PICK-UP

Instr:200002290019844 Page: 1 OF 2
REC'D FOR REC 02/29/2000 3:36:30PM
RECORD FEE: $10.00
M. TAX: $0.00 T. TAX: $0.00

Address New Owner
1209 Alfred Drive
Nashville, Tennessee 37205

Send Tax
Bills to:
Same

Drafted by: W. Faye Novelly
UAW Legal Services Plan
100 Town Center Parkway, P.O.Box 1797
Spring Hill, TN 37174

And return deed to:
Marvin L. Sanderson Revocable Trust
1209 Alfred Drive
Nashville, Tennessee 37205

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that MARVIN L. SANDERSON, for and in consideration of the sum of Ten and No/100 Dollars ($10.00), cash in hand paid, the receipt of which is hereby acknowledged, has bargained and sold, and does hereby convey, remise, release and forever quitclaim unto the MARVIN L. SANDERSON REVOCABLE TRUST, its successors, and assigns, his entire right, title and interest in and to a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

TRACT 1: Land in Davidson County, Tennessee, being Lot No. 5 on the Plan of The Marchetti Company Property, of record in Book 9700, Page 213, Register's Office for Davidson County, reference to which is hereby made for a more complete and accurate description.

Being a portion of the same property conveyed to MARVIN L. SANDERSON and wife, JEWELL O. SANDERSON by deed from THE MARCHETTI COMPANY, of record in Deed Book 10397, Page 157, Register's Office for Davidson County, Tennessee.

MAP NO. 102-14-117, PARCEL NO. 08DZ78469

This instrument and the interest hereby released and quitclaimed are subject to such limitations, restrictions and encumbrances as may affect the premises.

WITNESS my hand this 28 day of FEBUARY, 2000.

Marvin L Sanderson
MARVIN L. SANDERSON

STATE OF TENNESSEE)
COUNTY OF)

Personally appeared before me, John Kimbro, the undersigned Notary Public in and for said County and State, the within named grantor, MARVIN L. SANDERSON, with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), and who acknowledged executing the within instrument for the purpose therein contained.

Witness my hand and official seal, this 28 day of, February, 2000.

John Kimbro
Notary Public

NOTARY PUBLIC AT LARGE DAVIDSON

My commission expires : My Commission Expires SEPT. 23, 2000

THIS TRANSFER IS EXEMPT FROM RECORDATION TAX PURSUANT TO TENN. CODE ANN.67-4-409(a)(3)(F): Transfers of real estate to a revocable living trust; AND NO OATH OF VALUE SHALL BE REQUIRED FOR THIS TRANSACTION AS PROVIDED IN TENN. CODE ANN.67-4-409(a)(5).

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.

98 06350

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): JEWELL OLENE SANDERSON
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): 12-5-98
4. SOCIAL SECURITY NUMBER (If Deceased): 417-28-9385
5a. AGE-LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): 8-21-25
7. BIRTHPLACE (City and State or Foreign Country): FLORENCE, ALABAMA
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): CENTENNIAL MEDICAL CTR
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARVIN LELON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1209 ALFRED DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 10; College (1-4 or 5+):

NAME OF DECEDENT (To be typed by permanent institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROBERT PINKNEY POUNDERS
18. MOTHER'S NAME (First, Middle, Maiden Surname): SARAH ELIZABETH MITCHELL

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARVIN SANDERSON
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1209 ALFRED DRIVE NASHVILLE, TN 37205

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): HARPETH HILLS CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ROBERT HAYWOOD
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3354
21c. SIGNATURE OF EMBALMER: ROBERT HAYWOOD
21d. LICENSE NUMBER OF EMBALMER: 3699
22a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME 6962 CHARLOTTE PK NASHVILLE, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): December 9, 1998

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: [signature]
25b. LICENSE NUMBER: MD27303
25c. DATE SIGNED (Month, Day, Year): 12/9/98
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):

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. Breast Cancer — 18 years
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.

SEE INSTRUCTIONS OR OTHER SIDE

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 [ ] 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: M
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 1399