This instrument prepared by:
Jana S. Jaksan
North American Deed Company
2700 E. Sunset Road, Suite #5
Las Vegas, NV 89120-3507
PH: 888-715-6400

Davidson County DEEDQC
Recvd: 03/06/02 13:30 4pgs
Fees:22.00 Taxes:0.00
20020306-0028155

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:	**MAIL TAX STATEMENT TO:**	**MAP PARCEL NUMBERS:**
Joe E. Dixon, Sr.	Joe E. Dixon, Sr.	
9221 Estrada Avenue	9221 Estrada Avenue	Map: 92-16
Las Vegas, NV 89129	Las Vegas, NV 89129	Parcel: 358

FOR AND IN CONSIDERATION of ONE and no/100 Dollar ($1.00), cash in hand paid by the grantee, the receipt and sufficiency of which is hereby acknowledged, JOE E. DIXON, surviving spouse of RUTH DIXON, as per attached Certificate of Death by these presents do hereby quitclaim and convey unto the said JOE E. DIXON, SR., as Trustee of the JOE E. DIXON, SR. LIVING TRUST dated May 8, 2001, Grantees herein, their successors and assigns, all their right, title and interest in and to the following certain real estate in Davidson County, Tennessee, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

Being the same property conveyed to Joe E. Dixon and wife, Ruth Dixon by Warranty Deed from Frank P. Dixon and wife, Velma L. Dixon of record in Book 4668 Page 706, said Register's Office.

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

The actual consideration or value whichever is greater, for this transfer is $0.00.

Subscribed and sworn to before me this 14th day of February, 2002.

Joe E Dixon
Affiant

My Commission Expires: Aug 24, 2002

Sandy M. Yamashiro
Notary Public

(Affix Seal)
Notary Public State of Nevada
County of Clark
SANDY M. YAMASHIRO
My Appointment Expires
August 24, 2002
No: 98-49251-1

This is unimproved ( ) property known as 810, 812 and 814 18th Avenue South, Nashville, Tennessee 37203

Improved (XX)

Whenever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

Witness our hand this 14th day of February, 2002, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Joe E Dixon

JOE E. DIXON

ACKNOWLEDGMENT

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

Personally appeared before me, Sandy M. Yamashiro, a Notary Public in and for said County and State, **JOE E. DIXON** the within named bargainor, individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that (he) she/they executed the within instrument for the purposes therein contained.

Given under my hand and official seal of office at Las Vegas, Nevada this 14th day of February, A.D., 2002.

NOTARY STAMP/SEAL

Notary Public - State of Nevada
County of Clark
SANDY M. YAMASHIRO
My Appointment Expires
August 24, 2002
No: 98-49251-1

Sandy M. Yamashiro

NOTARY PUBLIC

Notary Commission Expires: Aug 24, 2002

EXHIBIT "A"
LEGAL DESCRIPTION

Land in Davidson County, Tennessee, being Lots No. 116, 117, and 118 on the Map of O.B. Hayes Plan of Small Lots, of record in Plan Book 1, page 69, of the Chancery Court at Nashville.

Said lots Nos. 116, 117 and 118 front together 150 feet on the easterly side of 18th Avenue South, and run back between parallel lines 150 feet to an alley.

STATE OF TENNESSEE
Office of Vital Records

8902003

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 89-012180

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
IONA	RUTH	DIXON	Female	April 28, 1989

4. SOCIAL SECURITY NUMBER	5a. AGE – LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Min.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
413-44-3948	62					Dec. 13, 1926	Nashville, Tennessee

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No

8a. 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Thomas Hospital	Nashville	Davidson

10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Married	Joe E. Dixon	School Teacher N	Metro School System

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson 19	Nashville	2109 McGavock Pike

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.)	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+)
1 X Yes 2 No	37216	Specify, if yes:	White		4

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Bryan Tilden O'Kain	Mable Cowan

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Joe E. Dixon	Husband	2109 McGavock Pike, Nashville, TN 37216

20a. METHOD OF DISPOSITION	20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20b. LOCATION – City or Town, State
1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Woodlawn Memorial Park	Nashville, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
John Gauthier	3900	Ryan Gauthier	4052

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Woodlawn Funeral Home, 689 Thompson Ln., Nashville, TN. 37204	731

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Marina M. Davis	May 4, 1989

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: Antonio M Granda MD

25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
TN 9565 ST	5-1-89

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)
Antonio M. Granda, M.D.

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)	Approximate Interval Between Onset and Death
a. Respiratory arrest	
DUE TO (OR AS A CONSEQUENCE OF): b. Adult respiratory distress Syndrome	
DUE TO (OR AS A CONSEQUENCE OF): c. Recurrent Staph sepsis	
d.	

8798

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Sequse Syndrome, Lymphedema
Chronic pyelonephritis with VUT

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Yes 2 X No	1 Yes 2 No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide		M	1 Yes 2 No	

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. 1/89

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

Dec-21-2001
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 TENNESSEE

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD