PREPARED BY AND RETURN THE RECORDED DEED TO:

S. Ruffin Craig Jr., Esq.
Webb Craig, PLLC
5115 Maryland Way
Brentwood, TN 37027

RETURN ALL TAX STATEMENTS TO THE TAXPAYER(S):

Lawrence D. Davenport Jr.
5299 Poplarwood Rd.
Smyrna, TN 37167

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

BILL GARRETT, Davidson County
Trans:T20140063442 AFFIDAVITH
Recvd: 08/27/14 10:09 6 pgs
Fees:32.00 Taxes:0.00
20140827-0078041

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

The undersigned, being duly sworn, depose and say:

Lawrence D. Davenport Sr., a resident of Davidson County, Tennessee, who died September 22, 2013, as evidenced by a copy of the death certificate attached as Exhibit A, and who was predeceased by his wife, Ann P. Davenport, who died May 8, 2013, as evidenced by a copy of the death certificate attached as Exhibit B, held a fee simple interest following his wife's death in the following described real estate:

Land in Davidson County, Tennessee and being described according to a survey by J. Bruce Rainey, Surveyor #823, dated March 27, 1980, and known as Job No. 80-024 as follows:

Tract I:

Beginning at an iron pin on the easterly margin of Old Hickory Blvd., 30' from the centerline, said point of beginning being the northwest corner of this tract and the southwest corner of the Maybre G. Edmondson land of record in Deed Book 1941, page 219, R.O.D.C., Tennessee, and also being in the north line of the original Martin B. Paul land; thence with margin of said Old Hickory Blvd. S 31° 30' 12" W 333.32' to an iron pin; thence leaving the margin of said Old Hickory Blvd. and with easterly margin of Lavergne to Couchville Pike (25' from the centerline) the following five calls: S 35° 15' 03" W 147.10' to an iron pin; thence S 29° 25' 24" W 160.36' to an iron pin; thence S 22° 50' 11" W 97.24' to an iron pin; S 14° 19' 01" W 134.08' to an iron pin; thence S 8° 00' 50" W 397.37' to an iron pin; thence leaving the margin of said Lavergne to Couchville Pike and with the west line of the original Martin B. Paul land S 7° 19' 50" W 256.55' to an iron pin, the southwest corner of this tract and the southwest corner of the said original Martin B. Paul land, said point also being in the north line of the Lawrence E. Levine, trustee, land of record in Deed Book 4886, page 42, R.O.D.C., Tennessee; thence with Levine's north line and a fence S 84° 12' 47" E 472.39' to an iron pin at a fence corner, said iron pin being the southwest corner of the W. E. Sanders land of record in Deed Book 1115, page 498, R.O.D.C., Tennessee; thence with

Sander's line and a fence N 20° 18' 14" E 1219.48' to an iron pin, the northwest corner of said Sander's land and in the line of the aforesaid Maybre Edmondson land; thence with Edmondson's line and leaving fence N 19° 00' 07" E 255.66' to an iron pin at a fence corner; thence continuing with Edmondson N 81° 16' 05" W 485.13' to the point of beginning, containing 18.75 acres more or less.

Being the same property conveyed to L. D. Davenport et ux by deeds from Martin B. Paul et ux of record as follows: Deed Book 3847, page 820, R.O.D.C., Tennessee; Deed Book 5250, page 433, R.O.D.C., Tennessee; and a portion of the same property conveyed to Martin B. Paul by deed from R. Andrew Woodall et al of record in Deed Book 838, page 386, R.O.D.C., Tennessee; and a portion of the property referred to in the Affidavit of Heirship of Ann P. Davenport of record in Book 5545, page 699, Register's Office for Davidson County, Tennessee. Also being a portion of the property re-conveyed to Lawrence D. Davenport and wife, Ann P. Davenport, as tenants by the entirety, of record in Book 5595, page 328 Register's Office for Davidson County, Tennessee.

Tract II:

Beginning at an iron pin at the intersection of the margins of Old Hickory Boulevard (30' southerly from the centerline) and Lavergne to Couchville Pike (25' west of the centerline); thence with the southerly margin of said Old Hickory Blvd. S 47° 04'18" W 61.79' to an iron pin in the west line of the original Martin B. Paul land; thence leaving the margin of said Old Hickory Boulevard and with the original west line of the said Martin B. Paul land S 07° 19' 50" W 49.54' to an iron pin on the westerly margin of the aforesaid Lavergne to Couchville Pike; thence leaving the west line of the said Paul land and with the margin of said Lavergne to Couchville Pike N 29° 28'40" E 104.79' to the point of beginning, containing 0.02 acres more or less.

Being a portion of the same property conveyed to Martin B. Paul et ux by deed from R. Andrew Woodall et al of record in Deed Book 838, page 386, R.O.D.C., Tennessee, and of the property referred to in the Affidavit of Heirship of Ann P. Davenport of record in Book 5545, page 699, Register's Office for Davidson County, Tennessee. Also being a portion of the property re-conveyed to Lawrence D. Davenport and wife, Ann P. Davenport, as tenants by the entirety, of record in Book 5595 page 328, Register's Office for Davidson County, Tennessee.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

REFERENCE is made to prior title recorded in Book 5595, Page 328 in the Register's Office of Davidson County, Tennessee.

The undersigned children of the decedent, Lawrence D. Davenport Jr., Kathryn Dianne Poe and Melanie D. Campsey, each received an equal 1/3 interest in the real estate described above by virtue of being the recipients of the real estate under the provisions of the decedent's Will, probated in the Seventh Circuit Court of Davidson County, Tennessee, Probate Division, Case No. 13P1814.

A Tennessee Inheritance Tax Closing Letter has been received, a copy of which is attached as Exhibit C.

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

BENEFICIARIES:

Lawrence D. Davenport, Jr.

Kathryn Dianne Poe

Melanie D. Campsey

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Lawrence D. Davenport, Jr., Kathryn Dianne Poe and Melanie D. Campsey, the within named bargainors, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the persons described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that they executed the foregoing instrument for the purposes therein contained as their 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 19 day of August, 2014.

Notary Public

LAUREN HORNER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: 5/8/2017

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

13 5807

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Lawrence Douglas Davenport, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 22, 2013
4. TIME OF DEATH (24-hr): 12:27 pm
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 8, 1930
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPEPRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
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): Vanderbilt University Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Float Furnace Oper.
11b. KIND OF BUSINESS/INDUSTRY: Ford Glass Plant
12. SOCIAL SECURITY NUMBER: [redacted]-7588
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 4257 Lavergne Couchville Pike.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[X] 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)
[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): Lawrence Claypool Davenport
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lena Denton

DISPOSITION

20a. INFORMANT'S NAME: Kathryn Dianne Poe
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3925 Keeley Dr., Nashville, TN 37211
21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Hermitage, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ David Dial
22d. LICENSE NUMBER: 5170
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry B Keely Jr, OR
25. DATE FILED (Month, Day, Year): Sept 27, 2013

CERTIFIER

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

26. CERTIFIER (Check only one):
26a. [X] 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: ▶ Pete Fong
27b. LICENSE NUMBER: 37745
27c. DATE SIGNED (Month, Day, Year): 9/26/2013
27d. NAME AND ADDRESS: Pete Fong MD, 1215 21st Ave S, MCE #5209, 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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	CHF & CMP	years
Due to (or as a consequence of) b.	CAD	years
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? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] 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 [X] No [ ] 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-1650 (Rev. 10/2011) RDA 1339

6140227

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.

6140227

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: SEP 27 2013

CERTIFICATION OF VITAL RECORD

EXHIBIT B

STATE OF TENNESSEE
Office of Vital Records

1312962

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Elynor Ann Davenport
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 8, 2013
4. TIME OF DEATH: 12:08 pm
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 30, 1931
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN 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): 4257 Lavergne Couchville Pike
8c. CITY OR TOWN: Antioch
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): Lawrence D. Davenport
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home

12. SOCIAL SECURITY NUMBER: [redacted]-8239
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch

NAME OF DECEDENT (If not done by Physician or Medical Examiner) 6

13d. STREET AND NUMBER: 4257 Lavergne Couchville Pike
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
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, LLD, 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): Martin Benjamin Paul
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ethel Inez Woodall

20a. INFORMANT'S NAME: Lawrence D. Davenport, Sr.
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4257 Lavergne Couchville Pike, Antioch, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Hermitage, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
23a. SIGNATURE OF EMBALMER: ▶ William R. Appleton
23b. LICENSE NUMBER: 3310

23c. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211
23d. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry B Keely, Jr OR
25. DATE FILED (Month, Day, Year): May 13, 2013

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER CERTIFYING CAUSE OF DEATH (ONLY ONE, AND DOIV 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: ▶ John Shuster
27b. LICENSE NUMBER: 45996
27c. DATE SIGNED (Month, Day, Year): MAY 10, 2013
27d. NAME AND ADDRESS: J. SHUSTER, MD 1718 Patterson St., 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. PANCREATIC 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 started 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.
29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ 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): N/A
34b. TIME OF INJURY
35a. INJURY AT WORK? ☐ Yes ☐ No
35b. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify)
34c. DESCRIBE HOW INJURY OCCURRED
35c. LOCATION OF INJURY (Street and Number, City or Town, State)

P4-1856 (Rev. 10/2011) RDA 1389

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.

5800004

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

MAY 13 2013

Teresa S. Hendricks
STATE REGISTRAR

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

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT C

N0019001

8524234140605

TENNESSEE DEPARTMENT OF REVENUE

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

June 8, 2014

DAVENPORT LAWRENCE D
ATTN: S R CRAIG JR
5115 MARYLAND WAY
BRENTWOOD TN 37027-1200

Account Type:	INHERIT TX
Account No.:	441933820
Date of Death:	September 22, 2013
County:	DAVIDSON
SSN:	XXX-XX-7588

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

DAVENPORT LAWRENCE D
ATTN: S R CRAIG JR
5115 MARYLAND WAY
BRENTWOOD, TN 37027-1200

June 8, 2014

Account Type:	INHERIT TX
Account No.:	441933820
Date of Death:	September 22, 2013
County:	DAVIDSON
SSN:	XXX-XX-7588

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