PREPARED BY (AND RETURN TO):
WILKINS & IVEY
Attorneys-at-Law
Woodmont Centre, Suite 100
104 Woodmont Boulevard
Nashville, Tennessee 37205
Ph. (615) 298-3312 - Fax. 292-8746
E-mail: *main@wilkinsandivey.com*
W & I Ref: (PWJr/fs)

Davidson County DEEDQC
Recvd: 06/12/02 13:33 5pgs
Fees:32.00 Taxes:0.00
20020612-0071627

PREPARED FROM UNVERIFIED INFORMATION FURNISHED BY THE PARTIES
Dav. Co. File: Box 8

ADDRESS NEW OWNER:	RESPONSIBLE FOR TAX PAYMENT:
Jane A. Moshell Robert Edward Moshell P. O. Box 908 Bay Minette, Alabama 36507	SAME

TAX MAP-PARCEL NUMBERS: 095-09-0, 022.00

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the express purpose of making a re-conveyance to create **a joint tenancy with rights of survivorship in the Grantee**, the undersigned, **Jane Ann Spivey Moshell, as Grantor,** by these presents does hereby transfer, quitclaim and convey unto **Percy Wilkins, Jr., Trustee, Trustee's** successors and assigns, all of **Grantor's** right, title and interest, if any, in and to the following described real property, **To Wit:**

Land In Davidson County, Tennessee, being Lot No. 18 on the Map of W. E. Quinn, Jr., Subdivision of Lebanon Road, as of record in Book 1424, Page 111, Register's Office for Davidson County, Tennessee.

Said Lot No. 18 fronts 150 feet on the northeasterly side of Quinn Circle and runs Back between lines 231.05 feet on the southeasterly line and 226.3 feet on the northwesterly line to a dead line in the rear, measuring 150 feet thereon.

Being the same property conveyed to Larry (also known as Lowry) T. Bright and Jane Ann Spivey as joint owners with rights of survivorship, by deed from Tom G. Coleman, Trustee, of record in Book 5283, Page 295, Register's Office for Davidson County, Tennessee. Jane Ann Spivey subsequently married Robert Edward Lee Moshell, III on July 1, 1980 and adopted his surname. A copy of the Certificate of Marriage is attached as **Exhibit "A"** to this instrument and incorporated herein by reference. The said Lowry T. Bright died on May 3, 2002 in Davidson County, Tennessee, vesting full ownership in Jane Ann Spivey Moshell. A copy of his Death Certificate is attached as **Exhibit "B"** to this instrument and incorporated herein by reference.

Description Reference: The description is the same as that used in the last deed prior to this transaction..

This is improved property, known as: 103 Quinn Circle, Nashville, Tennessee

And now, I, the said **Percy Wilkins, Jr., Trustee,** for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby transfer, quitclaim and convey unto **Jane A. Moshell and** (her son) **Robert Edward Moshell,** as joint tenants with rights of survivorship, **Grantee, Grantee's** heirs and assigns, the same property hereinabove described and set forth, to which reference is here made.

WITNESS THE EXECUTION HEREOF on June 7th, 2002.

Jane Ann Spivey Moshell

Percy Wilkins, Jr., Trustee

State of Alabama
County of Baldwin

On June 7, 2002, before me the undersigned authority, personally appeared **Jane Ann Spivey Moshell,** to me known (or proved to me on the basis of satisfactory evidence) to be the person(s) described in and who executed the foregoing instrument, and acknowledged the execution as a free act and deed.

Notary Public

My Commission Expires: March 29, 2006

LARRY J. BROWN NOTARY PUBLIC STATE AT LARGE

State of Tennessee
County of Davidson

On June 11, 2002, before me the undersigned authority, personally appeared **Percy Wilkins, Jr.,** to me known (or proved to me on the basis of satisfactory evidence) to be the person(s) described in and who executed the foregoing instrument, and acknowledged the execution as a free act and deed.

Notary Public

My Commission Expires:

SALLY C. TAYLOR NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires JAN. 31, 2004

State of Alabama
County of Baldwin

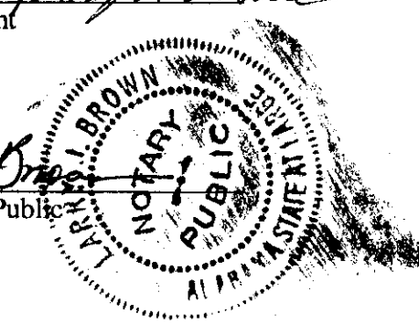
AFFIDAVIT

The undersigned Affiant hereby declares under oath that the actual consideration for this transfer is: $-0-

Jane Ann Lyerly Nesbitt
Affiant

Sworn and subscribed before me on June 7, 2002.

Larry J. Brown
Notary Public



My Commission Expires: March 29, 2006

WIdoc: QC Deed-2 Pt QDoc

EXHIBIT "A"

Certificate of Marriage

STATE OF ALABAMA, BALDWIN COUNTY

Marriage License

The State of Alabama, Baldwin County.

To any person lawfully authorized to solemnize marriages within said State, Greetings:

You are hereby authorized to celebrate the Rite of Matrimony between:

ROBERT EDWARD LEE MOSHELL, III and JANE B. SPIVEY

and required to return Marriage License, and Certificate, duly certified under your hand, to the Probate Judge of the aforesaid County.

Witness my name as Judge of Probate at the Court House in Bay Minette, Alabama, this the 1ST day of JULY, A. D., 19 80

HARRY D'OLIVE
Judge of Probate.

Marriage Certificate

I certify that the within named ROBERT EDWARD LEE MOSHELL, III
(Name of Groom)

and JANE B. SPIVEY
(Name of Bride were by me, the

undersigned, joined in marriage, by the authority of the within License. Done this 1ST day of JULY, A. D., 19 80, in the County of BALDWIN Town of BAY MINETTE State of Alabama.

HARRY D'OLIVE
(Signature of Minister or Legally Authorized Officer)

JUDGE OF PROBATE
(Title)

Address BAY MINETTE, AL. 36507

The State of Alabama, Baldwin County.

I, Harry D'Olive, Judge of Probate for said County in said State, hereby certify that the above and foregoing transcript is a true and correct copy of the Marriage License and Certificate of Marriage of said parties as the same appears of record in my office, in Marriage Record No. 54, Page 55

Given under my hand and official Seal at Bay Minette, Alabama, this the 1st day of JULY, 1980

PROBATE COURT BALDWIN COUNTY OFFICIAL SEAL

Harry D'Olive
Judge of Probate.

By Robert Pabst
CHIEF CLERK

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "B"

0202490

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LOWRY THOMAS BRIGHT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 3, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3373
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb.26,1924
7. BIRTHPLACE (City and State or Foreign Country): Shelbyville, KY
8. EVER IN ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): McKendree Manor
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mildred
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Accountant
12b. KIND OF BUSINESS/INDUSTRY: Western Electric
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 103 Quinn Cir
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 4

NAME OF DECEDENT: Not to be Printed or Typewritten

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Bright
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edith McConnell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mildred Bright
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 103 Quinn Cir, Nash.Tn. 37210

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Mausoleum
20c. LOCATION-City or Town, State: Nashville, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: David Baldwin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3169
21c. SIGNATURE OF EMBALMER: Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Ln, Nash.TN. 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Helen A. Bunn
24. DATE FILED (Month, Day, Year): May 8, 2002

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Renata Bluhm MD
25b. LICENSE NUMBER: MD19042
25c. DATE SIGNED (Month, Day, Year): 5.7.02
25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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. Renata Bluhm, 5651 Frist Blvd, Hermitage, TN. 37076

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)

SEE INSTRUCTIONS ON OTHER SIDE.

Immediate Cause (Final disease or condition resulting in death): a. Aspiration
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. Cerebrovascular Accident
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 [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)

PH-1859 (REV. 6/99)

BIRTH NO.

RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

John P. Dunn
John P. Dunn
Local Registrar

MAY 8 2002
Date Issued

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

CERTIFICATION OF VITAL RECORD