This instrument prepared by:
Regina M. Johnson
1054 Todd Preis Drive
Nashville, Tennessee 37221

Davidson County DEEDQC
Recvd: 01/24/06 10:34 4 pgs
Fees:22.00 Taxes:0.00
20060124-0008999

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:
Regina M. Johnson
1054 Todd Preis Drive
Nashville, Tennessee 37221

MAIL TAX STATEMENT TO:
Regina M. Johnson
1054 Todd Preis Drive
Nashville, Tennessee 37221

MAP PARCEL NUMBERS:

Map/Parcel: 142-05-C-9

FOR AND IN CONSIDERATION of ONE and no/100 Dollar ($1.00), cash in hand paid by the grantee, the receipt and sufficiency of which is hereby acknowledged, **Regina M. Johnson, surviving spouse of Roy F. Johnson, as per attached certified copy Certificate of Death** by these presents do hereby quitclaim and convey unto the said **Regina M. Johnson, an unmarried woman**, Grantees herein, their successors and assigns, all their right, title and interest in and to the following certain real estate in Davidson County, Tennessee, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

The express purpose of this conveyance is to Remove Deceased from Title.

Being the same property conveyed to Regina M. Johnson and Roy F. Johnson, wife and husband by Deed from Melvin Perry Schlanger, Trustee under the will of Samuel Bernard Schlanger, deceased, of record in Book 9066, Page 968, said Register's Office.

This is unimproved ( ) property known as 1054 Todd Preis Drive, Nashville, Tennessee 37221
Improved (✓)

Whenever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

1079129

When recorded mail to:
Home Connects
100 Lakeside Drive, Suite 100, Horsham, PA 19044

Witness our hand this 23 day of November, 2005, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Regina M Johnson
Regina M. Johnson

ACKNOWLEDGMENT

STATE OF Tennessee)

COUNTY OF DAVIDSON) ss

Personally appeared before me, WILLIAM M. KETCHUM, a Notary Public in and for said County and State, **Regina M. Johnson,** the within named bargainor, individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Given under my hand and official seal of office at 1054 Todd Preis Dr Nashville TN 37221-2478 this 23 day of November, A.D., 2005.

NOTARY STAMP/SEAL

WILLIAM M. KETCHUM
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

William M. Ketchum
NOTARY PUBLIC
Notary Commission Expires: Sept. 13, 2009

AFFIDAVIT OF VALUE

STATE OF Tennessee)

COUNTY OF DAVIDSON)

The actual consideration or value whichever is greater, for this transfer is $ 1.00
Subscribed and sworn to before me this the 23 day of November, 2005

(Affix Seal)

Regina M Johnson
Affiant

William M. Ketchum
Notary Public
My Commission Expires: Sept 13, 2009

WILLIAM M. KETCHUM
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

EXHIBIT A

ALL THAT PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, AS MORE FULLY DESCRIBED IN DEED BOOK 9066, PAGE 968, ID# 142-05-C-9, BEING KNOWN AND DESIGNATED AS:

A CERTAIN CONDOMINIUM APARTMENT IN DAVIDSON COUNTY TENNESSEE, BEING UNIT NO. Z-402 TOGETHER WITH THE CARPORT DESIGNATED NO. Z-402-C IN RIVER PLANTATION SECTION FOUR, A CONDOMINIUM A HORIZONTAL PROPERTY REGIME LOCATED ON THE TODD PREIS DRIVE NASHVILLE DAVIDSON COUNTY TENNESSEE AS SHOWN ON THE PLAT OF RIVER PLANTATION SECTION FOUR CONDOMINIUM APARTMENTS OF RECORD IN BOOK 4860 PAGES 17, 18 AND 19 REGISTER'S OFFICE FOR DAVIDSON COUNTY TENNESSEE AS AMENDED IN BOOK 4860 PAGES 107 108 AND 109 SAID REGISTER'S OFFICE AND DESCRIBED IN A MASTER DEED OF RECORD IN BOOK 4892 PAGE 440 AS AMENDED IN BOOK 4956, PAGE 756 SAID REGISTER'S OFFICE TO WHICH REFERENCE IS HEREBY MADE. THE EASEMENTS RESTRICTIVE COVENANTS CONDITIONS AND REGULATIONS IMPOSED UPON AND RELATING TO THE PROPERTY, APARTMENTS CO-OWNERS AND TENANTS OF RIVER PLANTATION SECTION FOUR CONDOMINIUM APARTMENTS CONTAINED IN THE MASTER DEED AND THE BY-LAWS APPENDED THERETO OF RECORD IN BOOK 4892 PAGE 456 REGISTER'S OFFICE FOR DAVIDSON COUNTY TENNESSEE ARE INCORPORATED IN THIS DEED BY REFERENCE AND MADE A PART HEREOF THE SAME AS THOUGH COPIED HEREIN.

BY FEE SIMPLE DEED FROM MELVIN PERRY SCHLANGER TRUSTEE UNDER THE WILL OF SAMUEL BERNARD SCHLANGER, DECEASED AS SET FORTH IN BOOK 9066 PAGE 968 DATED 08/27/1993 AND RECORDED 09/01/1993, DAVIDSON COUNTY RECORDS, STATE OF TENNESSEE.

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

JUN 10 1994

9402914

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): REY FOSTER JOHNSON JR
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 29, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1066
5a. AGE – LAST BIRTHDAY (Years): 53
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): MAR 31, 1941
7. BIRTHPLACE (City and State or Foreign Country): WEST PALM BEACH, FLORIDA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): 925 TODD PREIS DR. Z-402
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): REGINA MAYO
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): BLASTING CONSULTANT
12b. KIND OF BUSINESS/INDUSTRY: CONSTRUCTION
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 925 TODD PREIS DR. Z-402
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
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): ROY FOSTER JOHNSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): ANNA ROTIER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): REGINA JOHNSON
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 925 TODD PREIS DR. Z-402, NASHVILLE, TN 37221

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): CALVARY
20c. LOCATION – City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: John Nlutt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: John Nlutt
21d. LICENSE NUMBER OF EMBALMER: 3460
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Faust
24. DATE FILED (Month, Day, Year): June 10, 1994

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: CMcKay MD
25b. LICENSE NUMBER: MD 11776
25c. DATE SIGNED (Month, Day, Year): 6/7/94
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): CHARLES McKAY M.D., 342 21ST. AVE. N., 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. ASTROCYTOMA
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 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: 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-1668
REV. 1/89