This Instrument Was Prepared By:
Jerry W. Taylor
Stites & Harbison, PLLC
401 Commerce Street, Suite 800
Nashville, Tennessee 37219

This Affidavit Regarding Title to Real Property is being filed for record in connection with the Deed recorded in Book 7114, Page 198, Register's Office for Davidson County.

AFFIDAVIT REGARDING TITLE TO REAL PROPERTY

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me the undersigned, Jerry W. Taylor being of lawful age who, after being duly sworn, deposes and states as follows:

1. I have personal knowledge of facts recited in this Affidavit.

2. I am the son and heir of the late Daisy G. Taylor, and the sibling of Judith Ann Taylor Ullrich, Robert David Taylor and the late Sandra Kay Taylor. The said siblings were the only surviving issue of Daisy G. Taylor. All of said living siblings are over 21 years of age.

3. Daisy G. Taylor died with a will on January 28, 2005. A copy of her will is of record as Instrument No. 20101220-0100929, Register's Office for Davidson County. A copy of the Order Probating Will for the Purpose of Establishing Muniment of Title to Real Property is of record as Instrument No. 20101220-0100928, Register's Office for Davidson County.

4. Under the Will of Daisy G. Taylor certain real property located in Davidson County, described in Exhibit A hereto ("Real Property") passed as follows: a life estate to Sandra Kay Taylor, with remainder interest equally to the surviving issue.

5. Sandra Kay Taylor died in Davidson County Tennessee on August 19, 2014, leaving no surviving issue. A copy of the Certificate of Death is attached hereto and recorded herewith.

EXECUTED by the undersigned on this 23rd day of December, 2014.

Jerry W. Taylor

BILL GARRETT, Davidson County
Trans:T20140095908 AFFIDAVITH
Recvd: 12/23/14 10:47 4 pgs
Fees:22.00 Taxes:0.00
20141223-0117285

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, Nancy Johnson, a Notary Public of said County and State, Jerry W. Taylor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and seal, at Office in Nashville, Davidson County, this 23rd day of December, 2014.

Nancy Johnson
Notary Public

My Commission Expires:

NANCY JOHNSON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR 7, 2017

EXHIBIT A

A certain Condominium Apartment in Davidson County, Tennessee, being Unit No. 138 on the plan Hillsboro Place Condominiums, of record in Book 5200, page 725 and amended in Book 5200, pages 757 and 758, Register's Office for said County, which plan and record thereof are incorporated herein and made a part hereof by reference.

This conveyance is made subject to all provisions and requirements of the Tennessee Horizontal Property Act as set out in Sec. 64-2701 et seq. of the Tennessee Code Annotated and the By-Laws of the administration thereof; all restrictions, easements, etc., rights and interest in favor of other unit owners; options, burdens, assessments and undertakings etc. contained in the Master Deed of record in Book 6244, Page 394, Book 6285, Page 209 said Register's Office.

Being the same property conveyed to Edward W. Cummins by deed from Hillsboro Place Corp., a Tennessee corporation of record in Book 6820, page 815, Register's Office, Davidson County, Tennessee. Being the same property conveyed from Edward W. Cummins, unmarried, to Robert L. Taylor and wife, Daisy G. Taylor, by deed of record in Book 7114, Page 198, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

1 105250

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Sandra Kay Taylor
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 19, 2014
4. TIME OF DEATH (Atemo.): 8:19 AM
5a. AGE-Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 23, 1948
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPEPRINT 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): Green Hills Health and Rehab
8c. CITY OR TOWN: Nashville
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)
11a. DECEDENT'S USUAL OCCUPATION: Nurse
11b. KIND OF BUSINESS/INDUSTRY: Health Care

12. SOCIAL SECURITY NUMBER: [redacted]-0744
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Williamson
13c. CITY OR TOWN: Franklin
13d. STREET AND NUMBER: 615 Crofton Park Lane
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37069
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

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

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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): Robert L. Taylor
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Daisy Griffith

DISPOSITION

20a. INFORMANT'S NAME: Jerry W. Taylor
20b. RELATIONSHIP TO DECEDENT: Brother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 315 Appomattox Drive, Brentwood, TN 37027

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kimberly Ann Seaman
22b. LICENSE NUMBER: 6725
22c. SIGNATURE OF EMBALMER: ▶ Jeff Plunk
22d. LICENSE NUMBER: 4353

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Shumaker MR
25. DATE FILED (Month, Day, Year): August 25, 2014

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ Trey Dreyzehner
27b. LICENSE NUMBER: MD16611
27c. DATE SIGNED (Month, Day, Year): 8/24/14
27d. NAME AND ADDRESS: 2000 Church St Nashville TN 37236

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.	possible cerebral hemorrhage	
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	Due to (or as a consequence of): b. Fall	
	Due to (or as a consequence of): c. dementia	
	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.
pulmonary HTN, coronary artery disease, diabetes

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)
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-1858 (Rev. 10/2011)

RDA 1399

7204956

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.

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7204956
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD