OFFICIAL RECEIPT

This Instrument Prepared by:

Gwen E. N. McFarland, Attorney
43 Music Square West
Nashville, TN 37203

BOOK 6331 PAGE 558

Map 83-8
Parcel 194 P.A.

QUITCLAIM DEED

FROM: J. KELLY GAFFORD

TO: PATRICIA L. WALDRON and CHALLYE SUE HAYS
Rt. 3 Box 366 — 205 Frieda Villa
Coweta, OK 74429 — Madison, TN 37115

Address New Owner as Follows:
PATRICIA L. WALDRON and CHALLYE SUE HAYS
Rt. 3 Box 366 — 205 Frieda Villa
Coweta, OK 74429 — Madison, TN 37115

Jack Bills
J. Kelly Gafford
1019 Mitchell Rd
37206

STATE OF TENNESSEE }
)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is $60,000.00 (SIXTY THOUSAND DOLLARS).

J. Kelly Gafford

Sworn to and subscribed before me, this the 5 day of July, 1984.

NOTARY PUBLIC

My Commission Expires:
MY COMMISSION EXPIRES 4-21-85

FOR AND IN CONSIDERATION of the sum of -0- and other good and valuable consideration, J. KELLY GAFFORD has bargain and sold, and by these presents does transfer and quitclaim to PATRICIA L. WALDRON and CHALLYE SUE HAYS, their heirs, successors, and assigns, all of his right, title and interest in and to a certain tract or parcel of land in County, State of Tennessee, described as follows, to-wit:

Being Lot No. 79 on the Plan of Rosewood Heights, Section 111, as of record in Book 2133, page 61, Register's Office for Davidson County, Tennessee.

Said Lot No. 79 fronts 70.2 feet on the easterly side of Mitchell Road, and runs back 300 feet on the northerly line, and 331.8 feet on the southerly line to a dead line in the rear and measures 95 feet thereon.

Being the same property conveyed to J. KELLY GAFFORD and wife, ANNIE T. GAFFORD, by deed from EUGENE H. COOKE, JR. and wife, BETTY E. COOKE, of record in Book 97, Page 41, Recorded in Book 3134, Page 241, Register's Office for Davidson County, Tennessee.

This conveyance is subject to restrictive covenants of record in Book 2156, Page 140, Register's Office for Davidson County, Tennessee. Also this conveyance is made subject to a 35 foot building set back line from Mitchell Road, a 10 foot easement for public utilities across the rear of the lot and a 2.5 x 20 anchor easement at the northwest corner of the lot, as shown in Plat of record in Book 2133, Page 61, R.O.D.C., Tennessee.

807 07/05 155.50- CHECK

OFFICIAL RECEIPT

This is improved property known as 1019 Mitchell Road.

TO HAVE AND TO HOLD the said tract or parcel of land with the appurtenances, estate, title and interest thereto belonging to the said PATRICIA L. WALDRON and CHALLYE SUE HAYS, their heirs, successors or assigns, forever.

WITNESS my hand this 7 day of July, 1984.

J. Kelly Gafford
J. KELLY GAFFORD

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Personally appeared before me, J. Kelly Gafford, a Notary Public in and for said County and State, the within named J. KELLY GAFFORD, bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes contained therein.

Witness my hand and official seal at Nashville, Tennessee, this the 5 day of July, 1984.

Robert E. Sloan
NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES 4-21-85

RUSH

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IDENTIF. REFERENCE

JUL 5 10 29 AM '84

FELIX Z. WILSON II, REGISTER
DAVIDSON COUNTY, TN

OFFICIAL RECEIPT

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

BOOK 6331 PAGE 560

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

APR 25 1983

J. M. Bistowish M.D.

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

8301645

BECOMES A LEGAL RD WHEN PROPERLY EXE- ED AND FILED.

OR PRINT IN MANENT BLACK INK.

DECEASED

L RESIDENCE WHERE DE- D LIVED. IF DEATH OC- D IN INSTITUTION, GIVE DENCE BEFORE ADMIS-

PARENTS AND INFORMANT

IT REQUIRED PRIOR TO SPORTATION OF BODY BY VON CARRIER OR RE- L FROM STATE.

DISPOSITION

CERTIFIER

ATH NOT ATTENDED BY ICIAN, AUTHORIZED OF- L SIGN HERE ANY ICIAN OR MEDICAL EX- ER EXECUTING CER- ATE MUST COMPLETE SIGN MEDICAL CER- ATION WITHIN 48 RS POWER OF LATURE CANNOT BE GATED.

CAUSE

H-1659
v. 9/81 CRC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. Anne	Rhea	Gafford	2. April 14, 1983

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY))	SEX
3a. 70	3b.	3c.	4. April 17, 1912	5a. Caucasian	5b.	6. F

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	IF HOSP. OR INST. indicate OOA, OP/Emer. Rm., Inpatient (Specify)
7a. Davidson	7b. Madison	7c. Yes	7d. Nashville Memorial Hos.	7e. Inpatient

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tennessee	9. USA	10. Married	11. J. Kelly Gafford

SOCIAL SECURITY NUMBER (IF NONE, EXPLAIN)	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. [redacted]-3978	12b.	13a. Housewife	13b.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
14a. Tennessee	14b. Davidson	14c. Nashville	14d. 1019 Mitchell Rd	14e. Yes	14f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. Charles E. Toney	16. Sara W. Bishop	17. Spouse	Same

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
18a. Burial	18b. 4-16-83	18c. Spring Hill	18d. Nashville, Tennessee

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
19a. Jac E Sanders	19b. 3484	19c. [signature]	19d. 3734

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
20. Woodlawn Thompson Ln Nashville Tn 37204	21a. Esther D. Groh	21b. 4-25-83

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
22a. [signature]		MD	22b. 4-11-83
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED	SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a.			23b.

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO, CITY OR TOWN, STATE, ZIP)
24a. James M. Hudgins, M. D.	24b. Madison, Tennessee

25 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(a) Hypertensive Heart Failure — See Med Hist
DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO) 26 No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c. M.	27d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO, CITY OR TOWN, STATE)
27e.	27f.	27g.

08-018 (4/80)

OFFICIAL RECEIPT

OFFICIAL RECEIPT

FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF_____

FOR_____

BOOK 6331 PAGE 561

CO -CONVEYANCE	CC -CERTIFIED COPY	MISC -MISCELLANEOUS
MO -MORTGAGE	REL -RELEASE	COTX -STATE TAX CONVEY
WD -WARRANTY DEED	UCC -UNIFORM COMMERCIAL CODE	MOTX -STATE TAX MORT
TD -TRUST DEED		PRFEE -PROBATE FEE

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID
			60000.00- CAMT.	
			156.00 CSTAX	
			.50 PRFEE	
			9.00 WDEED	
			CHECK	165.50-
0807A07/05/84			BAL	.00

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

I 3 4 0 2 9 I

IDENTIF. REFERENCE

JUL 5 10 25 AM '84

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

No.0049948