This Form furnished by: **HELEN SFIKAS ROGERS, ROGERS & ASSOCIATES, ATTORNEYS**

Davidson County DEEDQC
Recvd: 12/12/06 09:04 10 pg
Fees:52.00 Taxes:0.00
20061212-0153027

FROM:

***PATRICE G. WARD*, AS THE EXECUTRIX OF THE ESTATE OF REGINALD A. GAULLE, SR.**

TO:

PATRICE G. WARD, A MARRIED PERSON

QUITCLAIM DEED

New Owner & Address	Taxable Party	Parcel ID
Patrice G. Ward 506 American Road Nashville, Tennessee 37209	Patrice G. Ward 506 American Road Nashville, Tennessee 37209	090 160 093.00

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

I CERTIFY THE ACTUAL CONSIDERATION IS:
$ None.

PATRICE G. WARD

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 11th DAY OF November, 2006.

SUSAN K. ARMOUR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC

MY COMMISSION EXPIRES: 5.22.10
DATE

(AFFIX SEAL)

Instrument Prepared By:

HELEN S. ROGERS
ROGERS & ASSOCIATES
2205 State Street
Nashville, TN 37203

(615) 320-0600

I, ***PATRICE G. WARD, as the Executrix of the Estate of Reginald A. Gaulle, Sr., Deceased***

(See the Attached Certified Letter of Testamentary, ***Exhibit "A"***; the Original Death Certificate of Reginald A. Gaulle, Sr., Deceased, ***Exhibit "B"*** and the Original Death Certificate of Emmeline C.

Gaulle, ***Exhibit "C"***) do hereby Quitclaim to myself, ***PATRICE G. WARD*, a married person**, all the rights, title and interest of the Estate of Reginald A. Gaulle, Sr., in the real property described below. ***REGINALD A. GAULLE, JR.*** and ***BRYAN GAULLE, as Beneficiaries of the Estate of* Reginald A. Gaulle, Sr.** , ***Deceased***, join in this conveyance only for future conveyances and/or title purposes on this parcel of real property.

BEING Lot No. 91, on the Plan of Charlotte Park, Section I, of record in Book No. 2663, Pages, 2, 3, 4, 5 and 6, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

BEING the same real property conveyed to Reginald A. Gaulle, Sr. and Wife, Emmeline C. Gaulle, from Lillian C. Johnson Laitenberger, an unmarried person, by Warranty Deed dated November 27, 1995, of record in Book No. 9870, Page No. 849, Register's Office for Davidson County, Tennessee.

This conveyance is subject to Restrictive Covenants of record in Book No. 2638, Page No. 490, Register's office for Davidson County, Tennessee

This conveyance is subject to (1) Taxes (2) All restrictions of record (3) All easements of record (4) All visible easements (5) All matters appearing on the plan of record (6) All applicable Governmental and Zoning regulations and (7) All indebtedness on the real property as recorded in the Register's Office, Davidson County, Tennessee.

This Quitclaim Deed was prepared from information provided by the parties herein, and the preparation of this Quitclaim Deed neither expresses nor implies any opinion of the preparer as to the title nor as to the accuracy of the description of the property conveyed herein.

This is improved real property known as:

605 American Road, Nashville, Tennessee 37209

WITNESS MY hand this the 11 day of November, 2006.

***PATRICE G. WARD*, Executrix of the Estate of Reginald A. Gaulle, Sr.**

***REGINALD A. GAULLE, JR.*, BENEFICIARY**

***BRYAN GAULLE*, BENEFICIARY**

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, Bryan Gaulle, a Notary Public in and for the said County and State, the within named ***BRYAN GAULLE***, the above named Beneficiary, with whom I am personally acquainted, or proved to me to on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes of therein contained.

WITNESS my hand at Nashville, Davidson County, Tennessee, this the 21 day of November, 2006.

Kathy White
NOTARY PUBLIC

My Commission Expires: May 22, 2010
DATE

KATHY WHITE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAY 22, 2010

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, Susan H. Armor, a Notary Public in and for said County and State, the within named ***PATRICE G. WARD***, **Executrix of the Estate of Reginald A. Gaulle, Sr.**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that **SHE** executed the within instrument for the purposes of therein contained.

WITNESS my hand at Nashville, Tennessee, this the 14th day of November, 2006.

Susan H. Armor
NOTARY PUBLIC

My Commission Expires: 5-22-10.
DATE

SUSAN H. ARMOR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, Reginald A. Gaulle, Jr., a Notary Public in and for the said County and State, the within named ***REGINALD A. GAULLE, JR.***, the above named Beneficiary, with whom I am personally acquainted, or proved to me to on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes of therein contained.

WITNESS my hand at Nashville, Davidson County, Tennessee, this the 21 day of November, 2006.

Kathy J. White
NOTARY PUBLIC

My Commission Expires: May 22, 2010.
DATE

KATHY WHITE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAY 22, 2010

EXHIBIT "A"

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

05P172

To PATRICE G. WARD :

It appearing to the Court that REGINALD A. GAULLE SR. has died leaving a written will, in which you are appointed Executrix, which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said PATRICE G. WARD to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court, at office, this February 10, 2005 and 225th year of American Independence.

Richard R. Rooker, Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of LETTERS TESTAMENTARY, issued to PATRICE G. WARD, Executrix of the estate of REGINALD A. GAULLE SR. deceased, and I do further certify that PATRICE G. WARD is still acting Executrix of the estate of REGINALD A. GAULLE SR., and acts as such are entitled to full faith and credit, as appears from the records in my office at Nashville, Tennessee.

Witness my hand and official seal, at this office, the 6th day of Nov., 20 06.

Richard R. Rooker, Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

EXHIBIT "B"

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0404231

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): Reginald Alexander Gaulle, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 08, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): 424-24-4471
5a. AGE LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Dec. 23, 1924
7. BIRTHPLACE (City and State or Foreign Country): Barbados, West Indes
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Factory Work
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 506 American Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
15. RACE (American Indian, Black, White, etc. (Specify)): Black
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 medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Reginald St. Clair Gaul
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lina Abilene Payne

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Reginald A. Gaulle, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 971 Windrowe Drive Nashville, Tennessee 37205

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): West Harpeth Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michelle Petrino
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4127
21c. SIGNATURE OF EMBALMER: No Embalming
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home & Crematory 6962 Charlotte Pike Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya L. Burn
24. DATE FILED (Month, Day, Year): August 9, 2004

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: 24306
25c. DATE SIGNED (Month, Day, Year): 8/19/04
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): Dr. David Heusinkveld 4200 Stanmer Place Nashville, Tennessee 37215

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

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. Cardiac Arrest
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. ASCVD
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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: 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):

PH-1859 (REV. 8/99)
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
Tonya Y. Ruttlen
Local Registrar

AUG 09 2004
Date Issued

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

CERTIFICATION OF VITAL RECORD

EXHIBIT "C"

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0300600

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): Emmeline Marjorie Gaulle
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 02-07-2003
4. SOCIAL SECURITY NUMBER (of Deceased): 116-09-0516
5a. AGE-LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): 03-11-1920
7. BIRTHPLACE (City and State or Foreign Country): Brooklyn, N.Y.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] 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): Centennial Medical Center
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): Reginald
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE-STATE: Tn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 506 American Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4

NAME OF DECEDENT: Type or Print (Number of Certificate)

PARENTS

17. FATHERS NAME (First, Middle, Last): Joseph St.Clair Cave
18. MOTHER'S NAME (First, Middle, Maiden Surname): Inez Minerva King

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Reginald Gaulle, Sr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 506 American Rd. Nashville, Tn 37209

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): West Harpeth Crematory
20c. LOCATION-City or Town, State: Nashville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: James W. Grantham
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5196
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike Nashville, Tn.37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya L. Bowen
24. DATE FILED (Month, Day, Year): February 7, 2003

DOCTOR

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: 24306
25c. DATE SIGNED (Month, Day, Year): 2/8/03
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. David C. Heusinkveld 4200 Stamper Nashville, Tn. 37215

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. Respiratory Arrest — 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. Diabetes Intoacidosis — DUE TO (OR AS A CONSEQUENCE OF):
c. Sepsis Syndrome — 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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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-1652 (REV. 6/80)

BIRTH NO.:

RDA 1569

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

8/12/2004
Date Issued

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

CERTIFICATION OF VITAL RECORD