Wanda Horton
NEW OWNER

528 Judd Drive
Nashville Tn 37218
ADDRESS

None
MORTGAGOR(IF ANY)

(Same)
SEND TAX BILLS TO

(Same)
ADDRESS

MAP 58-11 PARCEL 174 ~~ZONE~~

THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
500 CHURCH STREET, SUITE 500
ST. CLOUD CORNER
NASHVILLE, TENNESSEE 37219

Davidson County DEEDQC
Recvd: 08/22/01 13:37 3pgs
Fees:17.00 Taxes:0.00
20010822-0090722

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00), the receipt of which is hereby acknowledged, and for the love and affection for my sister, Wanda Horton, and no other monetary consideration, I have this day bargained and sold and do hereby transfer, quitclaim and convey, unto Wanda Horton, all of my interest, in and to the following described tract or parcel of land, lying the County of Davidson, State of Tennessee;

Land in Davidson County, Tennessee, being Lot No. 99 on the plan of Royal Hills, Section 3, of record in Book 4860, page 47, Register's Office for said county.

Said Lot No. 99 fronts 75.00 feet on the northerly margin of Judd Drive and extends back 123.74, feet on the easterly line and 160.81 feet on the westerly line to a broken line in the rear measuring 125.78 feet thereon.

Being the same property conveyed to Gary Henderson, Jr., and wife Katie L. Henderson, by Deed from A & H Homes, a partnership, said deed dated the 14th day of July, 1977, and of record in Deed Book 5171, Page 689, at the Register's Office for said county. Katie L. Henderson died intestate in Davidson County, Tennessee on the 8th Day of July, 1994. Title to said property passed to Gary Henderson, Jr., her husband. A copy of her death certificate is attached hereto and incorporated by reference.

Gary Henderson Jr
GARY HENDERSON, JR.

STATE OF TN

COUNTY OF Davidson

Personally appeared before me, the within named Gary Henderson, Jr., the bargainor with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

SWORN AND SUBSCRIBED to before me on this the 9 day of Feb, 2001.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/30/02

STATE OF TN
COUNTY OF Davidson

The actual consideration or value, which ever is greater, for this transfer is $ 0.

AFFIANT

Sworn and Subscribed to before me on this the 9th day of Feb, 2001.

NOTARY

My commission expires: 11/30/02

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.

JUL 26 1994

94-03 750

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): KATIE LOUISE HENDERSON
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): July 8, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): -5382
5a. AGE — LAST BIRTHDAY (Years): 48
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar. 3, 1946
7. BIRTHPLACE (City and State or Foreign Country): FRANKLIN, TENNESSEE
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): BAPTIST HOSPITAL
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): GARY HENDERSON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): MEAT DEPARTMENT
12b. KIND OF BUSINESS/INDUSTRY: GROCERY STORE
13a. RESIDENCE — STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 528 JUDD DRIVE
CENSUS TRACT: U
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE: 37218
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): UN; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): DAN GERMAN WHITEHURST
18. MOTHER'S NAME (First, Middle, Maiden Surname): ODELL BURDETT

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MR. GARY HENDERSON
19b. RELATIONSHIP TO DECEASED: SPOUSE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 528 JUDD DRIVE, NASHVILLE, TN 37218

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): WOODLAWN MEMORIAL PARK
20c. LOCATION — City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: TRACEY BOND
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER: PAM HUNTER
21d. LICENSE NUMBER OF EMBALMER: 4323
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Dawn
24. DATE FILED (Month, Day, Year): July 26, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Stuart Spiger
25b. LICENSE NUMBER: MD 9498
25c. DATE SIGNED (Month, Day, Year): 7-20-94
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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. Hodgkin's Disease
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. Myelodysplastic Syndrome
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON 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 [ ] 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-1658
REV 1/88