[Address of New owner:]

J. Lynn Self
1913 Peaceful Brook Dr.
Antioch, TN. 37013

Send tax bills to:
Countrywide Home Loans Inc
4500 Park Granada
Calabasa, CA 91302-1613

Above Space Reserved for Recording
[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Davidson County DEEDQC
Recvd: 11/08/05 14:10 3 pgs
Fees:17.00 Taxes:0.00
20051108-0135395

Date of this Document: November 8, 2005

Reference Number of Any Related Documents: 20020128-0011578

Grantor:

Name Carole G. Day
Street Address 1913 Peaceful Brook Dr
City/State/Zip Antioch, TN. 37013

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 0
Juanita Lynn Self
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 8th DAY OF Nov 2005
Deputy Register

Grantee:

Name Juanita Lynn Self
Street Address 1913 Peaceful Brook Dr
City/State/Zip Antioch, TN. 37013

Abbreviated Legal Description (i.e., lot, block, plat *or* section, township, range, quarter/quarter *or* unit, building and condo name): lot number 37, Plan sec. 5, Meadow Woods, Inst. No. 200106-0500581 30 Davidson Co. / 1913 Peaceful Brook Dr, Antioch, TN, 37013

Assessor's Property Tax Parcel/Account Number(s): 20020128-0011578 - Current Source of title
MAP-169-16-A Parcel 122

THIS QUITCLAIM DEED, executed this 8th day of November, 20 05, by first party, Grantor, _____, whose mailing address is _____, to second party, Grantee, _____, whose mailing address is _____.

WITNESSETH that the said first party, for good consideration and for the sum of _____ Dollars ($_____) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest, and claim,

MARY CHRISTINE KEY NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY My Commission Expires SEPT. 19, 2009

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which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Davidson, State of TN to wit: 1913 Peaceful Brook, Dr., Antioch, TN. 37013

lot # 37, Plan sec. 5 of Meadow Woods, 20010605005813O

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____

Print Name of Witness William Luke Brown

Signature of Witness _____

Print Name of Witness Jason Young

Signature of Grantor _____

Print Name of Grantor Carole G. Day

State of Tennessee)
County of Davidson)

On November 8, 2005, before me, Mary Christine Key, appeared Carole G. Day, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Mary Christine Key
Signature of Notary

Affiant ____ Known X Produced ID
Type of ID _____

(Seal)

MARY CHRISTINE KEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires SEPT. 19, 2009

Prepaird by:
Juanita Lynn Self
1913 Peaceful Brook Dr,
Antioch, TN. 37013

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LF298-1 • Rev. 05/05

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0202965

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): Edwin Michael Day, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 28, 2002
4. SOCIAL SECURITY NUMBER (for Decedent): 246-70-6881
5a. AGE-LAST BIRTHDAY (Years): 61
5b. UNDER 1 YEAR (Mos. / Days): 5c. UNDER 1 DAY (Hours / Min.):
6. DATE OF BIRTH (Month, Day, Yrs.): Sep.8, 1940
7. BIRTHPLACE (City and State or Foreign Country): Roxboro, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): Centennial 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): Gloria Tucker
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cavalry Scout
12b. KIND OF BUSINESS/INDUSTRY: U. S. Army
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 1913 Peaceful Brook Drive
CENSUS TRACT
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 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): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by funeral director)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Clinton Day
18. MOTHER'S NAME (First, Middle, Maiden Surname): Helen Chandler

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Gloria Carol Day
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1913 Peaceful Brook Drive Antioch, Tennessee 37013

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): Middle TN Veterans Cemetery
20c. LOCATION City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Shelly Stark
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5222
21c. SIGNATURE OF EMBALMER: Michael P. Illobre
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: Hamilton Hills Funeral Home, 2930 Murfreesboro Pike, Antioch, Tennessee 37013
22b. LICENSE NUMBER OF FUNERAL HOME: 1107

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mellie L. Burns
24. DATE FILED (Month, Day, Year): June 3, 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: Philip P. Brown
25b. LICENSE NUMBER: 9803
25c. DATE SIGNED (Month, Day, Year): 6/3/02
25a. 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
25b. 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. Philip P. Brown, 2400 Patterson St., Nashville, TN 37203

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. Bowel Infarct — 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. Acute Myocardial Infarction — 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 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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. 6/99)
BIRTH NO.
RDA 1389

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.

John P. Dunn
John P. Dunn
Local Registrar

JUN 8 2002
Date Issued

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

CERTIFICATION OF VITAL RECORD