Davidson County DEEDQC
Recvd: 12/03/01 13:39 6pgs
Fees:32.00 Taxes:0.00
20011203-0132260

41
DEED

EXECUTOR'S DEED

This instrument was prepared by:
J. Bryan Echols
Stites & Harbison, PLLC
Suite 1800
SunTrust Center
Nashville, Tennessee 37219

FROM: Terrence W. Luckett and Julia L. Turner, Personal Representatives of the Estate of Barbara Holtz Luckett, Grantor

TO: Terrence W. Luckett and Julia L. Turner, tenants-in-common

Address New Owner(s) as follows:	Name and Address of the Person or Entity Responsible for the Payment of Real Property Taxes	Map-Parcel Numbers
Terrence W. Luckett and Julia L. Turner 5032 Scenic Ridge Old Hickory, TN 37138	Same	142-9-B-864 CO

STATE OF TENNESSEE)
COUNTY OF Davidson)

The actual consideration for this transfer is Zero and No/100 Dollars ($0.00).

Terrence W. Luckett
Affiant

Sworn to and subscribed before me, this 30th day of November, 2001.

Shirley Ann Black
Notary Public

NOTARY PUBLIC AT LARGE TENN. COUNTY

My Commission Expires: My Commission Expires JAN. 25, 2003

WHEREAS, a certain tract or parcel of land in Davidson County, State of Tennessee, more particularly described on Exhibit A attached hereto and incorporated herein by this reference (the "Property"), was conveyed to Barbara H. Luckett by that certain Warranty Deed of record in Book 5654, page 843, Register's Office for Davidson County, Tennessee.

WHEREAS, Barbara H. Luckett died on March 16, 2000, as evidenced by the death certificate attached hereto as Exhibit B and incorporated herein by this reference, and is survived by a son, Terrence W. Luckett, and a daughter, Julia L. Turner.

WHEREAS, upon the death of Barbara H. Luckett the Property passed to Terrence W. Luckett and Julia L. Turner as tenants-in-common, by Last Will and Testament of Barbara Holtz Luckett, Probate Docket No. OOP-510, Seventh Circuit Court for Davidson County, Tennessee, Probate Division.

WHEREAS, Terrence W. Luckett, Personal Representative, and Julia L. Turner, Personal Representative, execute this Executor's Deed to be placed of record with the Register's Office for Davidson County, Tennessee to clarify the chain of title of the Property.

NOW THEREFORE, FOR AND IN CONSIDERATION OF the sum of Zero and No/100 Dollars ($0.00), the receipt and sufficiency of which are hereby acknowledged, all of Grantors' rights, title and interest in and to the Property are hereby quitclaimed to **TERRENCE W. LUCKETT and JULIA L. TURNER as tenants-in-common** (the "Grantee").

The Property is improved property known as Unit No. 864 General George Patton Road, Nashville, Davidson County, Tennessee.

The Property is conveyed subject to such limitations, restrictions and encumbrances as may affect the Property.

This conveyance is exempt from transfer tax pursuant to the provisions of T.C.A. § 67-4-409 (a)(3)(D).

Witness our hands this 30th day of November, 2001.

Terrence W. Luckett
Personal Representative

Julia L. Turner
Personal Representative

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me, Sheila Ann Black, a Notary Public of said County and State, **Terrence W. Luckett, Personal Representative**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be Personal Representative of the Estate of Barbara Holtz Luckett, the within named bargainor and that he executed the foregoing instrument for the purposes therein contained, by personally signing the name of Estate by himself as such Personal Representative.

Witness my hand, at office, this 30th day of November, 2001.

Sheila Ann Black
Notary Public

My Commission Expires: My Commission Expires JAN. 25, 2003

NOTARY PUBLIC AT LARGE

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me, Sheila Ann Black, a Notary Public of said County and State, **Julia L. Turner, Personal Representative**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be Personal Representative of the Estate of Barbara Holtz Luckett, the within named bargainor and that she executed the foregoing instrument for the purposes therein contained, by personally signing the name of Estate by herself as such Personal Representative.

Witness my hand, at office, this 30th day of November, 2001.

Sheila Ann Black
Notary Public

My Commission Expires: My Commission Expires JAN. 25, 2003

NOTARY PUBLIC AT LARGE

EXHIBIT A

Property Description

A certain condominium apartment in Davidson County, State of Tennessee, described as follows, to-wit:

Unit No. 864, together with the Carport designated No. 864-C, in River Plantation, Section Five, Phase One, a Condominium, a Horizontal Property Regime, located on General George Patton Road, Nashville, Davidson County, Tennessee, as shown on the plat of River Plantation, Section Five, Phase One, Condominium Apartments, recorded in Plat Book 5200, pages 145 and 146, Register's Office for Davidson County, Tennessee, and described in a Master Deed recorded in Book 5410, page 248, 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 property, apartments, co-owners and tenants of River Plantation, Section Five, Phase One, Condominium Apartments, contained in the Master Deed and the By-Laws appended thereto, recorded in Book 5410, page 248, 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 Barbara H. Luckett from Haury & Smith Contractors, Inc. by Warranty Deed of record in Book 5654, page 843, Register's Office for Davidson County, Tennessee.

Barbara H. Luckett and Barbara Holtz Luckett being one and the same person.

EXHIBIT B

Death Certificate for Barbara Holtz Luckett.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.

John P. Dunne
LOCAL REGISTRAR

0001525

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): Barbara Holtz Luckett
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 16, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 385-32-8465
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 23, 1934
7. BIRTHPLACE (City and State or Foreign Country): Dowagiac, Michigan
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [XX] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Richland Place
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): ----
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Bookkeeper
12b. KIND OF BUSINESS/INDUSTRY: Price & Associates
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 864 Gen. George Patton
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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+): ---

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Rudolph Holtz
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julia Kozmer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sheila Luckett
19b. RELATIONSHIP TO DECEASED: Daughter-In-Law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5632 Scenic Ridge Drive Old Hickory, TN 37138

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 Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN 37221
21a. SIGNATURE OF FUNERAL DIRECTOR: Heather Brasier
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: James Grantham
21d. LICENSE NUMBER OF EMBALMER: 5197
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100 Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ellen L. Bowen
24. DATE FILED (Month, Day, Year): March 22, 2000

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: MD013402
25c. DATE SIGNED (Month, Day, Year): 3/21/00
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): DR. RICHARD GARMAN 300 20TH AVENUE NORTH NASHVILLE, TN 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Recurrent Vaginal cancer	
	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 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [N] 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-1659
REV. 2-93

RDA 1399