STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 0
Mary Suzanne Crabtree
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 14 DAY OF Jul, 2006
Deputy Register

Davidson County DEEDQC
Recvd: 07/14/06 12:57 3 pgs
Fees:12.00 Taxes:0.00
20060714-0085067

Prepared By Mary Suzanne Johnson Crabtree

Above Space Reserved for Recording
[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Date of this Document: July 14, 2006

Reference Number of Any Related Documents: _____

Grantor:

Name: Mary Suzanne Johnson
Street Address: 719 Oneida Ave
City/State/Zip: Nashville TN 37207

Grantee: who also receives tax Bills

Name: Mary Suzanne Johnson Crabtree
Street Address: 719 Oneida Ave
City/State/Zip: Nashville TN 37207

Source of Title: 20010327-0029478

Abbreviated Legal Description (i.e., lot, block, plat *or* section, township, range, quarter/quarter *or* unit, building and condo name): Lot 84 Victory Hgts Sub - of record Bk 1130 pg 97 RODCT.

Assessor's Property Tax Parcel/Account Number(s): Parcel # 071-12-0 184.00

THIS QUITCLAIM DEED, executed this _____ day of _____, 20_____, by first party, Grantor, Mary Suzanne Johnson, whose mailing address is SAME AS ABOVE, to second party, Grantee, Mary Suzanne Johnson Crabtree, whose mailing address is SAME AS ABOVE.

WITNESSETH that the said first party, for good consideration and for the sum of _____ Dollars ($_____) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

Mary Suzanne Johnson
NKA
Mary Suzanne Johnson Crabtree

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LF298-1 • Rev. 05/05

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of _____, State of _____ to wit: _____

_____

_____

_____

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____

Print Name of Witness _____

Signature of Witness _____

Print Name of Witness _____

Signature of Grantor Mary Suzanne Johnson Crabtree

Print Name of Grantor _____

State of TENNESSEE)
County of DAVIDSON)

On 14 day of July 2006, before me, LINDA KOSSIAN, appeared MARY SUZANNE JOHNSON CRABTREE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Linda Kossian
Signature of Notary

Affiant _____Known ✓ Produced ID
Type of ID _____
(Seal)

LINDA KOSSIAN
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires MAY 22, 2010

Being the same property conveyed to William E. Crabtree and Mary Suzanne Johnson, by Quitclaim Deed from William E. Crabtree, dated March 16, 2001 and recorded March 27, 2001 in Instrument Number 20010327-0029478, Register's Office for Davidson County, Tennessee.

The Said William Crabtree is Now Deceased.

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METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0503598

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): William Edward Crabtree
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 14, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4628
5a. AGE LAST BIRTHDAY (Years): 63
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): December 10,1941
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XX Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home; OTHER: 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 719 Oneida Avenue
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): Mary Shelton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Plumber
12b. KIND OF BUSINESS/INDUSTRY: Wehby Plumbing Co.
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 719 Oneida Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O XX No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Guy George Crabtree
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Ray

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Crabtree
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 719 Oneida Ave. Nashville, TN 37206

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Lamb
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4604
21c. SIGNATURE OF EMBALMER: Kirk Smith
21d. LICENSE NUMBER OF EMBALMER: 5195
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Rd. Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): June 29 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 SIGNATURE AND TITLE OF PHYSICIAN: A. Curran
25b. LICENSE NUMBER: 34918
25c. DATE SIGNED (Month, Day, Year): 6/16/05
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)

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.

SEE INSTRUCTIONS ON OTHER SIDE

Approximate Interval Between Onset and Death

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. NON SMALL CELL LUNG CANCER — 72 hrs
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 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
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. 6/99) BIRTH NO RDA 1399

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
Local Registrar

JUN 29 2005
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD