNATURE ▶ Teresa S. Hendricks DR		24. DATE FILED (Month, Day, Year): July 15, 2009	
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 ▶ Melinda Henderson MD	25b. LICENSE NUMBER: 39361	25c. DATE SIGNED (Month, Day, Year): July 13, 2009	
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)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Melinda Henderson MD 4220 Harding Road Nashville, TN 37205			

PHYSICIAN OR MEDICAL EXAMINER COMPLETING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. Pancreatic cancer
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 [X] 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 [X] No

31e. DESCRIBE HOW INJURY OCCURRED

31d. 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-1550 (REV 6-86)

RDA 1328

5078313

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

Teresa S. Hendricks, Local Registrar
Davidson County, Tennessee

2/10/2012
Date Issued

SEAL OF THE STATE OF TENNESSEE 1796 AGRICULTURE COMMERCE

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1202650

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 (Actual): 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

6a. PLACE OF DEATH (Check only one)
6b. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
6c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

6d. FACILITY NAME (If not institution, give street and number): 2200 Lebanon Pike
6e. CITY OR TOWN: Nashville
6f. 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]-4096
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

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): Lawronce Dow Kelley
19. 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: ☒ Donation ☐ Entombment ☐ Burial ☐ Cremation ☐ 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, DR
25. DATE FILED (Month, Day, Year): May 8, 2012

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: Jill Gilbert
27b. LICENSE NUMBER: 4114
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 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.

Approximate interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

34. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
36. 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

37. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
38a. DATE OF INJURY (Month, Day, Year)
38b. TIME OF INJURY
38c. INJURY AT WORK? ☐ Yes ☐ No
38d. PLACE OF INJURY - (e.g. home, farm, street, factory, office, building etc. (Specify)
38e. DESCRIBE HOW INJURY OCCURRED
38f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH 1459 (Rev. 10/2011) RDA 1300

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