STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ -0-

Tillie R Steeples
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 7th DAY OF August 1997.

S Chandler
Deputy Register

BOOK 10561 PG 239

348 08/07 0101 01CASH 8.00

PREPARED BY:
Lisa Isham
107 Piedmont
Lebanon, TN 37087

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

96-15
96

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 3300 Ironwood Drive, Nashville, Davidson County and being more particularly described as follows:

Being lot no. 208 on the map of Hickory Bend, section four as of record in Plat book 5207 page 979 Register's Office for Davidson County, Tennessee, to which reference is here made for a more complete description. * Being the same property conveyed to Tillie Trest by deed recorded in Book 5207, Page 979, R.O.D.C., TN. The said Tillie Trest now (con't) WITNESS MY HAND on this the 25th day of June, 1997.

being Tillie R. Steeples.

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.

Lisa Isham
LISA ISHAM
NOTARY PUBLIC

My Commission Expires: 09/06/99

PICK-UP

97 AUG -7 AM 11:42
FELIX A. WILSON II REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. + REFERENCE

033524 1

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.

OCT 4 1994

LOCAL FILE NUMBER 94-04974

BOOK 10561 PG 240

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

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 (for Decreased): [redacted]-1642	5a. AGE – LAST BIRTHDAY (Years): 49	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	9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)		
9b. 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 0 [X] No. Specify, if yes:
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+): UNK		
17. FATHER'S NAME (First, Middle, Last): WILLIS EDWARD STEEPLES	18. MOTHER'S NAME (First, Middle, Maiden Surname): HELEN GREENABERT		
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	
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 SHUTE 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	
23. REGISTRAR'S SIGNATURE: ▶ Patricia J. Saul	24. DATE FILED (Month, Day, Year): October 4, 1994		
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	
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN FINAL CERTIFICATION WITHIN 48 HOURS. 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			

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?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [X] Yes 2 [ ] No	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: APPX. MID-AFTERNOON	31c. INJURY AT WORK? 1 [ ] Yes 2 [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. _____

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED