BILL GARRETT, Davidson County
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THIS INSTRUMENT WAS PREPARED BY:

Tom R. Smith
Attorney At Law
100 Thompson Lane
Nashville, TN 37211
(615) 333-0099

NEW OWNER	SEND TAX BILLS TO:	MAP/PARCEL
Mrs. Billie R. Montgomery 204 Cottage Lane Nashville, TN 37214	Same	084-14-0 183.00

AFFIDAVIT OF INHERITANCE OF REAL ESTATE

The undersigned, BILLIE R. MONTGOMERY, after being duly sworn, hereby makes this sworn affidavit as follows:

1. By deed of record at Book 2011 Page 625 in the Register's Office for Davidson County, Tennessee, Robert Cowan Montgomery and Wife, Billie R. Montgomery, as husband and wife, were conveyed as tenants by the entirety a certain tract or parcel of land in Davidson County, Tennessee, by Warranty Deed from R. W. Cravens Company, Inc. the following described tract or parcel of land, to wit:

> LAND in Davidson County, TN, being Lot No. 3 on the plan of Donelson Meadows of Record in Book 1835, Page 35, Register's Office for said County, to which plan reference is hereby made for a more complete description; and more particularly described as follows:
>
> SAID LOT No. 3 is described as beginning at a point in the westerly margin of Cottage Lane, the common corner of Lots 2 and 3; thence with the line between said Lots westerly 180 feet to a point; thence northerly 80 feet to the common corner of Lots 3 and 4; thence with the lines between said lots easterly 180 feet to the westerly margin of Cottage Lane; thence with the margin of said Lane southerly 80 feet to the beginning.

BEING PART of the same property conveyed to R. W. Cravens Construction Company, Inc. by deed of Southern Trust Company dated August 24, 1950, of record in Book 1880, Page 407, Register's Office for Davidson County, Tennessee and which deed was corrected by an instrument dated June 11, 1951, of record in Book 1976, Page 588, Register's Office for said county.

Subject to all easements and restrictions of record affecting said property, including 50 foot building set-back line, 20 foot easement for public utilities and owner's certificate as shown on Plat of record in Book 1835, Page 35, Register's Office for Davidson County, Tennessee and all matters shown on the Plan of Record.

This is improved property commonly known as 204 Cottage Lane, Nashville, Davidson County, Tennessee, 37214.

2. The said Robert Cowan Montgomery died a resident of Davidson County, Tennessee, on September 19, 2010 as noted by the attached copy of the Tennessee Certificate of Death. At the time of his death the said Mr. Robert Cowan Montgomery was still married to Mrs. Billie R. Montgomery, and he left a will which has been probated in the Davidson County, Tennessee Probate Court and his estate is being administered under Docket No. 11P-310. Pursuant to the said Last Will and Testament of the decedent, the above described real property descended to his Wife, Billie R. Montgomery. And even had there been no Last Will and Testament, according to law the said described real property would have descended to his wife, Billie R. Montgomery because the said real property was jointly owned by them and they were married at the time of her death.

3. As a result of the foregoing, the real property as described in paragraph 1 herein is now owned by Mrs. Billie R. Montgomery, an unmarried woman.

Further, this affiant saith not.

WITNESS MY HAND this 19 day of November, 2013.

Billie R. Montgomery
BILLIE R. MONTGOMERY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally, appeared before me, a Notary Public, BILLIE R. MONTGOMERY, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 19 day of November, 2013.

Jeanie Weedman
NOTARY PUBLIC

My Commission Expires: 3/8/2016



STATE OF TENNESSEE
Office of Vital Records

100550 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): Robert Cowan Montgomery
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 19, 2010
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]885
5a. AGE-LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR (MONTHS / DAYS)
5c. UNDER 1 DAY (HOURS / MINUTES)
6. DATE OF BIRTH (Month, Day, Year): September 2, 1924
7. BIRTHPLACE (City/State or Foreign Country): Princton, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 204 Cottage Lane
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): Billie Roop
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Service Station Maintenance
12b. KIND OF BUSINESS/INDUSTRY: Montgomery Equiptment Company
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 204 Cottage Lane
CENSUS TRACT
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 [X] No
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+):

NAME OF DECEDENT Per info. by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Bridges Montgomery
18. MOTHER'S NAME (First, Middle, Maiden Surname): Agnes Crane

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Billie Montgomery
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 204 Cottage Lane Nashville, TN 37214

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, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: John Phifer
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Forman DR
24. DATE FILED (Month, Day, Year): Sept. 24, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 9-23-2010
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)
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.
SEE INSTRUCTIONS ON OTHER SIDE

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

COPY

4367832

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

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

SEP 24 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