THIS INSTRUMENT PREPARED BY:
MARK H. WESTLAKE, ATTORNEY
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BILL GARRETT, Davidson County
Trans:T20130105635 AFFIDAVITH
Recvd: 12/19/13 09:07 3 pgs
Fees:17.00 Taxes:0.00
20131219-0128106

Address Property Tax Bills To:

Glenda D. Merhoff
1302 Ewell Lane
Brentwood, TN 37027

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES, the Affiant, Glenda D. Merhoff, the surviving spouse of Frank R. Merhoff, being first duly sworn according to law and being of lawful age and a resident of Williamson County, Tennessee, pursuant to §30-2-712 of the Tennessee Code annotated, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. Frank R. Merhoff (the "Decedent") died on June 27, 2002 (copy death certificate attached herewith as Exhibit"A").

2. The Decedent was married to Glenda D. Merhoff.

3. Frank R. Merhoff, the Decedent, owned real property in Davidson County described as a one-half undivided interest in the following property:

Land in Davidson County, Tennessee, being Lots Nos. 1, 2, 3, 4, 5 and 6 on the Plan of the Re-subdivision of Lot No. 100 and the westerly 50 feet of Lot No. 101 on the Plat of West End Annex of record in Book 4715, Page 52, said Register's Office to which plat reference is here made for a more particular description.

Being one-half the same property conveyed by FRANK R. MERHOFF and GLENDA D. MERHOFF to Mark H. Westlake, Trustee, and re-conveyed as a one-half (½) undivided interest as tenant in common to FRANK R. MERHOFF, his heirs and assigns and a one-half (½) undivided interest as tenant in common to wife, GLENDA D. MERHOFF (a/k/a Glenda Merhoff and Glenda Doyle Merhoff) her heirs and assigns by deed dated the 15th day of November, 1991, Book 8565, Page 93937 – 941, Register's Office for Davidson County, Tennessee.

This property is a one-half undivided tenancy in common in improved property known as 4014A/B Utah Avenue, Nashville, TN 37209, 4014C/D Utah Avenue, Nashville, TN 37209, 4016A/B Utah Avenue, Nashville, TN 37209, 4016C/D Utah Avenue, Nashville, TN 37209, 4018A/B Utah Avenue, Nashville, TN 37209, and 4018C/D Utah Avenue, Nashville, TN 37209.

4. The Decedent by his Last Will and Testament admitted to probate of record as a muniment of title in Williamson County, Tennessee, docket number P7248 directed all his right title and interest in this property to Glenda D. Merhoff and Vonnell D. Tingle, Co-trustees under a living trust executed by Frank R. Merhoff for the use and benefit of Glenda D. Merhoff, Frank Doyle Merhoff, Marla Clare Merhoff and Vance Frederick Merhoff dated March 16, 1988.

5. Accordingly, this Affidavit of Inheritance has been executed and recorded evidencing ownership of the foregoing undivided one-half interest by Glenda D. Merhoff and Vonnell D. Tingle Co-trustees pursuant to the Last Will and Testament of Frank R. Merhoff dated March 16, 1988 and admitted to probate as a muniment of title.

Further affiant saith not.

Dated this 22nd day of November 2013

ESTATE OF FRANK D. MERHOFF

By: Glenda D. Merhoff
Glenda D. Merhoff, surviving spouse

STATE OF TENNESSEE
COUNTY OF ~~DAVIDSON~~ Williamson

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

WITNESS my hand and official seal this 22nd day of November, 2013.

DIANNE CHADWELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON

Dianne Chadwell
Notary Public

My Commission Expires: 9-17-2017

MY COMMISSION EXPIRES:
SEPTEMBER 17, 2017

EXHIBIT

A

WILLIAMSON COUNTY HEALTH DEPARTMENT
1324 WEST MAIN STREET
FRANKLIN, TN 37064

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS E HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
FRANK RUDOLPH MERHOFF	M	JUNE 27, 2002

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
403-44-7386	65			DEC. 17, 1936	LOUISVILLE, 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 [X] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not inpatient, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
WILLIAMSON MEDICAL CENTER	FRANKLIN	WILLIAMSON

10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	GLENDA DOYLE MERHOFF	SALES DIRECTOR	GENESCO COMPANY

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TENNESSEE	WILLIAMSON	BRENTWOOD	1302 EWELL LANE

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 [X] Yes 2 [ ] No	37027	[ ] Yes [X] No — Specify, if yes:	WHITE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4

NAME OF DECEDENT: For Use By Physician or Institution

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
RUDOLPH FREDRICK MERHOFF	HULDA LANG MERHOFF

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
GLENDA MERHOFF	WIFE	1302 EWELL LANE, BRENTWOOD, TN 37027

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	CAVE HILL CEMETERY	LOUISVILLE, KENTUCKY

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ W. R. AUSTIN	2767	▶ JEFF PLUNK	4353

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
BRENTWOOD FUNERAL HOME, 9010 CHURCH ST.E., BRENTWOOD, TN 37027	911

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Tammy S. Mangrum	July 03, 2002

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	25c. DATE SIGNED (Month, Day, Year)
▶ [signature]	MD 14087	7/1/02

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)

DR. RONALD WILSON, 343 FRANKLIN ROAD, SUITE 200, BRENTWOOD, TN 37027

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. Cardiopulmonary Arrest	30 min
	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. Seizure Disorder (Epilepsy)	3 hrs
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Obstructive Sleep Apnea	
	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.

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [ ] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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)

H-1659 (REV. 6/99)

Tammy S. Mangrum
07-02-02

BIRTH NO. _____

RDA 1389

This is to certify that the above is a true and correct copy of the record in Vital Records, Tennessee Department of Health by the local health department. This is valid only when the embossed seal of the issuing health department is affixed.