This Instrument Prepared by:

William B. Hutcherson, Jr.
121 Bonnabrook Drive
Hermitage, Tennessee 37076

Mail

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That John Robert Hester and wife, Ova C. Hester (deceased) for and in consideration of $00.00 Dollars do hereby bargain, sell, remise, release, quit claim and convey unto Mary Ann Hester, wife of John Robert Hester, as tenant by the entirety, the following described real estate located in Nashville, County of Davidson, State of Tennessee, as follows:

> Land in Davidson County, Tennessee, being Lot No. 69 on the Plan of Aldrich Heights, Section 3, of record of Plan Book 2663, page 49, Register's Office for said County.
>
> Being the same property conveyed to John Robert Hester and wife, Ova C. Hester, by deed from Donald E. McCain and wife, Selma Jean McCain, of record in Book 5242, page 309, Register's Office for Davidson County, Tennessee.

At the time of said marriage of John Robert Hester and Ova C. Hester, neither was a party to any other marriage. Such marriage continued uninterrupted until the death of said Ova C. Hester in Davidson County, Tennessee on April 6, 1987, certificate attached.

IN TESTIMONY WHEREOF I (We) have executed this instrument this the 14th day of Aug, 1987.

John Robert Hester

Deceased

Ova C. Hester

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me a Notary Public in and for said County and State, personally appeared, John Robert Hester to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his act and deed.

WITNESS my hand and Notarial Seal at office this 18th day of August, 1987.

Juanita B. Hutcherson
Notary Public

My Commission Expires: Oct. 24, 1988

57057

IDENTIFICATION REFERENCE

AUG 19 8 47 AM '87

DAVIDSON COUNTY, TN

I, or we, hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer is $00.00.

John Robert Hester
Affiant

Subscribed and sworn to before me this the 18th day of August, 1987.

Juanita D. Hutchins
Notary Public

My Commission Expires: Oct 24 1988

OWNER: John R. Hester
3028 Capps Dr.
NASH TN 37207

TAX Bills: BAKER Mtg Corp.
2840 Northeast Expressway
#200
Atlanta GA 30345

M&P # 60-1-89

Roesch-Patton, Dorris & Charlton

Funeral Directors BOOK 7328 PAGE 877

904 GALLATIN ROAD, P. O. BOX 22629 — NASHVILLE, TENNESSEE 37202

(615) 244-8480

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

Robert E. Fuqua Funeral Director

Sworn to and subscribed before me this the 13th day of April, 19 87

My commission expires Jan. 19, 1988 *Charles E. Worrell, Jr.* Notary Public

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

DECEASED—NAME: 1. First: Ova; Middle: Christine; Last: Hester

DATE OF DEATH (MONTH, DAY, YEAR): 2. April 6,1987

AGE—LAST BIRTHDAY (YEARS): 3a. 54 | UNDER 1 YEAR: MOS. 3b. | DAYS | UNDER 1 DAY: HOURS 3c. | MIN.

DATE OF BIRTH (MONTH, DAY, YEAR): 4. 7-20-1929

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): 5a. White

ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): 5b. American

SEX: 6. Female

COUNTY OF DEATH: 7a. Davidson

CITY, TOWN OR LOCATION: 7b. Nashville

INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. yes

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): 7d. General

IF HOSP. OR INST., INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): 7e. DOA

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. Tennessee

CITIZEN OF WHAT COUNTRY: 9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. Married

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 11. Rev. John R. Hester

SOCIAL SECURITY NUMBER: 12. [redacted]9325

SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): 12b. No

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 13a. Housewife

KIND OF BUSINESS OR INDUSTRY: 13b. At Home

RESIDENCE—STATE: 14a. Tennessee

COUNTY: 14b. Davidson

CITY, TOWN, OR LOCATION: 14c. Nashville

STREET AND NUMBER: 14d. 3028 Capps Dr.

INSIDE CITY LIMITS (SPECIFY YES OR NO): 14e. yes

CENSUS TRACT NO.: 14f.

FATHER—NAME: 15. Dave Norman

MOTHER—MAIDEN NAME: 16. Edna Bell

INFORMANT—NAME: 17. Husband

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 37207

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): 18a. Burial

DATE (MONTH, DAY, YEAR): 18b. 4-8-87

CEMETERY OR CREMATORY—NAME: 18c. Calvary

LOCATION (CITY OR TOWN, STATE): 18d. Nashville, Tennessee

FUNERAL DIRECTOR (SIGNATURE): 19a. C.E. Worrell Sr

LICENSE NO.: 19b. 3480

EMBALMER (SIGNATURE): 19c. F. Thomas Spain

LICENSE NO.: 19d. 3974

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 20. Eastland 904 Gallatin Rd. Nash. Tn.

REGISTRAR—SIGNATURE: 21a.

DEGREE

DATE RECEIVED BY LOCAL REGISTRAR: 21b.

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Paul C. McNabb MD TITLE

DATE SIGNED (MONTH, DAY, YEAR): 22b.

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

DATE SIGNED (MONTH, DAY, YEAR): 23b.

CERTIFIER—NAME (TYPE OR PRINT): 24a. Dr. Paul McNabb

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 24b. 2000 Church St. Nash. Tn. 37236

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): Cardiorespiratory arrest — 5 MINS

DUE TO, OR AS A CONSEQUENCE OF (b): Metastatic mixed mullerian carcinoma — 6 mos.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — 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): 27a.

DATE OF INJURY (MONTH, DAY, YEAR): 27b.

HOUR: 27c. M.

DESCRIBE HOW INJURY OCCURRED: 27d.

INJURY AT WORK (SPECIFY YES OR NO): 27e.

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)): 27f.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 27g.

DECEASED

CERTIFIER

CAUSE