THIS INSTRUMENT PREPARED BY:
Sean P. Scally, Esq.
Vanderbilt University
Office of General Counsel
2100 West End Ave., Suite 750
Nashville, TN 37203

Davidson County DEEDWARR
Recvd: 07/02/03 15:44 3pgs
Fees:17.00 Taxes:0.00
20030702-0091835

DEED OF CORRECTION

WHEREAS, by deed dated October 12, 1969, from R. L. Gardner ("Grantor") to Vanderbilt University and R. L. Gardner, Life Estate ("Grantee"), of record in Book 4373, page 732, Register's Office for Davidson County, Tennessee (the "Deed"), Grantor conveyed to Grantee certain real property in Davidson County, Tennessee, more particularly described in the Deed; and

WHEREAS, R. L. Gardner referred to in the Deed is in error, and Grantee desires to correct the deed information to accurately reflect the owner of property;

WHEREAS, the deed identifies R. L. Gardner, Social Security Number [redacted]-8659, as holding a life estate in the referenced property, but the life estate has extinguished with the death of Robert Lee Gardner, as evidenced by the verified death certificate from the State of Tennessee, Office of Vital Records, a true copy attached hereto.

NOW, THEREFORE, in consideration of the foregoing, Vanderbilt University hereby confirms that the Deed is hereby amended by deleting the following language:

and R. L. Gardner, Life Estate

and by adding the following language in the place of the deleted language:

The sole owner of said property shall be The Vanderbilt University, Nashville, Tennessee.

Except for the correction hereby made, the Deed shall continue in full force and effect in all respects.

IN WITNESS WHEREOF, Vanderbilt University has executed this instrument, or have caused this instrument to be executed, this 20th day of June, 2003.

THE VANDERBILT UNIVERSITY

By: Lauren J Brisky

Title: Vice Chancellor Administration and CFO

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

Before me, Barbara Schulz of the State and County mentioned, personally appeared Lauren J. Brisky, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged such person to be Vice Chancellor Administration and CFO (officer authorized to execute the instrument) of The Vanderbilt University, the within-named bargainor, a corporation, and that such officer as such Vice Chancellor Administration and CFO, executed the foregoing instrument for the purpose therein contained, by personally signing the name of the corporation as Vice Chancellor Administration and CFO.

Witness my hand and seal, at office in Nashville, Tennessee, this 20th day of June, 2003.

Barbara Schulz
Notary Public

My Commission expires: July 30, 2005.

BARBARA SCHULZ NOTARY PUBLIC AT LARGE DAVIDSON

STATE OF TENNESSEE
Office of Vital Records

9303004

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 93 019810

1. DECEDENT'S NAME (First, Middle, Last): ROBERT LEE GARDNER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 8, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): 704-09-8659
5a. AGE – LAST BIRTHDAY (Years): 94
5b. UNDER 1 YEAR – MOS. / DAYS: 5c. UNDER 1 DAY – HOURS / MIN.:
6. DATE OF BIRTH (Month, Day, Year): JUL 17, 1898
7. BIRTHPLACE (City and State or Foreign Country): COLUMBUS, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. 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): RICHLAND PLACE HEALTH CARE 990
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE 094
9d. COUNTY OF DEATH: DAVIDSON 19
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): BRAKEMAN
12b. KIND OF BUSINESS/INDUSTRY: L & N RAILROAD
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 014
13d. STREET AND NUMBER OR RURAL LOCATION: 3014 WELLINGTON AVE
CT 13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37212
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 5; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): UNKNOWN
18. MOTHER'S NAME (First, Middle, Maiden Surname): ELIZA ALLEN
19a. INFORMANT'S NAME (Type/Print): CHRISTIE STEVENS
19b. RELATIONSHIP TO DECEASED: Granddaughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3014 WELLINGTON AVE, NASHVILLE, TN 37212
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): SPRING HILL
20c. LOCATION – City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Bluett
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40
23. REGISTRAR'S SIGNATURE: Maurice H. Biggerstaff
24. DATE FILED (Month, Day, Year): June 15, 1993
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: Fred Goldner M.D.
25b. LICENSE NUMBER: MD000294
25c. DATE SIGNED (Month, Day, Year): 6-11-93
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): FRED GOLDNER M.D., 329 21ST AVE. N., NASHVILLE, TN. 37203

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

Date Issued May-29-2003

CERTIFICATION OF VITAL RECORD