BILL GARRETT, Davidson County
Trans:T20140015734 AFFIDAVITH
Recvd: 03/07/14 12:32 4 pgs
Fees:22.00 Taxes:0.00
20140307-0019376

This Instrument Prepared By:
John L. Whitfield, Jr., Esq.
Moody, Whitfield & Castellarin
95 White Bridge Road, Suite 509
Nashville, TN 37205

T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary.

AFFIDVIT OF INHERITANCE OF REAL ESTATE

Address New Owner(s) As Follows:	Send Tax Bills To:	Map and Parcel Numbers
Roberta F. Bass 7008 Wild Iris Drive Nashville, TN 37221	New Owner	142-15-E

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn, deposes and says:

Larry P. Bass, a resident of Davidson County, State of Tennessee, who died November 19, 2013, as evidenced by a copy of the death certificate attached as Exhibit A, held a joint tenancy with right of survivorship in the following described real estate:

> Being Lot No. 3 on the Plan of Wild Flower Place, as of record in Plat Book 9700, Page 444, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.
>
> Being the same property conveyed to Larry P. Bass and wife, Roberta Bass, by deed from the French River Development Company, LLC, of record in Book 11200, Page 496, Registers Office for Davidson County, Tennessee.
>
> This is improved property known as 7008 Wild Iris Drive, Nashville, Tennessee 37221.

The undersigned received 100% interest in the real estate described above by virtue of being the surviving joint tenant by right of survivorship.

There are no debts or encumbrances remaining which are or might become a lien on interest in the described real estate. T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from taxes and T.C.A. § 67-4-409(a)(5) provides the valuation oath is unnecessary, the affidavit being used evidences the transfer of title of the property to a beneficiary.

The Tennessee Inheritance Tax Non-taxable Certificate has been received and a copy it is attached as Exhibit B.

FURTHER AFFIANT SAITH NOT.

Roberta Bass

Roberta Bass

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County, aforesaid, personally appeared, Roberta Bass, the within named heir, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that Roberta Bass executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 6th day of March, 2014.

Jo Lynn Mangrum

Notary Public

My Commission Expires:

03/08/2016

JO LYNN MANGRUM
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TN

STATE OF TENNESSEE
Office of Vital Records

Amended by Affidavit of Funeral Director 1/21/2014/jt

1307340

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STA 2013 057898

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Larry Phillips Bass
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 19, 2013
4. TIME OF DEATH (Military): 2:55 pm
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 DAY: Months / Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 8, 1927
7. BIRTHPLACE (City and State or Foreign Country): Chattanooga, Tennessee

8a. PLACE OF DEATH (Check only one): [X] Inpatient [ ] ER/Outpatient [ ] DOA [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

IF DEATH OCCURRED IN A HOSPITAL: [X] 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): St. Thomas Hospital OBO
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Never married, but registered [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Roberta Ferguson
11a. DECEDENT'S USUAL OCCUPATION: Collections
11b. KIND OF BUSINESS/INDUSTRY: Internal Revenue Service

12. SOCIAL SECURITY NUMBER: [redacted]-5121
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 7008 Wild Iris Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] 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)
[X] 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)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mex can 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)
[X] 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): Hubert Wodfin Bass
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Francis Martin

INFORMANT

19a. INFORMANT'S NAME: Roberta F. Ferguson Bass
19b. RELATIONSHIP TO DECEDENT: Wife
19c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7008 Wild Iris Drive, Nashville, Tennessee 37221

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): U.S. National Cemetery
21c. LOCATION - City or Town and State: Chattanooga, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas S. Tallent
22b. LICENSE NUMBER: 4029
22c. SIGNATURE OF EMBALMER: ▶ Dawn R. Everett
22d. LICENSE NUMBER: 6084
22e. NAME AND ADDRESS OF FUNERAL HOME: Chattanooga Funeral Home, Crematory & Florist, 5401 Hwy. 153, Hixson, TN. 37343
22b. LICENSE NUMBER OF FUNERAL HOME: 414

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry B Reilly JR
25. DATE FILED (Month, Day, Year): Dec. 4, 2013

CERTIFIER

26. CERTIFIER (Check only one):
[X] 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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ John Shuster
27b. LICENSE NUMBER: 45946
27c. DATE SIGNED (Month, Day, Year): Nov. 27, 2013
27d. NAME AND ADDRESS: J. SHUSTER 1718 Patterson Street, Nashville, TN 37203

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. METASTATIC CARCINOMA, UNKNOWN PRIMARY — 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: UNKNOWN

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 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. 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

33. 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)

PH-1880 (Rev. 10/2011) RDA 1389

EXHIBIT
tabbies A

6467758

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6467758 1/30/2014
Date Issued

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

February 2, 2014

ESTATE OF LARRY P BASS
ATTN: JOHN L WHITFIELD
95 WHITE BRIDGE RD STE 509
NASHVILLE TN 37205-1490

Account Type:	INHERIT TX
Account No.:	441887265
Date of Death:	November 19, 2013
County:	DAVIDSON
SSN:	XXX-XX-5121

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

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EXHIBIT
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