Davidson County DEEDWARR
Recvd: 04/30/03 09:56 6pgs
Fees:32.00 Taxes:0.00

20030430-0057647

Dav. Co. File No. 14-A
jtc file no. 16077-4

EXECUTOR'S DEED

FROM: Nancy M. Lorenzi,
Executrix of the Estate of
Robert T. Riley, Deceased

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

TO: Nancy M. Lorenzi

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
307 St. James Park Nashville, TN 37215	Same	Map: 117 13 B Parcel: 93 CO

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

Affiant

JOHN T. COOK NOTARY PUBLIC AT LARGE WILLIAMSON COUNTY, TN
Comm. Expires 04/10/05

Sworn to and subscribed before me, this 24 day of April, 2003.

Notary Public

My Commission Expires: 4/10/05

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 Robert T. Riley by that certain Warranty Deed, Instrument No. 200007110068682, of record in the Register's Office for Davidson County, Tennessee.

WHEREAS, Robert T. Riley died on January 18, 2003, as evidenced by the death certificate attached hereto as ~~Exhibit B~~ and incorporated herein by this reference, and is survived by the following: Nancy M. Lorenzi, spouse; and Kenneth R. Riley, son.

WHEREAS, upon the death of Robert T. Riley, the Property passed to Nancy M. Lorenzi by Last Will and Testament of Robert T. Riley, Probate Docket No. 03-P318, Davidson County Seventh Circuit Court, Probate Division.

WHEREAS, Nancy M. Lorenzi as Executrix, executes 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 Nancy M. Lorenzi, a resident of Davidson County, Tennessee (the "~~Grantee~~").

The Property is improved property known as 307 St. James Park, Nashville, 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 24 day of April, 2003.

Nancy M. Lorenzi, Executrix of the
Estate of Robert T. Riley, Deceased

STATE OF TENNESSEE)
COUNTY OF ~~Davidson~~)

JOHN T. COOK NOTARY PUBLIC AT LARGE WILLIAMSON COUNTY, TN Comm. Expires 04/10/05

Personally appeared before me, John T. Cook, a Notary Public of said County and State, Nancy M. Lorenzi, Executrix, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be Executrix of the Estate of Robert T. Riley, 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 Executrix.

Witness my hand, at office, this 24 day of April, 2003.

Notary Public

My Commission Expires: 4/10/05

JOHN T. COOK
NOTARY PUBLIC AT LARGE
WILLIAMSON COUNTY, TN
Comm. Expires 04/10/05

EXHIBIT A

Property Description

Land lying and being in Davidson County, Tennessee, being Lot No. 307 on the Plan of Phase One, Abbottsford, of record in Plat Book 6250, pages 419, 420 and 421 (amended in Book 6576, page 509, Book 6771, page 683, Book 6771, page 688, Book 6771, page 698, and by surveyors Certificate of Correction of record in Book 6800, page 164), Register's Office for Davidson County, Tennessee to which reference is hereby made for a more complete description thereof.

Being the same property conveyed to Robert T. Riley from Betsy Lane Partnership, a Tennessee General Partnership by Deed of record as Instrument Number: 200007110068682, said Register's Office for Davidson County, Tennessee.

EXHIBIT B

Death Certificate for Robert T. Riley.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

030161

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): Robert Thomas Riley
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 1-18-2003
4. SOCIAL SECURITY NUMBER (of Deceased): 295-30-6443
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): 6-26-1937
7. BIRTHPLACE (City and State or Foreign Country): Akron, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 307 St. James Park
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Nancy Lorenzi
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Professor/Consultant
12b. KIND OF BUSINESS/INDUSTRY: University/ Management Training
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 307 St. James Park
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
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+): 5+

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ezra Riley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bertha Rohner

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Lorenzi
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 307 St. James Park Nashville, TN 37215

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes
24. DATE FILED (Month, Day, Year): January 21, 2003

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: B. Murphy
25b. LICENSE NUMBER: MD 024494 TN
25c. DATE SIGNED (Month, Day, Year): 1/20/03
26a. 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): Barbara A. Murphy,M.D., Vanderbilt-Ingram Cancer Center,777 PRB, Nashville, TN 37232

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. Squamous cancer of unknown head + neck primary — 24m
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. neuroendocrine tumor of unknown primary — 24m
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 [X] 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-1659 (REV. 8/99)

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.

[redacted]

JAN 21 2003
Date Issued

Tonya Y Rutter
Local Registrar

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON

CERTIFICATION OF VITAL RECORD