THIS INSTRUMENT PREPARED BY: Bobby D. Davis, Attorney
Madison Title Company
101 Shepherd Hills Drive
Madison, Tennessee 37115

QUITCLAIM DEED

052-12
006.00

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP-PARCEL NO.
Ralph E. Hogan and wife, Brenda J. Hogan 223 Hillcrest Drive Madison, Tennessee 37115	704 RIVER PASS MADISON TN 37115	

THIS QUITCLAIM DEED made and entered into on the day and date last written by and between, **Garry T. Hogan**, hereinafter referred to as the "GRANTOR", and **Ralph E. Hogan and Brenda J. Hogan**, hereinafter referred to as the "GRANTEES":

W I T N E S S E T H:

FOR AND IN CONSIDERATION of the sum of One and No/100 ($1.00) Dollars cash in hand paid, the receipt of which is hereby acknowledged, and other good and valuable considerations, **Garry T. Hogan** has this day bargained, sold and quitclaimed unto **Ralph E. Hogan and wife, Brenda J. Hogan**, their heirs and assigns, all their right, title and interest in certain real property in Davidson County, Tennessee, described as follows, to-wit:

BEING Lot No. 28 on the Plan of Marlin Meadows, Section 3, as of record in Book 2133, page 26, Register's Office for Davidson County, Tennessee. Said Lot 28 fronts 140 feet on the northwesterly side of River Pass and runs back 243 feet on the northeasterly line and 421.7 feet on the southwesterly line, to a dead line, measuring 228.2 feet thereon.

BEING the same property conveyed to Ralph Hogan and wife, Mary Murff Hogan by deed from Shelton P. Prator and wife, Marjorie P. Prator of record in Book 2340, page 131, Register's Office for Davidson County, Tennessee. Ralph Hogan is now deceased, having died on March 28, 1983. Mary Adeline Hogan, also known as Mary Murff Hogan, is now deceased, having died on December 24, 1996.

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

This deed is prepared solely on the basis of information furnished. No legal advice is being given to the parties hereto. This deed contains no warranties of title, either expressed or implied. This deed shall only convey the interest owned by the Grantor herein, but not further and shall be subject to any and all claims, obligations, and impediments of title that may exist. We do hereby disclaim any knowledge or liability for claims that may be had by persons or entities other than the Grantor herein.

IN WITNESS WHEREOF, the undersigned has hereunto set his hands on the day and date acknowledged below.

BOOK 10397 PG 276

Garry T. Hogan
GARRY T. HOGAN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Garry T. Hogan, with whom I am personally acquainted and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this the 27th day of March, 1997.

Denise Baker
NOTARY PUBLIC

My Commission Expires: My Commission Expires JAN. 29 2000

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual transfer or value, whichever is greater, for this transfer is **NONE**.

Ralph E. Hogan
Affiant

Sworn to and subscribed before me this the 27th day of March, 1997.

Denise Baker
NOTARY PUBLIC

My Commission Expires: My Commission Expires JAN. 29 2000

NOTARY PUBLIC AT LARGE DAVIDSON COUNTY

02888782
IDENTIF. & REFERENCE

97 MAR 31 PM 4:23
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

3277 03/31 0101 01CASH 16.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

JAN 6 1997

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

BOOK 10397 PG 277

3686743

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY ADELINE HOGAN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 24, 1996
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0661
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): SEP 3, 1928
7. BIRTHPLACE (City and State or Foreign Country): CLARKSVILLE, 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): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON

8

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: DOMESTIC
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 704 RIVER PASS
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): THOMAS MURFF
18. MOTHER'S NAME (First, Middle, Maiden Surname): MABEL ELLIOTT

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RALPH E. HOGAN
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 223 HILLCREST DRIVE, MADISON, TN 37115

DISPOSITION

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ James S. Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: ▶ [signature]
21d. LICENSE NUMBER OF EMBALMER: 4775
22a. NAME AND ADDRESS OF FUNERAL HOME: MADISON FUNERAL HOME INC. 219 Old Hickory Blvd. Madison, TN 37115
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Jones
24. DATE FILED (Month, Day, Year): January 6, 1997

CERTIFIER

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: ▶ Arnulfo A. Agbunag
25b. LICENSE NUMBER: 007072
25c. DATE SIGNED (Month, Day, Year): 12-30-96

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):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DR. A. AGBUNAG, 312 HOSPITAL DRIVE SUITE 9, MADISON, TN. 37115

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute Pancreatitis
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. metastatic Carcinoma of the left breast
DUE TO (OR AS A CONSEQUENCE OF):
c. Severe obstructive pulmonary disease
DUE TO (OR AS A CONSEQUENCE OF):
d. Anemia

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO

PH-1659
REV 2-93

RDA 1309

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

BOOK 10397 PG 278

8301348

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: FIRST Ralph MIDDLE Hogan LAST
2. DATE OF DEATH (MONTH, DAY, YEAR): 3-28-1983
3a. AGE—LAST BIRTHDAY (YEARS): 54
3b. UNDER 1 YEAR: MONTHS / DAYS
3c. UNDER 1 DAY: HOURS / MINS.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 12-24-1928
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)): —
7. SEX: Male
8. COUNTY OF DEATH: Davidson
9. CITY, TOWN OR LOCATION: Nashville
10. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
11. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Parkview Hospital Inpatient
12a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
12b. CITIZEN OF WHAT COUNTRY: U.S.A.
12c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
12d. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mary A. Murff
13a. SOCIAL SECURITY NUMBER (OR NONE, SPECIFY): 410-30-7433
13b. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE): None
13c. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Operator
13d. KIND OF BUSINESS OR INDUSTRY: Dupont Co.

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: Madison
14d. STREET AND NUMBER: 704 River Pose CK
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.: —

PARENTS AND INFORMANT

15a. FATHER—NAME: Ezra Hogan
15b. MOTHER—MAIDEN NAME: Esteen Smith
16a. INFORMANT—NAME: Wife
16b. MAILING ADDRESS: Same

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

DISPOSITION

17a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
17b. DATE (MONTH, DAY, YEAR): 3-30-1983
17c. CEMETERY OR CREMATORY—NAME: Spring Hill
17d. LOCATION—CITY OR TOWN, STATE: Nashville, Tenn.
18a. FUNERAL DIRECTOR (SIGNATURE): Jerry L. Wilson
18b. LICENSE NO.: 3182
19a. EMBALMER (SIGNATURE): Jerry L. Wilson
19b. LICENSE NO.: 3567
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Madison F. Home, Madison Tenn.
21. REGISTRAR'S SIGNATURE: Esther D. Groce
22. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 4-7-83

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: R. M. Roy DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 4/4/83
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): —
24a. CERTIFIER—NAME (TYPE OR PRINT): D. R. M. Roy
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1611 Church St. Nashville, Tn. 37203

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE: Adenocarcinoma of Lung — 1 yr
DUE TO, OR AS A CONSEQUENCE OF: —

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE (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): —

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): —

PH-1650
Rev. 9/81 CMC