Prepared by:
THIS INSTRUMENT PREPARED BY:
HATCHER ESCROW COMPANY
113 SHIVEL DRIVE
HENDERSONVILLE, TENNESSEE 37075

Davidson County DEEDQC
Recvd: 09/23/03 12:27 3pgs
Fees:17.00 Taxes:0.00
20030923-0140632

MAP. GROUP. PARCEL.
83-11-93

NEW OWNERS:
~~Cary Jason Wright~~
~~2300 Barclay Drive~~
~~Nashville, Tennessee 372~~~~56~~

Cary Jason Wright
1813 County Road 203
Durango, CO 81301

SEND TAX BILLS TO:
New Owner

QUITCLAIM DEED

NO TITLE SEARCH. INFORMATION PROVIDED BY GRANTORS

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars cash in hand paid, Bill Wright (husband of Sue Wright), Cary Jason Wright and Monica Leigh Wright (children of Bill Wright and Sue Wright), by this instrument **QUITCLAIM** all of the interest of Grantors in the hereinafter described property unto Cary Jason Wright, his heirs and assigns forever, the property described as follows:

LAND in Davidson County, Tennessee,

BEING Lot No. 107 on the Plan of Eastland Acres, Section 1, a plat of which is of record in Plat Book 2133, Page 103, Register's Office for Davidson County, Tennessee, to which reference is hereby made for further description of said property.

The subject property is improved property commonly known as 2300 Barclay Drive, Nashville, Tennessee.

BEING the same property conveyed to Bill Wright and Sue Wright, by deed of record in Book 4692, Page 980, Register's Office for Davidson County, Tennessee. Bill Wright executes this instrument in accordance with the Orders in the Final Decree of Divorce by the Fourth Circuit Court for Davidson County, Tennessee, in Case Number: 85D-1427, and acknowledges payment of the $5000.00 as ordered by the Court. Sue Wright is deceased and she is survived by two children: Cary Jason Wright and Monica Leigh Wright, who also execute this instrument as the sole survivors of Sue Wright. The estate of Sue Wright is a non-taxable estate. The property was further conveyed to Mary Sue Wright by final decree of divorce record in book 8156, page 988 RODC Mary Sue Wright and Sue Wright is one and the same person. Billie Lee Wright and Bill Wright is one and the same person.

Bill Wright

Bill Wright

Cary Jason Wright

Cary Jason Wright

Monica Leigh Wright

Monica Leigh Wright

STATE OF ~~COLORADO~~ Texas
COUNTY OF ~~LA PLATA~~ Tarrant

Before me, the undersigned, a Notary Public in and for State and County aforesaid, personally appeared the within named, Bill Wright, with whom I am personally acquainted, and acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and seal at Tarrant County, Texas this the 17 Day of July, 2000.

Kay Donna Hale
Notary Public
MY COM. EXPIRES: 3/18/2003

KAY DONNA HALE
Notary Public, State of Texas
My Commission Expires
MARCH 18, 2003

STATE OF COLORADO
COUNTY OF LA PLATA

Before me, the undersigned, a Notary Public in and for State and County aforesaid, personally appeared the within named, Cary Jason Wright, with whom I am personally acquainted, and acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and seal at FIRST NATIONAL BANK DURANGO, COLO, this the 13TH Day of July, 2000.

Edie Pene
Notary Public
MY COM. EXPIRES: 04-13-04

EDIE PENE NOTARY PUBLIC STATE OF COLORADO

STATE OF Missouri
COUNTY OF St. Louis City

Before me, the undersigned, a Notary Public in and for State and County aforesaid, personally appeared the within named, Monica Leigh Wright, with whom I am personally acquainted, and acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and seal at St. Louis, MO, this the 21st Day of July, 2000.

Lynn Aromando
Notary Public
MY COM. EXPIRES: 4/11/2004

LYNN AROMANDO
NOTARY PUBLIC, STATE OF MISSOURI
MY COMMISSION EXPIRES APRIL 11, 2004
ST. LOUIS CITY

LYNN AROMANDO NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

STATE OF TENNESSEE
COUNTY OF SUMNER

The actual consideration for this transfer is none. This is a conveyance in accordance with a Final Decree of Divorce and in settlement of an estate.

AFFIANT

Sworn to and subscribed before me, this 15th day of Sept, ~~2000.~~ 2004

Rosie Thompson
NOTARY PUBLIC
MY COM. EXPIRES: 11-30-2004

ROSIE THOMPSON NOTARY PUBLIC STATE OF COLORADO

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, 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.

NOV 19 1998

9805837

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): Mary Sue Wright
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 4, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7012
5a. AGE - LAST BIRTHDAY (Years): 57
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept. 24, 1941
7. BIRTHPLACE (City and State or Foreign Country): Trousdale Co. Tennessee
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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2300 Barclay Drive
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.): Administrative Asst.
12b. KIND OF BUSINESS/INDUSTRY: State of Tennessee
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2300 Barclay Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): ; College (1-4 or 5+): 5

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Townesnd White
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hattie Hall

INFORMANT

19a. INFORMANT'S NAME (Type/Print): C.J. Wright
19b. RELATIONSHIP TO DECEASED: son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2300 Barclay Drive Nashville, TN 37206

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): White/Hall Family Cemeter
20c. LOCATION - City or Town, State: Providence, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Donald Garrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: ▶ Carolyn Young
21d. LICENSE NUMBER OF EMBALMER: 4982
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ M. Ann A. Bowen
24. DATE FILED (Month, Day, Year): November 11, 1998

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: ▶ Richard D. Blum
25b. LICENSE NUMBER: 10010773 TN
25c. DATE SIGNED (Month, Day, Year): Nov 9, 1998
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)

SEE INSTRUCTIONS ON OTHER SIDE

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

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. LYMPHOMA — DUE TO (OR AS A CONSEQUENCE OF): — 5 yrs

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 [X] No

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

30. MANNER OF DEATH: 1 [ ] 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)

BIRTH NO.

PH-1659
REV. 1/89