Prepared by :

Luvell L. Glanton
Attorney at Law
915 Jefferson Street
Nashville, TN 37208

Davidson County DEEDQC
Recvd: 10/03/03 10:56 4pgs
Fees:22.00 Taxes:0.00
20031003-0146326

ADDRESS OF NEW OWNER:
NEW JERUSALEM CHURCH
1104 Jennings
Nashville, TENNESSEE 37208

SEND TAX BILLS TO:
SAME AS OWNER

MAP-PARCEL NO.:
MAP 70-15
PAR 011

QUITCLAIM DEED

FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, We, WALTER D. LEWIS, SR., FERNANDEZ M. LEWIS c/o WALTER D. LEWIS, SR., JANICE M. SMITH, JAMES GRIGSBY, SR. PRISCILLA DOWLING, MARIAN D. PERRY c/o WALTER LEWIS, SR., MELVIN GRIGSBY, and WALTER LEWIS, JR., (Grantors) have this day bargained and sold and by these presents do hereby quitclaim and convey unto NEW JERUSALEM CHURCH, (Grantees) herein, their successors and assigns, all of our interest in the following described real estate situated in Davidson County, Nashville, Tennessee, particularly described as follows, to-wit:

Land in Davidson County, Tennessee, being the easterly 45 feet of Lots Nos. 35 and 36 on the Plan of the Subdivision of Lot No. 37 in Owen's Plan of Buena Vista Lots, as of record in Plan Book 1, Page 84, Chancery Court at Nashville, and Book 57, page 26, Register's Office for said County, and described according to a survey made by Watkins & Murray Surveyor, August 5, 1947 as follows:

Said parts of Lots Nos. 35 and 36 fronts 45 feet on the northerly side of Jennings Street and run back 93.4 feet, more or less, on the westerly line and 93.2 feet on the easterly line, with the westerly margin of an alley, to the northerly line of said Subdivision, measuring 45 feet thereon.

Being the same property conveyed to Dorothy P. Lewis by deed from Walter D. Lewis of record in Book 4979, page 344, Register's Office for Davidson County, Tennessee.

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 19th day of September, 2003.

Walter D. Lewis Jr.
WALTER D. LEWIS, SR.

Fernandez M. Lewis
FERNANDEZ M. LEWIS
c/o WALTER D. LEWIS, SR.

Janice M. Smith
JANICE M. SMITH

James R. Grigsby Jr.
JAMES GRIGSBY, SR.

Priscilla Dowling
PRISCILLA DOWLING

Marian D. Perry
MARIAN D. PERRY
c/o WALTER LEWIS, SR.

Melvin D. Grigsby
MELVIN GRIGSBY

Walter D Lewis Jr
WALTER LEWIS, JR.

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

I, or we, hereby swear or affirm that the actual consideration for this transfer or value of the property or interest in property transferred, whichever is greater, is ($1.00) ONE DOLLARS, which amount is equal to or greater than the amount the property or interest in property transferred would command at a fair and voluntary sale.

Walter D. Lewis, Sr.
AFFIANT

Janice M. Smith
AFFIANT

Fernandez M. Lewis
AFFIANT

Walter D Lewis
AFFIANT

Priscilla Dowling
AFFIANT

James A Grigsby
AFFIANT

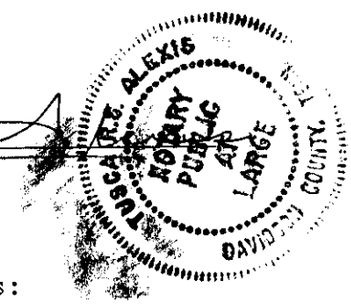
Marian D. Perry
AFFIANT

AFFIANT

STATE OF TENNESSEE }
)
COUNTY OF DAVIDSON }

On this the 19th day of September, 2003, before me personally appeared WALTER D. LEWIS, SR., FERNANDEZ M. LEWIS c/o WALTER D. LEWIS, SR., JANICE M. SMITH, JAMES GRIGSBY, SR. PRISCILLA DOWLING, MARIAN D. PERRY c/o WALTER LEWIS, SR., MELVIN GRIGSBY, and WALTER LEWIS, JR., bargainors, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

Susan R. Sisk
NOTARY PUBLIC



My commission Expires:

November 25, 2003

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS
$ 0
Kathi McAdoo
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 3rd DAY OF Oct. 2003
Deputy Register

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

JUN 29 1992

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.

Nicole C. Whatley, M.D.
REGISTRAR

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — 920626 — STATE FILE NUMBER 310 U

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dorothy Pearl Lewis
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 2, 1992
4. SOCIAL SECURITY NUMBER (of Decedent): 409-46-4275
5a. AGE - LAST BIRTHDAY (Years): 64
5b. UNDER 1 YEAR: months / days
5c. UNDER 24 HOURS: hours / min
6. DATE OF BIRTH (Month, Day, Year): 02-07-1928
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 [X] DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metro General Hospital
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.): Domestic
12b. KIND OF BUSINESS/INDUSTRY: Private Homes
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1106 Jennings Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 [X] No
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) College (1-4 or 5+)

PARENTS

17. MOTHER'S NAME (First, Middle, Maiden Surname): Un-known
18. FATHER'S NAME (First, Middle, Maiden Surname): Un-known

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Janice Smith
19b. RELATIONSHIP TO DECEDENT: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4075 Fairmeade Drive Nashville, Tn.

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): Greenwood Cemetery/West
20c. LOCATION—City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH FUNERAL DIRECTORS, INC. 706 Monroe Street Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): June 15, 1992

PHYSICIAN

25a. PHYSICIAN — On the basis 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:
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

MEDICAL EXAMINER

25a. 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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶ Gretel C. Harlan, M.D.
25b. LICENSE NUMBER: 8872
25c. DATE SIGNED (Month, Day, Year): 6/23/92

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): Gretel C. Harlan, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110

CAUSE OF DEATH

28. PART I. Enter the Disease, 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): a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 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. — DUE TO (OR AS A CONSEQUENCE OF): c. — DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

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:
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):

ADMIN VALUES 6157491859 10/02 '03 08:37 NO.042 02/02

THIS INSTRUMENT PREPARED BY:
TUSCA R.S. ALEXIS
ATTORNEY AT LAW
915 JEFFERSON STREET
NASHVILLE, TN 37211

PICK-UP

Davidson County AFFIDAVIT
Recvd: 09/03/03 13:44 3pgs
Fees:17.00 Taxes:0.00
[redacted]
20030903-0127667

AFFIDAVIT OF HEIRSHIP

Comes now Janice M. Smith, James Grigsby, Sr., Priscilla Dowling, Marian D. Perry, Melvisn Grigsby, Walter Lewis, Jr., and Fernandez M. Lewis, and after being duly sworn would state upon personal knowledge and information as follows:

1. That we are the only surviving heirs of our mother, Dorothy Pearl Lewis.
2. That we are the biological children of Dorothy Pearl Lewis.
3. Dorothy Pearl Lewis was the owner of home located on 1106 Jennings Avenue Nashville, TN 37208, more specifically described as book 4979, page 344 in the register of deeds office of Davidson County, Tennessee.
4. Dorothy Pearl Lewis died intestate on June 2, 1992.
5. We are the sole heirs of Dorothy Pearl Lewis, now deceased.

Dated this the 13 day of August, 2003.

Janice M. Smith
JANICE M. SMITH

Sworn to and subscribed before me, this 13th day of August, 2003, as

NOTARY PUBLIC

My Commission Expires: 11-25-06

TUSCA R.S. ALEXIS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY