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QUITCLAIM DEED

ADDRESS NEW OWNER AS FOLLOWS:

THOMAS C. NORFLEET
435 Tampa Drive
Nashville, TN 37211

SEND TAX BILLS TO:

SAME

MAP-PARCEL NUMBER

Map - 133-12

Parcel - 72

FOR AND IN CONSIDERATION of One Dollar ($1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, I, MARY B. NORFLEET, by these presents do hereby quitclaim and convey unto THOMAS C. NORFLEET, a single person, his heirs and assigns, all my right, title and interest in and to the following described tract or parcel of land to-wit:

> LAND in Davidson County, Tennessee, being Lot No. 87 on the plan of Windsor Park, as of record in Book 3600, page 64, Register's Office for said County.
>
> SAID Lot No. 87 fronts 67 feet on the westerly side of Tampa Drive and extends back 167 feet on the northerly line and 167 feet on the southerly line to a dead line measuring 67 feet thereon.
>
> BEING the same property conveyed to Joseph Norfleet [now deceased] and wife, Mary B. Norfleet, by deed from Jack Williams and wife, Frances E. Williams, of record in Book 4430, page 732, said Register's Office.

This is improved property, known as 435 Tampa Drive, Nashville, Tennessee 37211. Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

IN WITNESS WHEREOF I have hereunto set my hand on this the 16 day of June, 1993.

Mary B Norfleet
MARY B. NORFLEET

TIF. ↑ REFERENCE

93 JUN 17 AM 9:06
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

8475 06/17 0101 03CHECK 194.30

STATE OF TENNESSEE §
COUNTY OF DAVIDSON §

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Personally appeared before me, the undersigned, a Notary Public in and for said State and County, the within named MARY B. NORFLEET, the 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 and official seal at Nashville, Tennessee, this 16 day of June, 1993.

Martha L Childs
NOTARY PUBLIC

My Commission Expires: My Commission Expires NOV. 26, 1994

STATE OF TENNESSEE §
§
COUNTY OF DAVIDSON §

The actual consideration or value, whichever is greater, for this transfer is $49,000.00.

Thomas C. Norfleet
Affiant

Sworn to and subscribed before me this 16 day of June, 1993.

Martha L Childs
NOTARY PUBLIC

My Commission Expires: My Commission Expires NOV. 26, 1994

This Instrument was prepared by:
Charles Alexander
Attorney at Law
306 Gay Street, Suite 200
Nashville, TN 37201

(Exhibit A)

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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

BIRTH NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

DECEASED

1. DECEASED — NAME: JOSEPH EMANUEL MORFLEET
2. DATE OF DEATH (MONTH, DAY, YEAR): July 30, 1974
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
4. SEX: Male
5a. AGE — LAST BIRTHDAY (YEARS): 76
5b. UNDER 1 YEAR — MOS.: DAYS:
5c. UNDER 1 DAY — HOURS: MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): August 3, 1877
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): VA Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mary (Batson) Morfleet
12a. SOCIAL SECURITY NUMBER: [redacted]-4099
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WW I
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Lock Operator
13b. KIND OF BUSINESS OR INDUSTRY: Corps of Engineer

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE — STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 435 Tampa Drive

PARENTS AND INFORMANT

15. FATHER — NAME: Joseph W. Morfleet
16. MOTHER — MAIDEN NAME: Tennessee Allen
17. INFORMANT — NAME: Mary B. Morfleet, W/A ex veteran
MAILING ADDRESS:

CAUSE

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]
IMMEDIATE CAUSE (a): Cardiorespiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b): Carcinoma of the head of the pancreas with diffuse metastases
DUE TO, OR AS A CONSEQUENCE OF:
(c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM NO.):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. SIGNATURE CANNOT BE DELEGATED.

CERTIFIER

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
SIGNATURE: Michael P. Kaplan M.D.
21b. DATE SIGNED (MONTH, DAY, YEAR): 8/8/74

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE:
TITLE:
22b. DATE SIGNED (MONTH, DAY, YEAR):

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

23a. CERTIFIER — NAME (TYPE OR PRINT): MICHAEL P. KAPLAN, M D.
23b. MAILING ADDRESS (STREET OR R.F.D. NO.): VA Hospital
CITY OR TOWN: Nashville
STATE: Tennessee
ZIP: 37203

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY):
24b. DATE (MONTH, DAY, YEAR):
24c. CEMETERY OR CREMATORY — NAME:
24d. LOCATION — CITY OR TOWN: STATE:

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hibbett & Bailey, Donelson, Tennessee
26a. REGISTRAR — SIGNATURE:
26b. DATE RECEIVED BY LOCAL REGISTRAR:

HLH FORM NO. 55.10
REVISED 11-72

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

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

RECEIVED OF _____

FOR _____

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

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID
			CAMT 49000.00	
			CON TX 181.30	
			PRFEE 1.00	
			WDEED 12.00	
			TOTAL 194.30	
			CHECK 194.30	
06/17/93	01		09:07 0001 8475	

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

31168
IDENTIF. ↑ REFERENCE

93 JUN 17 AM 9:07
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

No. 663740