This Instrument prepared by
Mark A. Ellmore, Attorney at Law
1821 Old Murfreesboro Pike
Nashville, TN 37217

Davidson County DEEDQC
Recvd: 01/05/06 16:07 5 pgs
Fees:27.00 Taxes:0.00
20060105-0001888

EXECUTOR'S QUITCLAIM DEED

Margaret Peach Masters dies in Davidson County, Tennessee on the 17th day of December 2004, a resident of Davidson County, Tennessee. Margaret Peach Masters left a Last Will and Testament dated November 30, 2002, appointing William D. Meyers as Executor of the Will. Margaret Peach Masters' estate is probated in Davidson County, Tennessee, Probate Case #05P-477.

Improved property purchased by the decedent and her husband on the 12th day of December 1988 is located at 2316 Ingleside Road, Nashville, Tennessee 37214 and is recorded in Book 7725 Page 831 RODC. According to the LWT, this real property was devised and bequeathed to her sister, Elizabeth P. Wright. A more accurate legal description of this real property a/k/a Map 95 Parcel 81 is as follows:

> Being Lot No. 148 on the plan of Merry Oaks, as of record in Book 1835, Pages 67 and 68, Register's Office for said County.
>
> Said Lot Not 148 fronts 83 feet on the northerly side of Ingleside Road and runs back between parallel lines 220 feet to a dead line. Being the same property conveyed to Leland D. Glascock and wife, Margaret H. Glascock by warranty deed from Jack Clariday and wife, Mary Ella Clariday, filed of record in Book 7725, Page 831 Register's Office for Davidson County, Tennessee. Leland D. Glascock predeceased his wife on February 14, 1990 per a Certificate of Death of record attached as Exhibit #1. Margaret H. Glascock remarried and became known as Margaret Peach Masters. Her husband, Will Marcom Masters, predeceased his wife on October 9, 1991. A Certificate of Death of record is attached as Exhibit #2.

All debts of the decedent, Margaret Peach Masters, have been paid. The Executor by signing this quitclaim deed releases any right the Executor has to recover this property in the event of the subsequent insolvency of this estate.

In accordance with the laws of the State of Tennessee and in fulfillment of his Executor duties, William D. Meyers as Executor of the Estate of Margaret Peach Masters hereby quitclaims all right, title, and interest in the following described improved real property at Elizabeth P. Wright, in fee simple absolute. The following legal description for the real property known as 2316 Ingleside Road, Nashville, Tennessee 37214 a/k/a Map 95 Parcel 81 is conveyed by the Executor to wit:

Being Lot No. 148 on the plan of Merry Oaks, as of record in Book 1835, Pages 67 and 68, Register's Office for said County.

Said Lot Not 148 fronts 83 feet on the northerly side of Ingleside Road and runs back between parallel lines 220 feet to a dead line. Being the same property conveyed to Leland D. Glascock and wife, Margaret H. Glascock by warranty deed from Jack Clariday and wife, Mary Ella Clariday, filed of record in Book 7725, Page 831 Register's Office for Davidson County, Tennessee. Leland D. Glascock predeceased his wife on February 14, 1990 per a Certificate of Death of record attached as Exhibit #1. Margaret H. Glascock remarried and became known as Margaret Peach Masters. Her husband, Will Marcom Masters, predeceased his wife on October 9, 1991. A Certificate of Death of record is attached as Exhibit #2.

This conveyance is subject to any and all existing easements, restrictions and building setback lines of record.

This instrument was prepared from information furnished by the Executor of the Estate. of Margaret Peach Masters Therefore, there are no warranties of title.

In accordance herewith, the undersigned Executor has executed and signed this Quitclaim Deed this 28th day of December 2005.

William D. Meyers
Executor of the Estate of
Margaret Peach Masters

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, William D. Meyers, known to be the person (or proven to me on the basis of satisfactory evidence) whose name is subscribed to the foregoing instrument, acknowledged to me that he executed this instrument for the purposes and consideration therein expressed.

Witness my hand and official seal at Nashville, this 28th day of December 2005.

My Commission Expires

ELIZABETH G. CHRISTMAS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires SEPT. 19, 2009

Notary Public

AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is $0.00, which amount is equal to or greater than the amount which the property would command at a fair, voluntary sale.

Affiant

Subscribed and sworn before me on this 23rd day of December 2005.

Notary Public

My Commission Expires: _____

ELIZABETH G. CHRISTMAS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires SEPT. 19, 2009

Address of New Owners:	Send Tax Bills to:	Map and Parcel
Elizabeth P. Wright c/o Gary D. Evans 9514 N. 163rd East Avenue Owasso, OK 74055	Same	95 / 81

EXHIBIT "1"

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Will Marcom Masters
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 9, 1991
4. SOCIAL SECURITY NUMBER: [redacted]-9216
5a. AGE—LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 2/28/1915
7. BIRTHPLACE (City and State or Foreign Country): Celina, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9e. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] 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): 2316 Ingleside Rd.
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): Margaret Peach
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): U.S. Air Force
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2316 Ingleside Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] 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): ; College (1-4 or 5+): 2

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Walter Masters
18. MOTHER'S NAME (First, Middle, Maiden Surname): Gypsy Ann Brown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Margaret Masters
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2316 Ingleside Rd. Nashville, Tn. 37214

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 Memoeial Gardens
20c. LOCATION—City or Town, State: Nashville,Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Douglas Reamer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: Don Rhyne
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 DOnelson Pk. Nashville,Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

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

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 as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: James T. Elrod Jr MD
25b. LICENSE NUMBER: MD 015888
25c. DATE SIGNED (Month, Day, Year): 10/15/91
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): James T. Elrod, Jr MD 2053 Lebanon Road, Suite 207 Nashville TN 37214

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 Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Small Cell Carcinoma of Lung	9 months
	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.
Chronic Obstructive Pulmonary Disease

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 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

EXHIBIT 117

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

FEB 26 1990

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

Sadie S. Vad Cy, L...
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 9000794

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Leland Daniel Glascock
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 14, 1990
4. SOCIAL SECURITY NUMBER: [redacted]8012
5a. AGE – LAST BIRTHDAY (Years): 88
6. DATE OF BIRTH: 4/24/1901
7. BIRTHPLACE (City and State or Foreign Country): Lewisburg, Tennessee
8. EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH: 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): Donelson Hospital
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): Margaret Peach
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dupont
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2316 Ingleside Dr
CENSUS TRACT: 2
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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 institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Milton Glascock
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ada Stallings

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Margaret Glascock
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2316 Ingleside Dr. Nashville, Tn. 37214

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): Hermitage Memorial Gardens
20c. LOCATION—City or Town, State: Hermitage, Tn. 37076
21a. SIGNATURE OF FUNERAL DIRECTOR: Douglas Ramer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: J. Thomas Spain
21d. LICENSE NUMBER OF EMBALMER: 3974
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pk. Nashville, Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): February 22, 1990

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 as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Luther C. Smith III D
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 2-17-90
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): Dr. Luther Smith 3053 Lebanon Rd. Nashville, Tn. 37214

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 Repair — 1 hr

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 Coronary Insufficiency — 5 days

DUE TO (OR AS A CONSEQUENCE OF):

c. Atherosclerotic Heart Disease — Several yrs

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)

PH-1659
REV. 1/81

BIRTH NO