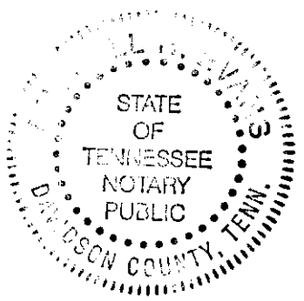


STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
THE ACTUAL CONSIDERATION FOR THIS TRANSFER IS
$ -0- . Mary M. Hooper
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE, THIS THE 22nd
DAY OF April , 2006.
Russell H. Evans
NOTARY PUBLIC
My Commission expires: My Commission Expires NOV. 22, 2008
Russell H. Evans

THIS INSTRUMENT PREPARED BY:
John A. Gebauer, Attorney, c/o Home Connects Lending Services, 200 Lakeside Drive – Suite 248, Horsham, PA 19044

NAME	ADDRESS

NAME & ADDRESS OF PROPERTY OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NUMBERS
Mary E. Hooper	Mary E. Hooper	131-15-76
(NAME)	(NAME)	
1215 Goodloe Drive	1215 Goodloe Drive	
(ADDRESS)	(ADDRESS)	
Nashville, TN 37215	Nashville, TN 37215	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Quitclaim Deed

For and in Consideration of the sum of $1.00 cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged,

MARY E. HOOPER a/k/a MARY M. HOOPER, as Surviving Tenant by the Entirety of JULIAN HOOPER, Deceased,

Recording Requested by &
When Recorded Return To:
US Recordings, Inc.
2925 Country Drive
St. Paul, MN 55117
314311 70-01
Record 1st

by these presents do remise, release and QUITCLAIM unto

MARY E. HOOPER, an Unmarried Woman ,

all of my right, title and interest in a certain tract or parcel of land in Davidson County, Tennessee, being Lot No. 22 on the Plan of Harpeth Acres Section IV, as of record in Book 2133, Page 65, recorded on September 3, 1953 in the Register Office for said County.

> Said Lot 22 fronts 176.0 feet on the southerly margin of Goodloe Drive and extends back 253.8 feet on the easterly line and 253.5 on the westerly line to a dead line in the rear measuring 176.1 feet thereon.

Meaning and hereby intending to describe and convey the same property conveyed from Janie A. McMurtry and Archie H. McMurtry, wife and husband, to Julian Hooper and Mary M. Hooper, Husband and Wife, by deed dated February 28, 1975 and recorded on March 3, 1975 in the Register's Office for Davidson County, Tennessee in Book 4893 at Page 22.

Davidson County DEEDQC
Recvd: 05/17/06 10:18 3 pgs
Fees:12.00 Taxes:0.00
20060517-0057634

JULIAN HOOPER died on December 22, 2001. The Grantor took title as surviving spouse and surviving tenant by the entirety.

This is improved property, known as:
1215 Goodloe Drive, Nashville, Tennessee 37215

(House Number) (Street) (City) (State) (Zip)

This instrument has been prepared without benefit of title examination, title insurance, or attorney's opinion of title and has been prepared solely as a courtesy. Wherever 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 my hand this 22nd day of April, 2006.

Mary E. Hooper a/k/a Mary M. Hooper

MARY E. HOOPER a/k/a
MARY M. HOOPER

STATE OF TENNESSEE }
COUNTY OF Davidson }

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named **MARY E. HOOPER a/k/a MARY M. HOOPER**, the bargainor(s), with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 22nd day of April, 2006.

My Commission expires:
My Commission Expires NOV. 22, 2008

Russell H. Evans
Notary Public
Russell H. Evans

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

U31431170-01HC02
QUIT CLAIM DEED
LOAN# 000685542937
US Recordings

...ETROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0107082

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): JULIAN HOOPER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 22, 2001
4. SOCIAL SECURITY NUMBER: 409-03-5501
5a. AGE-LAST BIRTHDAY: 93
6. DATE OF BIRTH: July 8,1908
7. BIRTHPLACE: Murfreesboro, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9c. PLACE OF DEATH: 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9d. COUNTY OF DEATH: Davidson
9e. FACILITY NAME: Vanderbilt Univ.Med.Ctr
9f. CITY, TOWN, OR LOCATION OF DEATH: Nashville
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Mary McNabb
12a. DECEDENT'S USUAL OCCUPATION: VP of Traffic
12b. KIND OF BUSINESS/INDUSTRY: Trucking
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1215 Goodloe Dr
13e. RESIDENCE INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No X
15. RACE (American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): John C. Hooper
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Tompkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): David Hooper
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 30 Lathrop Rd, Wellesley, Mass 02482

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 Cemetery
20c. LOCATION City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Bobby Compton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2927
21c. SIGNATURE OF EMBALMER: Robert Bacon
21d. LICENSE NUMBER OF EMBALMER: 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Austin Bracey & Charlton 1715 Broadway Nashville Tn. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): December 26, 2001

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
25b. LICENSE NUMBER: MD16036
25c. DATE SIGNED (Month, Day, Year): 12/26/01
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Jim Davis 711 Fifth Ave Nashville

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

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.

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory failure from pneumonia [illegible] — Approximate Interval: Onset and Death: hours
DUE TO (OR AS A CONSEQUENCE OF): b. malnutrition — week [illegible]
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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.

28d. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
28e. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

29. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? 1 Yes 2 No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

STATE ID:

RDA 1308

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.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued DEC 26 2001

CERTIFICATION OF VITAL RECORD