After Recording Return To:

Return To: #102326 Service Link 4000 Industrial Blvd. Aliquippa, PA 15001 888-414-6616

Davidson County DEEDQC
Recvd: 04/04/05 08:27 3 pg:
Fees:17.00 Taxes:0.00

20050404-0035871

This Instrument Prepared By:
William E. Curphey & Associates
2605 Enterprise Road East
Suite 155
Clearwater, Florida 33759

QUIT CLAIM DEED

New Owner/ Property Being Conveyed

REBA C. MCGAHA
572 Michele Drive
Antioch, TN 37013

Send Tax Bills To:
New Owner

Mail Tax Statement To:
New Owner

Map & Parcel:
162-11-21

For and in consideration of Ten and 00/100 Dollars ($10.00) and other good and valuable consideration, on this 24 day of March 2005, 2005, I, REBA CAREY n/k/a REBA C. MCGAHA, surviving spouse of C. DOUGLAS CAREY, Deceased, as Grantor, and REBA C. MCGAHA, a married woman, as Grantee hereby conveys all right, title and interest that I may have in and to the following described real property located in Davidson County, Tennessee, to wit:

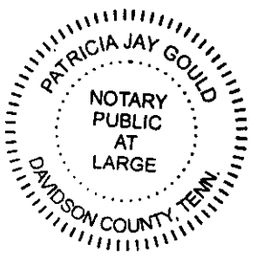
ALL THAT CERTAIN PARCEL OF LAND SITUATE IN DAVIDSON COUNTY, STATE OF TENNESSEE, BEING KNOWN AND DESIGNATED AS FOLLOWS, TO WIT:

BEING LOT NO. 71 ON THE PLAT OF WHTTEMORE VALLEY, SECTION 4, OF RECORD IN BOOK 6250, PAGE 873, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TN, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A COMPLETE AND ACCURATE DESCRIPTION THEREOF.

BEING THE SAME PROPERTY AS CONVEYED FROM DEANNA C. HOBBS HILL AND CRAIG HILL TO C. DOUGLAS CAREY AND REBA CAREY, AS DESCRIBED IN BOOK 8859, PAGE 703, RECORDED 02/08/1998 IN DAVIDSON COUNTY RECORDS.

Property Address: 572 Michele Drive, Antioch, TN 37013

Witness my hand this the 24 day of March, 2005.



Reba C. McGaha
REBA C. MCGAHA

f/k/a Reba Carey
f/k/a REBA CAREY, surviving spouse of C. Douglas Carey

STATE OF TENNESSEE }
COUNTY OF Davidson }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named REBA C. MCGAHA f/k/a REBA CAREY, the bargainor, with whom I am personally acquainted (or who has both proved to me on the basis of satisfactory evidence), and who has acknowledged that she executed the within Quitclaim Deed for the purposes therein contained.

Witness my hand and official seal this the 24 day of March, 2005.

Patricia Jay Gould
Notary Public My Commission expires: 7-22-2006
Patricia Jay Gould.

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

Reba C. McGaha
Affiant's Name

Subscribed and sworn to before me this the 24 day of March, 2005.

Patricia Jay Gould
Notary My Commission expires: 7-22-2006
Patricia Jay Gould.

No title search was performed on the subject property by the preparer. The preparer of this deed makes no representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and /or their agents, no boundary survey was made at the time of this conveyance.

STATE OF TENNESSEE
Office of Vital Records

102326

9701828

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 97 011352

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

RESIDENT

1. DECEDENT'S NAME (First, Middle, Last): CHARLES DOUGLAS CAREY
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): APRIL 7, 1997
4. SOCIAL SECURITY NUMBER: 410-44-2981
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): NOV. 6, 1931
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] 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): CENTENNIAL MEDICAL CENTER 083
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): REBA ALLEN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): OWNER
12b. KIND OF BUSINESS/INDUSTRY: C.F.A. ARCHITECTS
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: ANTIOCH
13d. STREET AND NUMBER OR RURAL LOCATION: 572 MICHELE DRIVE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): MELVIN CAREY
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARTHA McDUFFEE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): REBA CAREY
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 572 MICHELE DR., ANTIOCH, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): AFFILIATED CREMATORY
20c. LOCATION-City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: Betty J. Brown
21d. LICENSE NUMBER OF EMBALMER: 4687
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ruby Leanor Boom
24. DATE FILED (Month, Day, Year): April 9, 1997

PHYSICIAN

25a. ENTER ON - 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: Gary W. Swinea MD
25b. LICENSE NUMBER: MD 6104
25c. DATE SIGNED (Month, Day, Year): 4-9-97
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)

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. Respiratory arrest
DUE TO (OR AS A CONSEQUENCE OF): b. Aspiration pneumonia
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 5070
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 2-93

RDA 1399

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.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Mar-09-2005

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD