SEND TAX BILLS TO:

E. R. Realty Corporation
1200 South Mt. Juliet Road
Mt. Juliet, TN 37122

ADDRESS OF NEW OWNER (S):

E. R. Realty Corporation
1200 South Mt. Juliet Road
Mt. Juliet, TN 37122

BOOK 10544 PG 684

96-14

264

QUITCLAIM DEED

FOR AND IN CONSIDERATION of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, Tillie R. Steeples by these presents do hereby quitclaim and convey unto E. R. Realty Corporation, successors and assigns, all their right, title and interest in and to the following described tract of land: Subject to the Deed of Trust of Banc One Financial Services, Inc., and any other such liens and encumberances thereon.

House and land located at 3309 Ironwood Drive, Nashville, Davidson County and being more particularly described as follows:

Being lot no. 253 on the map of Hickory Bend, section four as of record in Plat book 4175 page 34 Register's Office for Davidson County, Tennessee, to which reference is here made for a more complete description.

WITNESS MY HAND on this the 25th day of June, 1997.

Tillie R Steeples
TILLIE R. STEEPLES

STATE OF TENNESSEE)
COUNTY OF WILSON)

TILLIE R. STEEPLES appeared before me, the undersigned authority, a Notary Public, in and for said State and County aforesaid, the within named TILLIE R. STEEPLES with whom I am personally acquainted and who acknowledged the execution of the foregoing AGREEMENT for purposes therein contained.

WITNESS my hand and official seal this the 25th day of June, 1997.

NOTARY PUBLIC AT LARGE WILSON CO. TENN.

Lisa Isham
LISA ISHAM
NOTARY PUBLIC

My Commission Expires: 09/06/99

Being the same property conveyed to Tom Steeples et ux Tillie Steeples by deed of record in Book 6040 Page 145, RODC.

Prepared by: Tillie Steeples
1835 S. Mt Juliet Rd
Mt Juliet, TN 37122

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS
$ -0-
Tillie Steeples
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 28 DAY OF July 19 97.
B. Adams
Deputy Register

BOOK 10544 PG 685

03309 | 3
IDENTIFICATION REFERENCE

97 JUL 28 PM 3:20
FELIX Z. DUDLEY, REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

9572 07/28 0101 01CASH 12.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

BOOK 10544 PG 686

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.

OCT 4 1994

LOCAL REGISTRAR

404979

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): THOMAS EDWARD STEEPLES
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): AUGUST 10, 1994
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-1642
5a. AGE — LAST BIRTHDAY (Years): 49
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 DAY — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 11/3/1944
7. BIRTHPLACE (City and State or Foreign Country): CHICAGO, ILLINOIS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
8a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 [X] DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): GENERAL 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): TILLIE WALLEY
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): MANAGER
12b. KIND OF BUSINESS/INDUSTRY: COMPUTER FORMS & SUPPLIES
13a. RESIDENCE — STATE: TENNESSEE
13b. COUNTY: WILSON
13c. CITY, TOWN OR LOCATION: MT. JULIET
13d. STREET AND NUMBER OR RURAL LOCATION: 1835 S. MT JULIET ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 [X] No
13f. ZIP CODE: 37122
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No — if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No [X]
15. RACE — American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): UNK; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIS EDWARD STEEPLES
18. MOTHER'S NAME (First, Middle, Maiden Surname): HELEN GREENABERT

INFORMANT

19a. INFORMANT'S NAME (Type/Print): TILLIE STEEPLES
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1835 S. MT JULIET ROAD, MT. JULIET, TENNESSEE 37122

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 [X] Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): HERMITAGE CREMATORY
20c. LOCATION — City or Town, State: 535 SHUIE LANE, HERMITAGE, TN 37076
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ LARRY SALTER
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2846
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: HIBBETT & HAILEY FUNERAL HOME, 429 DONELSON PIKE, NASHVILLE, TN 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Saunders
24. DATE FILED (Month, Day, Year): October 4, 1994

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶ Jesse C. Giles MD
26b. LICENSE NUMBER: 25291
26c. DATE SIGNED (Month, Day, Year): 9/26/94
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): JESSE C. GILES, MD, ME-509-94, 24 HERMITAGE AVE, NASHVILLE, TN 37210-2110

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

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 COCAINE INTOXICATION
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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
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 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No
30. MANNER OF DEATH: 1 Natural 2 Accident 3 [X] Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 8/10/1994
31b. TIME OF INJURY: APPROX. MID-AFTERNOON
31c. INJURY AT WORK? 1 Yes [X] No
31d. DESCRIBE HOW INJURY OCCURRED: APPARENT INTENTIONAL MASSIVE COCAINE INGESTION AND INSUFFLATION
31e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): JAIL
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 506 2ND AVE, NORTH, NASHVILLE, TN

BIRTH NO

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