BOOK 6808 PAGE 297

THE CLARIDGE, a Condominium
UNIT QUIT CLAIM DEED

J 2 1 3 3 7.

FROM: Harold R. Wright, survivor of himself and Georgia R. Wright, Deceased.

TO: Harold R. Wright and Harold R. Wright, Jr., his son, as joint tenants with full rights of survivorship and not as tenants in common

IDENTIF. REFERENCE

JUL 17 10 22 AM '85

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

Mail

THIS INSTRUMENT PREPARED BY:
Wilfred H. Erwin, Attorney at Law
611 East Grand River, Howell, Mi. 48843

ADDRESS NEW OWNERS AS FOLLOWS
Harold R. Wright, 4740 Crooked Lake Road, Howell, Mi. 48843
Harold R. Wright, Jr., P.O. Box 2962, Seal Beach, Ca. 90740

SEND TAX BILLS TO: Harold R. Wright, Jr., P.O. Box 2962, Seal Beach, Ca.

MAP-PARCEL NUMBER: 117-7B-107

STATE OF MICHIGAN)
COUNTY OF LIVINGSTON) ss.

The Grantee, Harold R. Wright, who is also the grantor herein hereby states that the other grantee, Harold R. Wright, Jr., is his son and that he is hereby making a gift of this joint interest in the above property to his son, Harold R. Wright, Jr. and that the said Harold R. Wright, Jr., is paying no consideration to the undersigned Harold R. Wright of 4740 Crooked Lake Road, Howell, Michigan, for this conveyance.

Harold R. Wright
Harold R. Wright, Affiant

Subscribed and sworn to before me this 31st day of May, 1985.

Madeline Miller
Madeline Miller, Notary Public, Livingston County, Michigan
My Comm. Expires: 6-3-85

NOTARY PUBLIC * LIVINGSTON COUNTY * MADELINE MILLER

(FOR REGISTER'S USE)

FOR AND IN CONSIDERATION of good and valuable consideration, HAROLD R. WRIGHT AND HAROLD R. WRIGHT, JR., his son (The "Grantees" herein), the receipt whereof is hereby acknowledged, the undersigned Grantor, Harold R. Wright, with full power to bargain, sell, transfer, lease, convey, encumber or otherwise deal with the within land, without consent of any beneficiary, (the Grantor herein), has quit claimed, bargained and sold, and by these presents, does transfer and convey unto the said Grantees, HAROLD R. WRIGHT and his son, HAROLD R. WRIGHT, Jr., their heirs and assigns a certain interest in land in Davidson County, State of Tennessee, described as follows, to-wit:

Being Unit No. 107 as shown on the Plat of THE CLARIDGE of record in Book 5800, page 63, Register's Office for Davidson County, Tennessee, together with Storage Room S-21, as shown on said Plat, together with undivided interest in the common elements of The Claridge Homeowners' Association, all as described in Book 5896, page 607, et seq., said Register's Office.

WILFRED H. ERWIN
ATTORNEY AT LAW
HOWELL, MICHIGAN 48843
TELEPHONE 546-2510
CODE 517

Being part of the same property conveyed by a unit warranty deed dated August 16, 1982 from A. Harrison Johnson, Jr., Trustee for the Claridge Company to Harold R. Wright and Georgia R. Wright, his wife which deed was recorded in the Recorder's office for Davidson County, Tennessee on August 18, 1982 in Book 5926, pages 149-150.

Further, this conveyance is given subject to:

1. The terms and conditions of the Horizontal Property Act of Tennessee, the above Master Deed and By-Laws, the above Condominium Plat, and any amendments thereto.

2. Deed of Trust executed by A. Harrison Johnson, Jr., Trustee with full power to mortgage, sell, lease, encumber, restrict and convey without the joiner of any beneficiary, to Alan L. Saturn, Trustee, of record, in Book 5767 page 486, Register's Office for Davidson County, Tennessee; and Deed of Trust executed by A. Harrison Johnson, Jr., Trustee, with full power to mortgage, sell, lease, encumber, restrict and convey without the joinder of any beneficiary, to Henry Kantor, Trustee, of record in Book 5767, page 492, said Register's Office. Grantor has furnished positive title over-insurance with respect to these liens, pursuant to the Claridge Condominium Unit Sales Contract.

This improved property, known as 3190 Hillsboro Pike, Nashville, Tennessee, 37215.

The death record of Georgia R. Wright is attached hereto.

And, Grantor does covenant with the said Grantees, that he is lawfully seized and possessed of said Unit and undivided interest in fee simple; has a good right to convey it, and the same is unencumbered, except as herein set forth.

Witness the Grantor's signature this 31st day of May, 1985.

Harold R Wright

HAROLD R. WRIGHT

STATE OF MICHIGAN)
COUNTY OF LIVINGSTON) ss.

On this 31st day of May, 1985, before me personally appeared Harold R. Wright to me known to be the person who executed the foregoing instrument in behalf of himself as his free act and deed.

Witness my hand and official seal at Howell, Michigan, the day and year first above written.

Madeline Miller

Madeline Miller, Notary Public, Livingston County, Michigan
My Comm. Expires: 6-3-85

WILFRED H. ERWIN
ATTORNEY AT LAW
HOWELL, MICHIGAN 48843
TELEPHONE 546-2510
CODE 517

Roesch-Patton, Dorris & Charlton

Funeral Directors

BOOK 6508 PAGE 299

1715 BROADWAY, P. O. BOX 22629 — NASHVILLE, TENNESSEE 37202

(615) 244-6480

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Public Health.

Doug McHaffie — Funeral Director

Sworn to and subscribed before me this the 5th day of March

My Commission expires July 17, 1988 — Notary Public

NOTARY PUBLIC DAVIDSON COUNTY TENNESSEE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

S BECOMES A LEGAL ORD WHEN PROPERLY EXE- ED AND FILED.

E OR PRINT IN MANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME (FIRST / MIDDLE / LAST)			2. DATE OF DEATH (MONTH, DAY, YEAR)
Georgia	Flippo	Wright	February 25, 1985

3a. AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 3b. MOS. / DAYS	UNDER 1 DAY: 3c. HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR)	5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)	6. SEX
81			Aug 7, 1903	White		Female

7a. COUNTY OF DEATH	7b. CITY, TOWN OR LOCATION	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
Davidson	Nashville	yes	3190 Hillsboro Rd	

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

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY
[redacted]6-0216		Housewife	at home

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14f. CENSUS TRACT NO.
Tennessee	Davidson	Nashville	3190 Hillsboro Rd	yes	

PARENTS AND INFORMANT

15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME	MAILING ADDRESS	
George Flippo	Nan Osborne	Husband	same	37215

IT REQUIRED PRIOR TO SPORTATION OF BODY BY MON CARRIER OR RE- AL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	18b. DATE (MONTH, DAY, YEAR)	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION (CITY OR TOWN / STATE)
Burial	Feb 27, 1985	Woodlawn Cemetery	Nashville, TN

19a. FUNERAL DIRECTOR (SIGNATURE)	19b. LICENSE NO.	19c. EMBALMER (SIGNATURE)	19d. LICENSE NO.
[signature]	763	[signature]	3374

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	21a. REGISTRAR—SIGNATURE	21b. DATE RECEIVED BY LOCAL REGISTRAR
Roesch Patton Nashville, TN 37202		

CERTIFIED

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE	DEGREE	22b. DATE SIGNED (MONTH, DAY, YEAR)

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

23a. 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	23b. DATE SIGNED (MONTH, DAY, YEAR)
Charles W. Harlan, M.D.		3/1/85

24a. CERTIFIER—NAME (TYPE OR PRINT)	24b. MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)
CHARLES W. HARLAN, M.D.	72 Hermitage Avenue Nashville TN 37210

PAUL

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)	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
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)

Diabetes mellitus

26. AUTOPSY (YES OR NO): No

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

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

H-1659
ev. 9/81 CRC

Affiliated With

HERMITAGE MEMORIAL GARDENS AND MAUSOLEUM & NATIONAL FLORAL SERVICE