Prepared by: Toni L. Gordon
4833 Clayton Crossing Lane
Ellenwood, Georgia 30294

MAP 091050
PAR 02200

QUITCLAIM DEED

THIS INDENTURE, made the 10 day of December in the year 2003, between LARRY EARL FREEMAN, of the County of DeKalb, and State of Georgia, as party of the First Part, hereinafter called Grantor, and TONI L. GORDON, f/k/a Toni L. Toombs, of the County of Clayton, and State of Georgia, as party of the Second Part, hereinafter called Grantee (the words "Grantor" and "Grantee" to include their respective heirs, successors and assigns where the context requires or permits).

WITNESSETH that: Grantor, for and in consideration of the sum of zero dollars ($0.00) and other valuable considerations in hand paid at and before the sealing and delivery of these presents, the receipt whereof is hereby acknowledged, by these presents does hereby remise, convey, transfer, release and forever QUITCLAIM all of my interest in the following property unto the said Grantee as follows:

ALL THAT TRACT or parcel of land in Davidson County, Tennessee, being lot number 21 on the map of Moss Woods Subdivision, a plat of which is of record in Plat Book 2663, page 102, Register's Office for Davidson County, Tennessee, to which reference is herby made for further description of said property. The subject is improved property commonly known as 6202 Laredo Avenue, Nashville, Tennessee 37209. Being the same property conveyed to grantors herein by deed of record in Book 10338, Page 977, Register's Office for Davidson County, Tennessee.

This deed is made for the purpose of confirming that TONI L. GORDON shall have full and complete right, title, interest, and equity in and to the above property.

Also, being the same property conveyed to Toni L. Toombs unmarried, and Larry E. Freeman and wife Roszella Freeman by deed recorded in Book 10423, Page 577, * R.O.D.C., TN. Toni L. Toombs has married and is now known as Toni L. Gordon. Roszella Freeman is now deceased. A copy of her death certificate is attached. **

* deed attached as exhibit "A"
** attached as exhibit "B"

Davidson County DEEDQC
Recvd: 12/22/03 08:24 5pgs
Fees:27.00 Taxes:0.00
20031222-0181478

IN WITNESSES WHEREOF, Grantor has signed and sealed this deed, the day and year first above written.

Sonya Thomas
UNOFFICIAL WITNESS

Letteia Smith
UNOFFICIAL WITNESS

Larry E. Freeman
LARRY EARL FREEMAN
Grantor

PERSONALLY appeared before me, the undersigned authority, Larry E. Freeman, and made oath that he executed the foregoing instrument as his free act and deed and for the purpose therein contained.

Sworn to and subscribed before me, this 16 day of December, 2003.

JO HELEN AKIN NOTARY PUBLIC DEKALB COUNTY

Jo Helen Akin
NOTARY PUBLIC

12-10-07
MY COMMISSION EXPIRES

The actual consideration or value whichever is greater for this transfer is $0.00.

Larry E. Freeman
LARRY EARL FREEMAN
Grantor

Sworn to and subscribed before me, this 16 day of December, 2003.

JO HELEN AKIN NOTARY PUBLIC DEKALB COUNTY

Jo Helen Akin
NOTARY PUBLIC

12-10-07
MY COMMISSION EXPIRES

Name & Address of New Owner
Toni L. Gordon
4833 Clayton Crossing Lane
Ellenwood, Georgia 30294

Send tax bills to:
Midland Mortgage
Attn: Tax Department
P. O. Box 26648
Oklahoma City, OK 73126-0648

Box 398

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

OUR FILE NUMBER: R-6098

BOOK 10423 PG 577

MAP/GROUP/PARCEL
091 05 0 022.00

NEW OWNER'S NAME AND ADDRESS:
Toni L. Toombs
6202 Laredo Avenue
Nashville, Tennessee 38209

SEND TAX BILLS TO:
XXXXXX Union Planters National Bank
Owner
158 Madison Avenue
Memphis, TN 38101

WARRANTY DEED

FOR GOOD CONSIDERATION, the receipt of which is hereby acknowledged, we, David T. Johnson and wife, Leta G. Johnson, hereinafter called Grantors, do hereby transfer and convey unto Toni L. Toombs, unmarried, her heirs and assigns, hereinafter called Grantee, property described as follows:

/Larry E. Freeman and wife, Roszella Freeman

LAND in Davidson County, Tennessee,

BEING Lot No. 21 on the Map of Moss Woods Subdivision, a plat of which is of record in Plat Book 2663, Page 102, 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 6202 Laredo Avenue, Nashville, Tennessee 37209.

BEING the same property conveyed to grantors herein by deed of record in Book 10338, Page 977, Register's Office for Davidson County, Tennessee.

TO HAVE AND TO HOLD the said tract or parcel of land, with appurtenances, estate, title, and interest thereto belonging to said grantee. Grantors covenant with grantee that they are lawfully seized and possessed of said land in fee simple, possessing a good right to convey it, and that the said land is unencumbered, except for current taxes, and restrictions and easements of record.

GRANTORS further covenant and bind themselves, their heirs, successors, and representatives to warrant and defend the title to the said land to Grantee, her heirs, successors, and assigns against the lawful claims of all persons whatsoever.

David T. Johnson

Leta G. Johnson

1706 04/21 0101 02DHEEK 870.00

02964 25
IDENTIFICATION REFERENCE

Exhibit "A"

STATE OF TENNESSEE
COUNTY OF SUMNER

PERSONALLY appeared before me, the undersigned authority, David T. Johnson and wife, Leta G. Johnson, with whom I am personally acquainted, and made oath that they executed the foregoing instrument as their free act and deed and for the purposes therein contained.

DONE at offices in Hendersonville, TN, on this the 16th day of April, 1997.

NOTARY PUBLIC

MY COMMISSION EXPIRES:
2-3-98

STATE OF TENNESSEE
COUNTY OF SUMNER

The actual consideration or value whichever is greater for this transfer is $70,600.00.

AFFIANT

Sworn to and subscribed before me, this the 16th day of April, 1997.

NOTARY PUBLIC

My Commission Expires:
2-3-98

Exhibit "B"

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN FULTON COUNTY, GEORGIA.

LOCAL CUSTODIAN
COUNTY OF FULTON, ATLANTA, GEORGIA

DATE 10/5/99

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number 008159

State File Number

1a. DECEDENT'S NAME (First, Middle, Last): ROSZELLA FREEMAN	1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME: THORPE	2. SEX: FEMALE	3. DATE OF DEATH (Mo., Day, Year): OCTOBER 1, 1999	
4. RACE (White, Black, Amer. Indian, etc.) (Specify): BLACK	5. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.): AMERICAN	6. DATE OF BIRTH (Mo., Day, Year): AUGUST 21, 1936	7a. AGE-Last Birthday (Years): 63	7b. UNDER 1 YEAR Mos. / Days; 7c. UNDER 1 DAY Hours / Mins.
8a. COUNTY OF DEATH: FULTON				
8b. CITY, TOWN or LOCATION OF DEATH: ATLANTA	8c. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): PIEDMONT HOSPITAL		8d. IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify): INPATIENT	
9a. STATE AND COUNTY OF BIRTH (If not in USA, name Country): TN./HENRY CO.	9b. CITIZEN OF WHAT COUNTRY?: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	11. SPOUSE (If married or widowed, give spouse's name—if wife, give maiden name): LARRY EARL FREEMAN	12. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): NO
13. SOCIAL SECURITY NUMBER: [redacted]	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LICENSED DAYCARE PROVIDER	14b. KIND OF INDUSTRY OR BUSINESS: DAYCARE CENTER		
15a. RESIDENCE – STATE: GEORGIA	15b. COUNTY: DEKALB	15c. CITY, TOWN or LOCATION: DECATUR	15d. STREET AND NUMBER: 3501 THORNWOODE POINTE	15e. INSIDE CITY LIMITS? (Yes or No): NO
16. FATHER'S NAME First / Middle / Last: ROGER / / THORPE	17. MOTHER'S MAIDEN NAME First / Middle / Last: LUCY / / McCOLLOUGH			
18a. INFORMANT'S NAME First / Middle / Last: LARRY / EARL / FREEMAN	18b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): 3501 THORNWOODE POINTE, DECATUR, GA. 30058	18c. RELATIONSHIP: HUSBAND		
19a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	19b. DISPOSITION DATE (Mo., Day, Year): OCT. 9, 1999	19c. CEMETERY OR CREMATORY NAME: MT. GLENWOOD MEMORY GARDENS WEST	19d. LOCATION (City or Town, State, Zip, County): GLENWOOD, IL./COOK COUNTY	
20a. FUNERAL DIRECTOR (Signature): Robert Wolfolk Jr.	20b. FUN. DIR. LICENSE NO.: 2965	20c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): DONALD TRIMBLE MORTUARY, INC. POST OFFICE BOX 17738 ATLANTA, GEORGIA 30316	20d. EST. LICENSE NO.: 1091	
21a. EMBALMER (Signature): David Wilson	21b. EMBALMER LICENSE NO.: 3376			

22. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C)

PART I

		Approximate interval between onset and death
A.	sepsis	
Due to, or as a consequence of:		
B.	renal failure	
Due to, or as a consequence of:		
C.	primary amyloidosis	

PART II

23. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I A. (If female, indicate if pregnant or birth occurred within 90 days of death.)

24a. AUTOPSY (Yes or No): NO	24b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)

25a. WAS OPERATION PERFORMED? (Yes or No): NO	25b. DATE OF OPERATION (Mo., Day, Year)	25c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)

26. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)	26a. DATE OF INJURY (Mo., Day, Year)	26b. DESCRIBE HOW INJURY OCCURRED	26c. HOUR OF INJURY
			M

26d. INJURY AT WORK? (Yes or No)	26e. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)	26f. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)

To Be Completed By CERTIFYING PHYSICIAN ONLY

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): 10/5/99 Lynn G. Thomas, MD

29b. DATE SIGNED (Mo., Day, Year): 10/5/99	29c. HOUR OF DEATH: 1:10 pm M

29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):

30b. DATE SIGNED (Mo., Day, Year)	30c. HOUR OF DEATH: M
30d. DATE PRONOUNCED DEAD (Mo., Day, Year): ON	30e. HOUR PRONOUNCED DEAD: AT

31a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner): LYNN A. THOMAS, MD	PHYS. LIC. NO. GA 32064	31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): 5440 HILLANDALE DR. LITHONIA, GA. 30038

22a. REGISTRAR (Signature): Vivian Davis	22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 05 1999

GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE

DO NOT FOLD THIS CERTIFICATE