STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is $ -0- 10.00 .

Affiant

Subscribed and sworn to before me this 13th day of May, 2005.

Notary Public

My Commission Expires: May 30 2007

JENNIFER WILKINS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

Davidson County DEEDQC
Recvd: 05/13/05 15:12 4 pgs
Fees:17.00 Taxes:0.00
20050513-0054550

This instrument was prepared by:

John E. Clemmons, Attorney at Law
222 Second Avenue North, Suite 310
Nashville, Tennessee 37201

Address New Owner	Send Tax Bills	Map-Parcel Numbers
Dimples 314 E. Thompson Lane Nashville, Tennessee 37211	SAME	Map 175-2 Parcel 2D-03145

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, for and in consideration of the sum of Ten and No/100 Dollars($10.00), cash in hand paid, the receipt of which is hereby acknowledged, Miriam G. Stewart has bargained and sold, and does hereby convey, release and forever quitclaim unto Dimples, any and all interest which I may have in the following land:

Land located in the 2nd formerly 3rd Civil District of Davidson County, Tennessee, described according to a survey made by Pete Meyer, Surveyor, December 11th , 1945 as follows:

Beginning at the Northeast corner of the center line of Murfreesboro Pike and Old Hickory Boulevard, 132 feet West of the center line of a concrete culvert crossing Murfreesboro Road; thence North

46 57 West 203.2 feet to a point in the center of Murfreesboro Pike; thence South 43 West 331 feet to an iron pin Austin's Southeast line; thence South 47 East 88.3 feet to an iron pin; thence South 13 West 284.6 feet to a post in Mrs. Davis' Northwest corner; thence with Mrs Davis' fence line South 77 30 East 276.6 feet to the center line of Old Hickory Boulevard; thence along the center line of said Boulevard North 11 53 East 511.1 feet to the center line of the Murfreesboro Pike, the point of beginning, containing 3.63 acres more or less.

Being the same property conveyed to William A. Stewart et ux, by Quitclaim Deed of record in Book 6959, Page 479, Register's Office for Davidson County, Tennessee.

This is unimproved property, known as Route 2, Murfreesboro Road, Nashville, Tennessee.

WITNESS my hand this 13th day of May, 2005.

Miriam G. Stewart by Dimples

MIRIAM G. STEWART by:
Dimples, Durable Power of Attorney Holder

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Miriam G. Stewart by Dimples, Durable Power of Attorney holder, the bargainor, with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 13th day of May, 2005.

JENNIFER WILKINS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

Notary Public

My Commission Expires:

May 30 2007

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

I certify this is AN EXACT Copy of the Original Signed 5/8/06

0207153

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): William Anderson Stewart
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 29, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): 412-14-3930
5a. AGE-LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR MOS.
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 4-8-1920
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 314 Thompson Lane
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): Miriam Graham
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): School Teacher
12b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 314 Thompson Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 5

NAME OF DECEDENT: For use by funeral director or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Emerson N. Stewart Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Tennie Rucker

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sherry Amornkul
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 512 Toby Lynn Dr. Nashville, TN 37211

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): Woodlawn Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Paul Walls
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2965
21c. SIGNATURE OF EMBALMER: Not Embalmed
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Lane Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Martha B. Jones
24. DATE FILED (Month, Day, Year): December 19, 2002

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: MD 16944
25c. DATE SIGNED (Month, Day, Year): 12/18/02
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the 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):

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): Dr. Abdul Enayat, 5653 Frist Blvd. Ste.738 Hermitage, TN 37076

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac arrest
DUE TO (OR AS A CONSEQUENCE OF): b. Hypertension
DUE TO (OR AS A CONSEQUENCE OF): c. Atrial fibrillation
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [ ] 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: 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)

PH-1625 (REV. 9/99)

BIRTH NO.

REA-1388

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

Local Registrar

DEC 19 2002
Date Issued

CERTIFICATION OF VITAL RECORD