This Instrument Was Prepared By:

Harwell Martin & Stegall
172 Second Avenue North
Nashville, Tennessee 37219

BOOK 8484 PAGE 101

Address New Owner:	Send Tax Bills To:	Map-Parcel
Jane P. Caplenor, Administratrix DBN of the Estate of Margie C. Parkerson, et al 4061 Port Cleburne Lane Hermitage, Tennessee 37076	Same	Map 15 Parcel 14

8509 11/12 0101 03CHECK 9.00

QUITCLAIM DEED

Margie C. Parkerson died intestate on July 9, 1981, Edward B. Parkerson, Jr. was appointed Administrator C.T.A. of the Estate of Margie C. Parkerson by the Probate Court of Davidson County, Tennessee, Probate No. 71058. This property passed under Tennessee Law to Edward B. Parkerson, Jr., Jane P. Caplenor, Edward Bailey Parkerson III and David C. Parkerson, beneficiaries. All debts of the decedent have been paid. The Tennessee Inheritance Tax clearance has been received and the final settlement as administrator was filed with the Probate Court for Davidson County, Tennessee on October 20, 1983.

Edward B. Parkerson, Jr., on of the co-tenants, died on April 22, 1988 as a single unmarried person without disposing of his interest in the real property. On February 4, 1991 the Probate Court for Davidson County, Tennessee, appointed Jane P. Caplenor as Administratrix DBN of the estate of Margie C. Parkerson.

Jane P. Caplenor, Administratrix DBN, (hereinafter referred to as "GRANTOR") by signing this deed releases any right she has to recover this property in the event of the subsequent insolvency of this estate.

In accordance with the laws of Tennessee Jane P. Caplenor, Administratrix DBN of the Estate of Margie C. Parkerson (GRANTOR), quitclaims to the Estate of Edward B. Parkerson, Jr., Jane P. Caplenor, Edward Bailey Parkerson III and David C. Parkerson all right, title and interest in the following described real property in Davidson County, Tennessee:

A certain tract or parcel of land in the 14th Civil District of Davidson County, as follows;

BEGINNING at J.T. Cooper's southwest corner in the center of the Springfield Pike; thence east with J.T. Cooper's south line 70 yards; thence north 70 yards; thence west to the Springfield Road; thence with Springfield Road to the beginning, containing one acre, more or less.

BEING the same property conveyed to Mrs. Margie Parkerson by deed of record in Book 5759 Page 677, Register's Office for Davidson County, Tennessee. Said deed reserved a life estate for and during her natural life of Olean Cooper Bozza. The said Olean Cooper Bozza died in Davidson County, Tennessee on May 6, 1988, a certified copy of her death certificate is attached hereto as Exhibit A.

THERE is included in the above description, but excluded from this conveyance that portion of the above described premises heretofore taken for highway purposes.

This transfer is by Quitclaim and we make no warranties about tne title.

WITNESS MY HAND at Nashville, Tennessee, this 22 day of October, 1991.

ESTATE OF MARGIE C. PARKERSON

By: Jane P. Caplenor
Administrator DBN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, JULIE M. ROWENCZAK, a Notary Public of said county, JANE P. CAPLENOR, the within named bargainor, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 22 day of OCTOBER, 1991.

Julie M. Rowenczak
Notary Public

My Commission Expires:
9/16/95

jwc/e4

6135.9

IDENTIFICATION REFERENCE

Nov 12 2 20 PM '91

FILED & RECORDED REGISTER DAVIDSON COUNTY, TN

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

OCT 28 1988

Paula Taylor
State Registrar

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

02338

88-016375

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME	FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)
1.	Nell	Olean	Bozza	2. May 6, 1988

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. 81	3b.		3c.		Nov. 2, 1906	5a. White	5b. American	6. Female

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 DOA. OP/Emer. Rm., Inpatient (Specify)
7a. Davidson	7b. Nashville	7c. Yes	7d. Nashville Metro. Bordeaux	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. U.S.A.	10. Widowed	11.

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	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
12. [redacted]-2494	12b. None	13a. Factory Worker, Retired	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. 5009-B Tenn. Ave.	14e. Yes	14f. 0133

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. John F. Hunter	16. Dora Ann Short	17. Hauley Cooper, Son,	Hermitage, Tennessee 37076 7016 Bonnavent Dr.

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN	STATE
18a. Burial	18b. May 8, 1988	18c. Forest Grove	18d. Joelton,	Tennessee

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
19a. Robert Anderson	19b. 492	19c. Robert Anderson	19d. 1954

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
20. Anderson-Garrett Joelton, Tn. 37080	21a. Mary C. Pentecost	21b. May 18, 1988

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.	Inocentes A. Sator, M. D.		22b. May 9, 1988

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. Inocentes A. Sator, M. D.	24b. Nashville Metro. Bordeaux Hospital,	Nash.,	Tn.	37218

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) Congestive Heart Failure (Hypokalemia) — 4 days

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

Cerebrovascular Accident, Convulsive Seizure Disorder

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.		

DECEASED — PLACE WHERE DEATH OCCURRED, IF DEATH OCCURRED IN INSTITUTION, GIVE NAME INSTEAD OF STREET AND NUMBER BEFORE ADMISSION →

PARENTS AND INFORMANT — PRIOR TO REMOVAL OF BODY BY FUNERAL DIRECTOR OR REPRESENTATIVE

DISPOSITION

CERTIFIER — ATTENDED BY AUTHORIZED OFFICIAL HERE. ANY MEDICAL EXAMINER EXECUTING CERTIFICATE COMPLETE MEDICAL CERTIFICATE WITHIN 48 HOURS AFTER DEATH IF CAUSE CANNOT BE DETERMINED BY ATTENDING PHYSICIAN

CAUSE

CRC

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED