BOX 61

BOOK 10291 PG 284

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $-0-.

Subscribed and sworn to before me, this 9TH day of DECEMBER, 1996.

NICOLE A. DAVIS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires: 3/27/99

Affiant

Notary Public

My Commission Expires MARCH 27 1999

QUITCLAIM DEED

T-4464

THIS INSTRUMENT WAS PREPARED BY
FIRST TITLE CORPORATION, 1161 MURFREESBORO ROAD, STE 324, NASHVILLE, TN 37217

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:
NAME: ISABELL W. STRAIN, H. ARNEAL STRAIN AND WIFE, KIMBERLY L. STRAIN	NAME: EQUIVANTAGE, INC.
STREET ADDRESS: 1306 PENNOCK AVENUE	STREET ADDRESS: 13111 NORTHWEST FREEWAY, STE. 300
CITY: NASHVILLE STATE: TN	CITY: HOUSTON STATE: TX
ZIP CODE: 37207 MAP & PARCEL NO.: 071-15-0/162.00	ZIP CODE: 77040

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, Isabell W. Strain, unmarried

HEREINAFTER CALLED GRANTOR(S), HAS/HAVE CONVEYED AND QUITCLAIMED, AND BY THESE PRESENTS DOES/DO HEREBY TRANSFER AND CONVEY UNTO Isabell W. Strain, unmarried and H. Arneal Strain and wife, Kimberly L. Strain, as joint tenants with the right of survivorship, not as tenants in common

HEREINAFTER CALLED GRANTEE(S), HIS/THEIR HEIRS AND ASSIGNS, ALL HIS/THEIR RIGHTS, TITLE AND INTEREST IN A CERTAIN TRACT OR PARCEL OF LAND, LOCATED IN DAVIDSON COUNTY, STATE OF TENNESSEE, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEING Lots Nos. 277 and 278 on the Plat of the Highlands Land Company's Subdivision, of record in Book 421, page 14, Register's Office for Davidson County, Tennessee.

SAID Lots front together 50 feet on the westerly side of Pennock Avenue and run back between parallel lines 175 feet to an alley.

Being the same property conveyed unto Isabell W. Strain and husband, Huerl A. Strain, by Deed recorded June 12, 1991, in Book 8372, Page 562, of the Register's Office for Davidson County, Tennessee. The said Huerl A. Strain now being deceased.

SEE EXHIBIT "A" ATTACHED AND INCORPORATED HEREIN BY REFERENCE

THIS IS IMPROVED PROPERTY KNOWN AS 1306 PENNOCK AVENUE, NASHVILLE, TN 37207.

WITNESS MY HAND THIS 9TH DAY OF DECEMBER, 1996.

ISABELL W. STRAIN

96 DEC 16 AM 10:44
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. & REFERENCE

0256043

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 9TH day of DECEMBER, 1996, before me personally appeared ISABELL W. STRAIN, UNMARRIED, to me known to be the person described in or proved to me on the basis of satisfactory evidence, and who executed the foregoing instrument, and who acknowledged the execution of the same to be her free act and deed.

Witness my hand and official seal.

NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires:
3/27/99

My Commission Expires MARCH 27, 1999

Notary Public

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QUITCLAIM DEED
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5927 12/16 0101 03CHECK 12.00

STATE OF TENNESSEE
Office of Vital Records

9104651

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 91 034178

1. DECEDENT'S NAME (First, Middle, Last) HUERL A. STRAIN	2. SEX M	3. DATE OF DEATH (Month, Day, Year) SEPTEMBER 27,1991
4. SOCIAL SECURITY NUMBER (If Deceased) 409-30-3777	5a. AGE - LAST BIRTHDAY (Years) 77	6. DATE OF BIRTH (Month, Day, Year) MARCH 4-1914
7. BIRTHPLACE (City and State or Foreign Country) ROBERTSON COUNTY, TN		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No	9a. PLACE OF DEATH (Check only one) HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) ST. THOMAS HOSPITAL	9c. CITY, TOWN, OR LOCATION OF DEATH NASHVILLE, TENNESSEE	9d. COUNTY OF DEATH DAVIDSON
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) ISABELLE WILLIAM	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) CUSTODIAN
12b. KIND OF BUSINESS/INDUSTRY HOSPITAL		
13a. RESIDENCE - STATE TENNESSEE	13b. COUNTY DAVIDSON	13c. CITY, TOWN OR LOCATION NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION 1306 PENNOCK AVE.		
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE 37207	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No Specify, if yes
15. RACE - American Indian, Black, White, etc (Specify) BLACK	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th	College (1-4 or 5+)
17. FATHER'S NAME (First, Middle, Last) ALBERT STRAIN	18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNIE GROVES STRAIN	
19a. INFORMANT'S NAME (Type/Print) MRS. ISABELL STRAIN	19b. RELATIONSHIP TO DECEASED WIFE	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1306 PENNOCK AVE. NASHVILLE, TN.
20a. METHOD OF DISPOSITION 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) DIGBEE CHAPEL CEMETERY	20c. LOCATION - City or Town, State ROBERTSON COUNTY TN.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4055	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER 2554
22a. NAME AND ADDRESS OF FUNERAL FACILITY THE SERENITY CHAPEL FUNERAL HOME 1507 BATTS BLVD. SPRINGFIELD, TN. 37172		22b. LICENSE NUMBER OF FUNERAL HOME 696
23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year) October 1, 1991	
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER 15371 ST	25c. DATE SIGNED (Month, Day, Year) 9/30/91
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)		

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I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

NOV 27 1996
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT "A"

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