THIS INSTRUMENT PREPARED BY: **John P. Williams** **TUNE, ENTREKIN & WHITE, P.C.** 17th Floor, AmSouth Center 315 Deaderick Street Nashville, Tennessee 37238 (615) 244-2770	STATE OF TENNESSEE) COUNTY OF DAVIDSON) The actual consideration or value, whichever is greater, for this transfer is $218,500.00 Marjorie N Randall AFFIANT Subscribed and sworn to before me this 6 day of January, 2006 Kelly S NOTARY PUBLIC My Commission Expires: MY COMMISSION EXPIRES MAY 28, 2008

Address New Owners as Follows:	**Send Tax Bills To:**	**Map-Parcel Number:**
Michael and Marjorie Randall 205 Cloverdale Court Nashville, Tennessee 37214	SAME	095 07 0 132.00

GENERAL WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars ($10.00), cash in hand paid by the hereinafter named Grantee, and other good and valuable considerations, the receipt of which is hereby acknowledged,

James Sigmond Christian ("Grantor") does hereby bargain, sell, transfer and convey unto **Michael Randall and wife Marjorie Randall** ("Grantees"), their successors and assigns, property located in Davidson County, Tennessee and more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 7 on the Plan of Merry Oaks, Section IV, as of record in Book 2330, Page 128, Register's Office, Davidson County, Tennessee.

Said Lot No. 7 fronts 117.0 feet on the easterly line of Cloverdale Court and extends back 175.7 feet on the northerly line and 178.50 feet on the southerly line, to a dead line in the rear on which it measures 80.7 feet.

Davidson County DEEDWARR
Recvd: 04/10/06 13:03 3 pgs
Fees:18.00 Taxes:808.45
20060410-0041039

Being the same property conveyed to James Sigmond Christian and wife Ruth Quinn Christian by deed from Horace M. Chappell and wife Patricia F. Chappell of record in Book 4583, Page 819, in the aforesaid Register's Office.

This conveyance is subject to the restrictive covenants of record in Book 2703, Page 233, in the aforesaid Register's Office.

This is improved property known as 207 Cloverdale Court, Nashville, Tennessee 37214.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantees, their heirs and assigns forever.

And the Grantor does covenant with the said Grantees that he is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and the same is unencumbered, except as set forth above.

And the Grantor does further covenant and bind himself, his heirs and assigns, to warrant and forever defend the title to the land to the said Grantees, their heirs and assigns, against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, this Warranty Deed has been executed this 6 day of January, ~~2005.~~ 2006

James Sigmond Christian

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named James Sigmond Christian, the grantor, with whom I am personally acquainted, and who acknowledged that the executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, on this 6 day of January, ~~2005.~~ 2006

NOTARY PUBLIC

My commission expires: MY COMMISSION EXPIRES MAY 28, 2008

0330643

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT INK (DO NOT USE PENCIL) FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ruth Quinn Christian
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 17, 2003
4. SOCIAL SECURITY NUMBER: [redacted]-4063
5a. AGE LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours/Days)
6. DATE OF BIRTH (Month, Day, Year): 10/8/1930
7. BIRTHPLACE (City and State or Foreign Country): Birmingham, Alabama
8. RESIDENT 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 Residence 6 [X] Other (Specify): Assisted Living
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice- The Residence
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): James CHristian
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Private Secretary
12b. KIND OF BUSINESS/INDUSTRY: State Attorney General
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 3533 Seasons 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.) 1 Yes 2 [X] No
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 yrs.

PARENTS

17. FATHER'S NAME (First, Middle, Last): Bascum Quinn
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maybell Scott

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James S. Christian
19b. RELATIONSHIP TO DECEDENT: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3533 Seasons Drive Antioch, TN. 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 [X] Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hermitage Crematory
20c. LOCATION-City or Town, State: Hermitage, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Don Whitley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Austin Bracey and CHarlton Funeral HOme 1715 Broadway, Nashville, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): February 19, 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 SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 34371
25c. DATE SIGNED (Month, Day, Year): 2-19-03
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): Dr. John Mulder 1718 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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung Cancer
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.

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: AM PM
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. 8/98) BIRTH NO. RDA 1398

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.

ennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]

Tonya Y Rutter
Local Registrar

Date Issued FEB 19 2003

CERTIFICATION OF VITAL RECORD