This instrument prepared by:
Barbara Venson Snell
575 Castlegate Drive
Nashville, Tennessee 37217
a9189519

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Davidson County DEEDQC
Recvd: 02/07/06 10:02 3 pgs
Fees:17.00 Taxes:0.00
20060207-0014984

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:
Barbara Venson Snell
575 Castlegate Drive
Nashville, Tennessee 37217

MAIL TAX STATEMENT TO:
Barbara Venson Snell
575 Castlegate Drive
Nashville, Tennessee 37217

MAP PARCEL NUMBERS:

Map/Parcel: 136.14-205

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, **Barbara Venson Snell, an unmarried woman, surviving joint tenant of Evelyn Jane Venson, as per attached certified copy Certificate of Death** by these presents do hereby quitclaim and convey unto the said **Barbara Venson Snell, 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:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 73A OF THE ZONE LOT DIVISION OF LOTS 73, 74 AND 75 ON THE PLAN OF HARBOR GATE SUBDIVISION SECTION 2 OF RECORD IN PLAT BOOK 6900, PAGE 297, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH REFERENCE IS MADE FOR A MORE COMPLETE DESCRIPTION.

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

Being the same property conveyed to Barbara Venson Snell, an unmarried person, and Evelyn Jane Venson, an unmarried person, as joint tenants with right of survivorship by Deed from Julie A. Proctor and Mildred A. Wallace, of record in Book 10474, Page 23, said Register's Office.

This is unimproved ( ) property known as 575 Castlegate Drive, Nashville, Tennessee 37217
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.

Witness our hand this 5th day of January, 2006, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Barbara Venson Snell
Barbara Venson Snell

ACKNOWLEDGMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON) ss

Personally appeared before me, PATRICK W. HARRINGTON, a Notary Public in and for said County and State, **Barbara Venson Snell,** 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 Nashville, Tennessee this 5th day of January, A.D., 2006.

NOTARY STAMP/SEAL

PATRICK W. HARRINGTON NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

Patrick W. Harrington
NOTARY PUBLIC
Notary Commission Expires: 05/24/2008

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 5th day of January, 2006

(Affix Seal)

PATRICK W. HARRINGTON NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

Barbara Venson Snell
Affiant

Patrick W. Harrington
Notary Public
My Commission Expires: 05/24/08

U29189519-010P07 3
QUIT CLAIM DEED
LOAN# 0202733861
US Recordings

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

05505E

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): EVELYN JANE VENSON
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): AUGUST 24, 2005
4. SOCIAL SECURITY NUMBER: [redacted]-4014
5a. AGE-LAST BIRTHDAY (Years): 64
5d. UNDER 1 DAY: Days / Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): April 4,1941
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 (XX) No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 (XX) 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): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): State of Tennessee
12b. KIND OF BUSINESS/INDUSTRY: General Service/Printing
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 575 Castlegate Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? (XX) Yes ( ) No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes ( ) No (XX)
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): James Venson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Louise King

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Barbara Venson Snell
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 575 Castlegate Drive Nashville, Tennessee 37217

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): Greenwood Main Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ George Baker, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4695
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUENRAL HOME 1306 South Street/Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Tonya L Ruttlen
24. DATE FILED (Month, Day, Year): September 13, 2005

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: ▶ R Lewis MD
25b. LICENSE NUMBER: MD17518
25c. DATE SIGNED (Month, Day, Year): 9/13/05
25d. 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
25e. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER CERTIFYING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

29. 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. respiratory failure
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. slip execution of neck hematoma
DUE TO (OR AS A CONSEQUENCE OF):
c. slip paraplegia, decubitus
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 ( ) 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

TM-1858 (REV. 6/99) RDA 139

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
Tonya Y. Ruttlen
Local Registrar

SEP 13 2005
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD