THIS INSTRUMENT WAS PREPARED BY: William B. Owen, Esq.
7104 Crossroads Blvd., Suite 118
Brentwood, TN 37027

QUITCLAIM DEED

Instr:200008020076548 Page: 1 OF 4
REC'D FOR REC 08/02/2000 2:01:25PM
RECORD FEE: $18.00
M. TAX: $0.00 T. TAX: $0.00

FROM: MARTHA H. NASH

TO: WILLIAM B. OWEN, TRUSTEE

FROM: WILLIAM B. OWEN, TRUSTEE
AND

TO: LARRY S. NASH and wife, CAROL E. NASH

STATE OF FLORIDA)
COUNTY OF Marion)

The actual consideration for this transfer is $10.00.

Martha H. Nash
Martha H. Nash, Affiant

Sworn to and subscribed before me this 18th day of May, 2000.

Fred W. Mundie, Jr.
MY COMMISSION # CC732689 EXPIRES
April 12, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires: 04/12/02

Notary Public

ADDRESS NEW OWNER:
Larry S. Nash, et ux
Carol E. Nash
1119 General George Patton Road
Nashville, TN 37221

SEND TAX BILLS TO:
SAME

MAP/PARCEL NO:
142-9-P
#38

FOR AND IN CONSIDERATION of the sum of Ten and 00/100 ($10.00) Dollars, and for the express purpose of making a reconveyance to create a tenancy by the entirety in Larry S. Nash and wife, Carol E. Nash, I, Martha H. Nash, by these presents do hereby quitclaim and convey unto William B. Owen, Trustee, his successors and assigns, all of my right, title and interest in and to a certain tract or parcel of land, to-wit:

> Unit No. 1119, together with the Carport designated No. 1119-C, in River Plantation, Section Six, Phase One, a Condominium, a Horizontal Property Regime, located on Sawyer Brown Road and General George Patton Road, Nashville, Davidson County, Tennessee, as shown on the plat of River Plantation, Section Six, Phase One, Condominium Apartments, recorded in Book 5200, pages 359 and 360, Register's Office for Davidson County, Tennessee, and described in a Master Deed recorded in Book 5794, page 526, Register's Office for Davidson County, Tennessee, to which reference is hereby made. The easements, restrictive covenants, conditions and regulations imposed upon and relating to the apartments, property, co-owners and tenants of River Plantation, Section Six, Phase One, Condominium Apartments, contained in the Master Deed and By-Laws appended thereto, recorded in Book 5794, page 526,

Register's Office for Davidson County, Tennessee, are incorporated in this deed by reference and made a part hereof the same as though copied herein.

Being the same property conveyed to Robert M. Nash and wife, Martha H. Nash and Larry S. Nash as tenants with the right of survivorship. The said Robert M. Nash having since died on April 17, 2000, and the certified copy of the death certificate from the State of Florida is attached hereto for reference.

This is improved property known as 1119 General George Patton Road, Nashville, Tennessee 37221.

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

AND NOW, I, the said William B. Owen, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto Larry S. Nash and wife, Carol E. Nash, the same property hereinabove described and set forth, to which reference is here made, and said property is conveyed subject to the same limitations, restrictions and encumbrances as may affect the premises, as above set forth.

IN WITNESS WHEREOF, we have hereunto set our hands on this the 18th day of May, 2000.

Martha H. Nash
MARTHA H. NASH

William B. Owen
WILLIAM B. OWEN, TRUSTEE

STATE OF FLORIDA)
COUNTY OF Marion)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named MARTHA H. NASH, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Marion County, Florida, this 18th day of May, 2000.

Fred W. Mundie, Jr.
MY COMMISSION # CC732689 EXPIRES
April 12, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

NOTARY PUBLIC

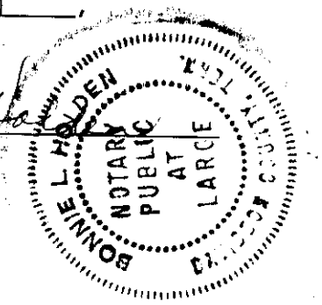
My Commission Expires:
04/12/02

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named WILLIAM B. OWEN, Trustee, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he, as Trustee, executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this 22nd day of May, 2000.

Bonnie L. Holden
NOTARY PUBLIC



My Commission Expires:

11-24-01

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 0998

DECEDENT

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	ROBERT	MURRAY	NASH	MALE

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 Day Hours	Minutes
APRIL 17, 2000	[redacted]-5890	82				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
MARCH 05, 1918	CAMPBELL NEBRASKA	YES

9a. PLACE OF DEATH (Check only one; see instructions on other side)
HOSPITAL: X Inpatient ___ ER/Outpatient ___ DOA OTHER: ___ Nursing Home ___ Residence ___ Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): YES

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
OCALA REGIONAL MEDICAL CENTER	OCALA	MARION

PARENTS

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
POSTAL WORKER	U.S. GOVERNMENT	MARRIED	MARTHA HARRIS

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
FLORIDA	MARION	OCALA	10928 S.W. 84th AVENUE

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No ___ Yes Specify:	15. RACE – American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)	College (1-4 or 5 +)
NO	34481		WHITE		1

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
SIVYER IRAM NASH	HELENA DOROTHY NICHOL

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
MARTHA NASH	10928 S.W. 84th AVENUE - OCALA, FLORIDA 34481

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
___ Burial X Cremation ___ Removal from State ___ Donation ___ Other (Specify)	DUNNELLON CREMATORY	DUNNELLON, FLORIDA

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
▶ Charlotte L. Montgomery LFD	KA0000278	NATIONAL CREMATION SOCIETY 3261 N. US HWY 441/27 #E-2 FRUITLAND PARK, FLORIDA 34731

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) ▶ Krishna Rao M.D.

22b. DATE SIGNED (Mo., Day, Yr)	22c. HOUR OF DEATH
4/18/00	10:00 A M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) ▶

23b. DATE SIGNED (Mo., Day, Yr)	23c. HOUR OF DEATH
	M

23d. MEDICAL EXAMINER'S CASE # ___ ___ - ___ ___ - ___ ___ ___ ___

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
KRISHNA RAO, M.D. - 1133 S.E. 18th PLACE, SUITE #1 - OCALA, FLORIDA 34471

25a. SUBREGISTRAR – SIGNATURE AND DATE	25b. LOCAL REGISTRAR – SIGNATURE	25c. DATE REGISTERED
▶	▶ Mary Ellen Enos, COR	APR 20 2000

CAUSE OF DEATH BY CERTIFIER

26 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.	Cancer of pancreas with mets	
DUE TO (OR AS A CONSEQUENCE OF):		
b.	Cancer of pancreas	
DUE TO (OR AS A CONSEQUENCE OF):		
c.		
DUE TO (OR AS A CONSEQUENCE OF):		
d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
	NO		YES

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ___ Yes ___ No	30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY M	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED
NATURAL				
	32e. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Mary Ellen Enos State Registrar APR 20 2000

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

8352294

DOH FORM 1564A (3/99)

FLORIDA DEPARTMENT OF HEALTH

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED