Map & Parcel
105-3-19
105-3-18

Davidson County DEEDQC
Recvd: 11/22/05 16:12 3 pgs
Fees:17.00 Taxes:0.00
20051122-0141348

Quitclaim Deed

THIS QUITCLAIM DEED, executed this _____ day of _____, 20 05,
by first party, Grantor, Frances C. Johnson
whose post office address is 1104 4th Ave. South
to second party, Grantee, Joseph Walter Johnson
whose post office address is 1104 4th Ave. South

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 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 Tennessee to wit:

Deed of Trust on property located at 1104 4th Ave. South,
Being part of lots 2 and 3 of W.W. Sullivan Subdivision, of lots 1, 2, 3 and R in Nelson Plan recorded in Book 8 page 147 in Registers Office Davidson County, Tennessee.

Being the same property conveyed to James R. Johnson by deed from Harry Banniza and wife Margaret Banniza as of record in Book 5480 page 987 said Register Office

Also being the same property conveyed to James R. Johnson and wife Frances C Johnson of record in Book 5552 page 317

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ -0-
Joseph Walter Johnson
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS
THE 22 DAY OF NOV 20 05
Vicki S. Johnson
Deputy Register

New Owner: Joseph Walter Johnson

J. Walter Johnson
Send tax bills: 1104 4th Ave South
Nashville TN 37210

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

Signature of Witness: _____

Print name of Witness: ROBERT F. PRICE JR.

Signature of Witness: _____

Print name of Witness: James Price

Signature of First Party: _____

Print name of First Party: _____

Signature of Second Party: _____

Print name of Second Party: _____

Signature of Preparer _____

Print Name of Preparer Joseph Walter Johnson

Address of Preparer 594 Highcrest Dr.

State of Tennessee }
County of Davidson }

On NOVEMBER 22, 2005 before me, KATIE PATREASE JONES,
appeared Robert Price, James Price & Joseph Johnson
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.

_____
Signature of Notary

KATIE PATREASE JONES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Affiant _____Known_____Produced ID
Type of ID _____
(Seal)

My Commission Expires 9-19-09

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METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0307027

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): James Robinson Johnson Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 3, 2003
4. SOCIAL SECURITY NUMBER (of Decedent): 411-48-9309
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 22, 1931
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 [X] 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
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): Frances C. Clinard
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner & Operator
12b. KIND OF BUSINESS/INDUSTRY: Equipment Service
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 504 Broadwell Drive
CENSUS TRACT: 5 -3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37220
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 physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph E. Johnson Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maggie Robinson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Frances C. Johnson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 504 Broadwell Drive Nashville, Tennessee 37220

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 Memorial Park
20c. LOCATION City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L. Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: Jason Peek
21d. LICENSE NUMBER OF EMBALMER: 5659
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): December 15, 2003

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: Byron Harris MD
25b. LICENSE NUMBER: MD18628
25c. DATE SIGNED (Month, Day, Year): 12/5/03
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): Byron Harris, M.D. 2400 Patterson Street, 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)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute myocardial infarction — 1 day
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.

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 [✓] 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. 6/99) RDA 1299

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.

Tonya Y. Ruttlen
Local Registrar

DEC 15 2003
Date Issued

CERTIFICATION OF VITAL RECORD