STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual monetary consideration for this transfer is –0-.

Marcelle Carter
AFFIANT

Subscribed and sworn to before me this 31st day of April, 2006.

SHERRY CLEM STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

Davidson County DEEDQC
Recvd: 06/12/06 10:02 3 pgs
Fees:17.00 Taxes:0.00
20060612-0069418

THIS INSTRUMENT PREPARED BY:

Celeste Krenz 1221 Shelton Ave. Nashville, Tennessee 37216

NAME & ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP/PARCEL NO.
David E. Lutz 896 Idlewild Dr. Madison, Tennessee. 37115	Same	071-12 012

QUITCLAIM DEED

For and in Consideration of the sum of One Dollar ($1.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged. I, __ Marcelle Carter_____, by these presents do remise, release and QUITCLAIM unto_David E. Lutz_, his successors and assigns, all of my right, title and interest in a certain tract or parcel of land, described as follows, to wit:

Land in Davidson County, Tennessee, being the north 50 feet of Lot 3 on the Map of Trinity Heights Addition, as of record in Book 161, Page 38, Register's Office for Davidson County, Tennessee.

SAID part of said Lot fronts 50 feet on the westerly side of Lischey Avenue and runs back between parallel lines along the southerly margin of Pullen Avenue, 165 feet to an alley.

Being the same property conveyed to Eugene Carter et ux Marcelle Carter by Deed from James E. Malone and wife, Frances L. Malone of record in Book 7378 Page 671, Register's Office, Davidson County, Tennessee. The said Eugene Carter is deceased.

The above legal description is identical to the legal description in the previous deed of record.

This is improved property located at 1510 Lischey Avenue, Nashville, Tennessee. 37207.

Grantee agrees to pay accrued 2006 Property Tax to Date and hold Grantor Harmless for said tax on said property.

Grantor quit claims property as is, where is, with no warranty, expressed or implied

IN WITNESS WHEREOF, we have hereunto set our hands this 3rd day of ~~April~~ May 2006.

Marcelle Carter

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

WITNESS my hand and official seal at Nashville, Tennessee, this 3rd day of ~~April~~ May, 2006.

NOTARY PUBLIC

SHERRY CLEM
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 7-24-09

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

OCT . 1999

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.

99152C1

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): CLARENCE EUGENE CARTER
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): SEPTEMBER 20, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-8525
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): FEB. 25, 1923
7. BIRTHPLACE (City and State or Foreign Country): SCOTTSVILLE, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] 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): NASHVILLE MEMORIAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARCELLE VAUGHN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): SELF-EMPLOYED SALES
12b. KIND OF BUSINESS/INDUSTRY: MOVING AND STORAGE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1606 LISCHEY AVENUE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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): 4; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS
17. FATHER'S NAME (First, Middle, Last): HARVEY CARTER
18. MOTHER'S NAME (First, Middle, Maiden Surname): DOLLIE STRATTON

INFORMANT
19a. INFORMANT'S NAME (Type/Print): MARCELLE C. CARTER
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1606 LISCHEY AVENUE NASHVILLE, TENNESSEE 37207

DISPOSITION
20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): FOREST LAWN MEMORIAL GARDENS
20c. LOCATION-City or Town, State: GOODLETTSVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: MARY ANN MORGAN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: GEORGE A. DOBBS
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME, 1150 S DICKERDON ROAD GOODLETTSVILLE, TENNESSEE 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR
23. REGISTRAR'S SIGNATURE: Dr. Kevin L. Bowen
24. DATE FILED (Month, Day, Year): October 1, 1999

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
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 9/29/99
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. PHILLIP A. WINES, 610 W DUE WEST #502 MADISON, TENNESSEE 37115

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. Ventricular Fibrillation
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. Dilated Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF):

c. Coronary Artery Disease
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.: COPD

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
REV. 2-93

RDA 1399