This instrument prepared by:
Christel Rasnic
3840 Round Rock Drive
Antioch, Tennessee 37013

RETURN TO RECORDING DEPT.
Lenders First Choice
3850 Royal Avenue
Simi Valley, CA 93063

QUIT CLAIM DEED
~~WARRANTY DEED~~
TITLE OF DOCUMENT

Davidson County DEEDQC
Recvd: 01/20/05 10:59 5 pgs
Fees:27.00 Taxes:0.00
20050120-0007369

ADDRESS NEW OWNER AS FOLLOWS:
Christel Rasnic
3840 Round Rock Drive
Antioch, Tennessee 37013

MAIL TAX STATEMENT TO:
Christel Rasnic
3840 Round Rock Drive
Antioch, Tennessee 37013

MAP PARCEL NUMBERS:
Map/Parcel: 176-01-19

FOR AND IN CONSIDERATION of the sum of Ten dollars and no/100 ($10.00), cash in hand paid by the grantee and other good and valuable considerations accepted as cash, the receipt and sufficiency of which is hereby acknowledged, Christel Rasnic, formerly known as Christel Brookshire, surviving spouse of Todd Rasnic, as per attached certified copy of Certificate of Death has this day bargained and sold, and does hereby transfer and convey unto the said Christel Rasnic, a widow, Grantees herein, their successors and assigns, certain real estate in Davidson County, Tennessee as follows:

LOT 105, SECTION A OF THE HICKORY WOODS SUBDIVISION.

Being the same property conveyed to Todd Rasnic and Christel Brookshire by Deed from _____ of record in Book _____, Page _____, said Register's Office.

The express purpose of this conveyance is to Remove Deceased from Title.

This is unimproved ( ) property known as 3840 Round Rock Drive, Antioch, Tennessee 37013
Improved ( )

TO HAVE AND TO HOLD said real estate with the appurtenances, estate, title and interest thereto belonging to the Grantee, its successors and assigns, forever. We covenant that we are lawfully seized and possessed of said real estate in fee simple, have a good right to convey it, and that the same is unencumbered except for those encumbrances of record in the Register's Office of Davidson County, Tennessee.

We further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to said real estate to said Grantee, its successors and assigns, against the lawful claims of all person, claiming by, through or under the Grantor, but against none other.

Whenever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

RECORDERS MEMO
IBILITY OF WRITING, TYPING OR
TING IN THIS DOCUMENT
TISFACTORY WHEN RECEIVED

Witness our hand this 11 day of NOVEMBER, 2004, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Christel Rasnic

Christel Rasnic f/k/a
Christel Brookshire

ACKNOWLEDGMENT

STATE OF TN)
COUNTY OF DAVIDSON) ss

Personally appeared before me, EVERETT PARSONS, a Notary Public in and for said County and State, **Christel Rasnic f/k/a Christel Brookshire** the within named bargainor, individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Given under my hand and official seal of office at ANTIOCH, TN this 11 day of NOVEMBER, A.D., 2004.

NOTARY STAMP/SEAL EVERETT PARSONS NOTARY PUBLIC AT LARGE SUMNER COUNTY, TENN.

Everett Parsons
NOTARY PUBLIC
Notary Commission Expires: 10-7-07

AFFIDAVIT OF VALUE

STATE OF ~~Tennessee~~)
COUNTY OF ~~Davidson~~)

~~The actual consideration or value whichever is greater, for this transfer is $~~XXXXXXXXXXXX

~~Subscribed and sworn to before me this the ___ day of ___ 20___~~XXXXXXXX

(Affix Seal)

[signature]
Affiant

(See attached)
Notary Public
My Commission Expires: —

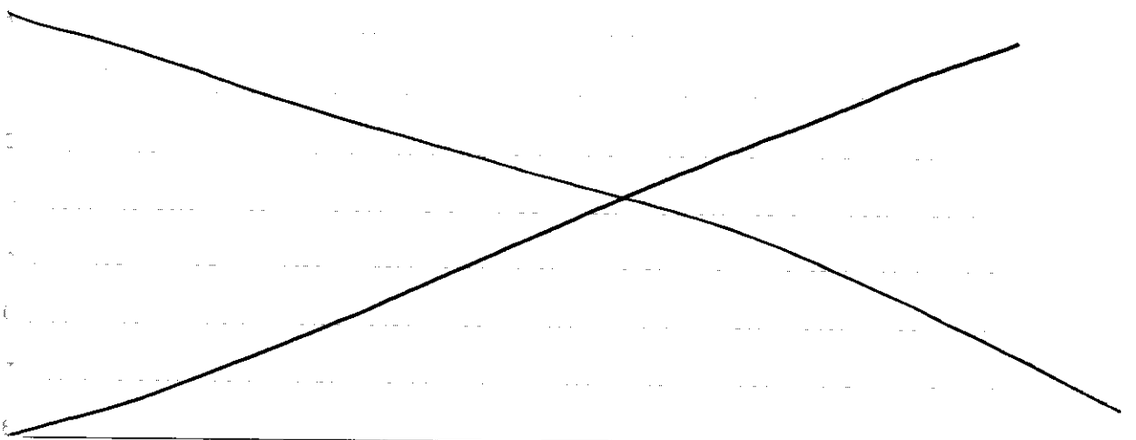
I, or we, hereby swear or affirm that to the best of the affiants knowledge, information, and belief, the actual consideration for this transfer is $10.00.

[signature]

JURAT WITH AFFIANT STATEMENT

State of California
County of Ventura } ss.

☒ See Attached Document (Notary to cross out lines 1–8 below)
☐ See Statement Below (Lines 1–7 to be completed only by document signer[s], *not* Notary)



Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

FAITH NOELLE COOKSEY
Commission # 1376106
Notary Public - California
Ventura County
My Comm. Expires Sep 22, 2006

Subscribed and sworn to (or affirmed) before me this 18TH (Date) day of January (Month), 2005 (Year), by

(1) Cheyenne Mazarei
Name of Signer(s)

(2) _____
Name of Signer(s)

Faith Noelle Cooksey
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

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SCHEDULE "A"

LOT 105, SECTION A OF THE HICKORY WOODS SUBDIVISION. DAVIDSON, TN

SOURCE OF TITLE: DOCUMENT NO. 200011030109490
RECORDED: 11/03/2000

APN: 176-01-19.

Derivation Clause

The instrument constituting the source of the Borrower's interest in the foregoing described property was a Warranty Deed recorded 11-3-00 as document no. 200011030109490 in the Register's office of Davidson County, TN.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
STATE FILE NUMBER

CERTIFICATE OF DEATH

IMPORTANT: PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Bradley Todd Rasnic
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 10, 2004
4. SOCIAL SECURITY NUMBER: [redacted]1416
5a. AGE-Last Birthday (Years): 30
5b. Under 1 Year: Months / Days
5c. Under 24 Hours: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 6, 1974
7. BIRTHPLACE (City and State or Foreign Country): Lexington Ky.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [XX] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6505 Graycroft Dr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Knoxville
9d. COUNTY OF DEATH: Knox
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Christel Brookshire
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not write "retired"): Security Police Officer
12b. KIND OF BUSINESS/INDUSTRY: Y-12
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Knox
13c. CITY, TOWN OR LOCATION: Knoxville
13d. STREET AND NUMBER OF USUAL LOCATION: 6505 Graycroft Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37918
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 [ ] Yes 2 [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): 12 College (1 or more): 3

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Rasnic
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Jane Kilmash

INFORMANT

19a. INFORMANT'S NAME (Type/print): Christel Rasnic
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6505 Graycroft Drive Knoxville TN 37918

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [XX] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): East Tn. Cremation Co.
20c. LOCATION-City or Town, State: Maryville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Martin L. Bowling III
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2232
21c. SIGNATURE OF EMBALMER: Axx E
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Rose Mortuary Broadway Chapel, 1421 N. Broadway, Knoxville, TN 37917
22b. LICENSE NUMBER OF FUNERAL HOME: lic #220

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): April 2, 2004

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(s) stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER:
25d. DATE SIGNED (Month, Day, Year):
26d. 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(s) stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Darinka Milenovic M.D. Ph.D.
26b. LICENSE NUMBER: 36232
26c. DATE SIGNED (Month, Day, Year): March 30, 2004
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/print): Darinka Milenovic M.D. Ph.D. 1924 Alcoa Hwy Knoxville, TN 37920

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

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: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Contact gunshot wound of chest
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.
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 TO COMPLETE CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [X] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 03-19-04
31b. TIME OF INJURY: AM
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Self-inflicted gunshot wound
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Home
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 6505 Graycroft Drive Knoxville, TN 37918

FH-1680 (Rev. 08-03) RDA 1099

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.

Mark E. Jones
Director and Local Registrar
Knox County Health Department

Date Issued: APR 02 2004

CERTIFICATION OF VITAL RECORD