PREPARED BY:

HELEN F. HUEY
924 POTTER LANE
NASHVILLE, TN 37206

MAP 83-8
PARCEL 84

SEND TAX BILLS TO: SAME

Davidson County DEEDQC
Recvd: 01/05/04 10:58 3pgs
Fees:17.00 Taxes:0.00
20040105-0001171

Quit Claim Deed

Made this 31st, day of December, 2003 A.D.by Helen F. Huey, the unremarried spouse of Joe R. Huey, deceased, whose address is: 924 Potter Lane, Nashville, Tennessee 37206 hereinafter called the grantor, to **Melinda A. Dement, a single person,** whose address is: Post Office Box 13610, Mexico Beach, Florida 32410 hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal re-presentatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of $ TEN AND NO/100 DOLLARS ($10.00) and other valuable considerations, receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the grantee forever, all the right, title, interest, claim and demand which the said grantor has in and to, all that certain land situate in Davidson County, Tennessee viz:

See Attached Schedule "A"

GRANTOR RESERVES A LIFE ESTATE

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said grantor, either in law or equity, to the only proper use, benefit and behoof of the said grantee forever.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.
Signed, sealed and delivered in our presence:

Witness
Printed Name Ida W. Garrett

Witness
Printed Name Catherine M Kitchens

Helen F. Huey (Seal)
Helen F. Huey
Address: 924 Potter Lane, Nashville, Tennessee 37206

State of Florida
County of Gulf

The foregoing instrument was acknowledged before me this 31st day, of December 2003, by Helen F. Huey, unremarried spouse of Joe R. Huey, who is personally known to me or who has produced Tennessee Dr Lic as identification.

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ -0-
Melinda Dement
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 5th DAY OF JANUARY 2004.
M. McBee
Deputy Register

Notary Public
Print Name: Ida W. Garrett
My Commission Expires:

Ida W. Garrett
MY COMMISSION # DD119897 EXPIRES
July 14, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

Quit Claim Deed
Closers' Choice

Exhibit "A"

Being Lot No. 104 on the Plan of Rosewood Heights, Section No. 3 of record in Book 2133, page 61, Register's Office for said County.

Said Lot No. 104 fronts 75 feet on the Westerly side of Potter Lane and runs back between parallel lines 150.5 feet on the North line and 150.2 feet on the South line to a dead line in the rear on which it measures 75 feet.

Being the same property conveyed to George W. Dobbins and wife Mary D. Dobbins, by deed from O.F. Ramsey and wife, Margaret J. Ramsey, of record in Book 2336, page 29, Register's Office for Davidson County, Tennessee.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

MAY 22 2001

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.

John P. Dean
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Joe R. Huey
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 9, 2001
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-0493
5a. AGE - LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): August 8, 1915
7. BIRTHPLACE (City and State or Foreign Country): Troy, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XX Yes 2 No
9a. PLACE OF DEATH (Check only one): Hospital: 1 XX Inpatient 2 ER/Outpatient 3 DOA; Other: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced)(Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Helen Forrester
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Controller
12b. KIND OF BUSINESS/INDUSTRY: U.S. Army Corp of Engineers
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: *57 Potter Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX 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 XX 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): 0; College (1-4 or 5+): 2
NAME OF DECEDENT: For use by physician or institution
17. FATHER'S NAME (First, Middle, Last): William Huey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Amanda Miller
19a. INFORMANT'S NAME (Type/Print): Helen Huey
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 924 Potter Lane Nashville, TN 37206
20a. METHOD OF DISPOSITION: 1 XX 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 Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: Jim Grisham
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Road, Nashville, Tennessee, 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046
23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): May 22 2001

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: MD
25b. LICENSE NUMBER: MD 010614
25c. DATE SIGNED (Month, Day, Year): 5/16/01

26a. MEDICAL EXAMINER – 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) 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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

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. Dehydration — DUE TO (OR AS A CONSEQUENCE OF): — 3 days
b. Acute Renal Failure — DUE TO (OR AS A CONSEQUENCE OF): — 3 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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.
Diabetes Mellitus

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 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
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. 2-93

BIRTH NO

RDA 1399