This instrument prepared by:
Patrick M. Thomas, Esq.
Patrick M. Thomas Law Office
1107 Battlewood Street
Franklin, TN 37069
(615) 579-1204

BILL GARRETT, Davidson County
Trans:T20150032816 AFFIDAVITH
Recvd: 04/30/15 11:29 4 pgs
Fees:27.00 Taxes:0.00
20150430-0038735

Owner: William K. Meeker (25%)
Send tax notice to:
William K. Meeker, Holly K. Meeker
John O. Meeker, Margaret R. Linden
3909 Whitland Ave, Apt. 104
Nashville, TN 37205

Map & Parcel No.: 073 01 0 178.00

AFFIDAVIT OF INHERITANCE

The undersigned, being duly sworn, deposes and says:

Frances M. Meeker, a resident of Davidson County, State of Tennessee, who died February 6, 2014 as evidenced by a copy of the death certificate attached as Exhibit A, held as fee simple interest in the following described real estate:

Land in Davidson County, Tennessee, being Lot No. 64 on the Plan of Highland View Subdivision, as of record in Book 1424, page 39, Register's Office for said County.

Said Lot No. 64 fronts 70 feet on the easterly side of Warrenton Place and runs back between parallel lines, 150 feet to a dead line.

Being the same property conveyed to P.F. Harlan and H.L. Brice, by deed from Ona Evans Forte, of record in Book 2535, page 447, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Orville C. Meeker and Wife, Frances M. Meeker by Warranty Deed on September 25, 1956, of record in Book 86, page 807, Register's Office for Davidson County, Tennessee, and being known as 2400 Milton Drive, Nashville, TN 37216.

Subject to all restrictive covenants, easements, and set-back lines that are applicable to the above described property.

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

The undersigned received twenty-five percent (25%) interest in the real estate described above by virtue of being a recipient of the real estate under the provisions of the will of Frances M. Meeker, probated in the Probate Court of Davidson County, State of Tennessee, Case No. 14P1021.

The Tennessee Inheritance Tax Receipt has been received, being number 441994729, a copy of which is attached as Exhibit B.

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.

William K. Meeker, Affiant

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 William K. Meeker, the within named bargainor, 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 Affidavit of Inheritance in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his 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 30th day of March, 2015.

MARSHALL W. BUTLER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 09-11-2017

Notary Public

My commission expires: 9-11-17

STATE OF TENNESSEE
Office of Vital Records

1401445

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Frances Marye Meeker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 6, 2014
4. TIME OF DEATH (Actual):
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 28, 1928
7. BIRTHPLACE (City and State or Foreign Country): Buzzards Bay AL

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): Richland Place Health Center
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: Reporter
11b. KIND OF BUSINESS/INDUSTRY: Newspaper
12. SOCIAL SECURITY NUMBER: [redacted]973
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2400 Milton Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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

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): Bill Mitchell
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Willie Preddy

INFORMANT

20a. INFORMANT'S NAME: Bill Meeker
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3909 Whitland Ave Apt 104 Nashville TN 37205

DISPOSITION

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

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Garry A Greer
22b. LICENSE NUMBER: 3339
22c. SIGNATURE OF EMBALMER: ▶ Kenneth Ryan McDonald
22d. LICENSE NUMBER: 6448
23a. NAME AND ADDRESS OF FUNERAL HOME: McDonald Funeral Home, Inc 102 West End Avenue Centerville TN 37033
23b. LICENSE NUMBER OF FUNERAL HOME: 107

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes DR
25. DATE FILED (Month, Day, Year): March 11 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: ▶ Stephen C Scarpero MD
27b. LICENSE NUMBER: 036378
27c. DATE SIGNED (Month, Day, Year): March 6 2014
27d. NAME AND ADDRESS: Stephen C Scarpero MD 3443 Dickerson Pike 6-30 Nashville TN 37207

CAUSE OF DEATH

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. hypertensive heart disease — 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
a. years
b.
c.
d.

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? ☐ 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-1550 (Rev. 10/2011) RDA 1390

COPYRIGHT CAUTION ANTIFRAUD PROTECTION

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.

6433519

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

6433519 3/18/2014
Date Issued

SEAL OF THE STATE OF TENNESSEE 1796

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

N0019001

6288628141122

TENNESSEE DEPARTMENT OF REVENUE

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

November 25, 2014

ESTATE OF FRANCES M MEEKER
ATTN: PATRICK M THOMAS
PO BOX 210872
NASHVILLE TN 37221-0872

Account Type:	INHERIT TX
Account No.:	441994729
Date of Death:	February 6, 2014
County:	DAVIDSON
SSN:	XXX-XX-3973

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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