This document prepared by (and after recording return to):
Name: Gary Reed Davis
Firm/Company:
Address: 9809 Laurel Hollow Lane
Address 2:
City, State, Zip: Germantown, Tennessee 38139
Phone: 901-854-1735

Davidson County DEEDQC
Recvd: 02/05/07 16:27 5 pgs
Fees:27.00 Taxes:0.00
20070205-0015121

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QUITCLAIM DEED
(Individual to Individual)

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR VALUABLE CONSIDERATION OF TEN DOLLARS ($10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, Iva Lucille Davis ,an Individual, ☐ married X unmarried, hereinafter referred to as "Grantor", does hereby demise, release, and forever quitclaim, grant and convey unto Gary Reed Davis , an Individual, X married ☐ unmarried, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of Davidson, State of Tennessee, to-wit:
*Grantor was married to Reed Caleb Davis Jr. until his death December 14, 2005. (certificate attached)

Describe Property of State "SEE DESCRIPTION ATTACHED"

Map Parcel Number: 133-04-0 041.00 * See attached

Maximum principal indebtedness for Tennessee recording tax purposes is $ 0.00.

LESS AND EXCEPT all oil, gas and minerals, on and under the above described property owned by Grantor, if any, which are reserved by Grantor.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

GLD ~~TO HAVE AND TO HOLD same unto Grantee, and unto Grantee's heirs and assigns forever, with all appurtenances thereunto belonging~~.

The source of title in Grantor(s) is by fee simple deed recorded in the office of the Register of Deeds in Book 1835 at pages 136,137,138, Instrument Number _____, of Davidson County, Tennessee.

WITNESS Grantor(s) hand(s) this the 5th day of February, 2007.

Iva Lucille Davis
Grantor
{Type Name}

STATE OF Tennessee

COUNTY OF Davidson

On this 5th day of February, 2007, before me personally appeared IVA Lucille DAVIS, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

KEELY DAMOC
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY, TN

Notary Public

Printed Name: Keely DAMOC

Commission Expires: 12-22-2009

MY COMMISSION EXPIRES
December 22, 2009

Iva Lucille Davis
3321 Glencliff Road
Nashville, Tennessee 37211
615-331-0575
615 838 1614

Grantee(s) Name, Address, phone:
Gary Reed Davis
9809 Laurel Hollow Lane
Germantown, Tennessee 38139
901-854-1735

SEND TAX STATEMENTS TO GRANTEE

Maximum principal indebtedness for Tennessee recording tax purposes is $0.00
(On amendments or modifications, enter ONLY the amount of INCREASE, if any.)

State of Tennessee
County of Davidson

I/we hereby swear or affirm that the actual consideration for this transfer or the value of the property transferred, whichever is greater, is $0.00, which amount is equal to or greater than that which the property would command at a fair and voluntary sale.

Subscribed and sworn to before me

This 5th day of February, 2005.

X Iva Lucille Davis
Affiant

Iva Lucille Davis
Type or Print Name

Keely Damoc
Notary Public

KEELY DAMOC
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY, TN

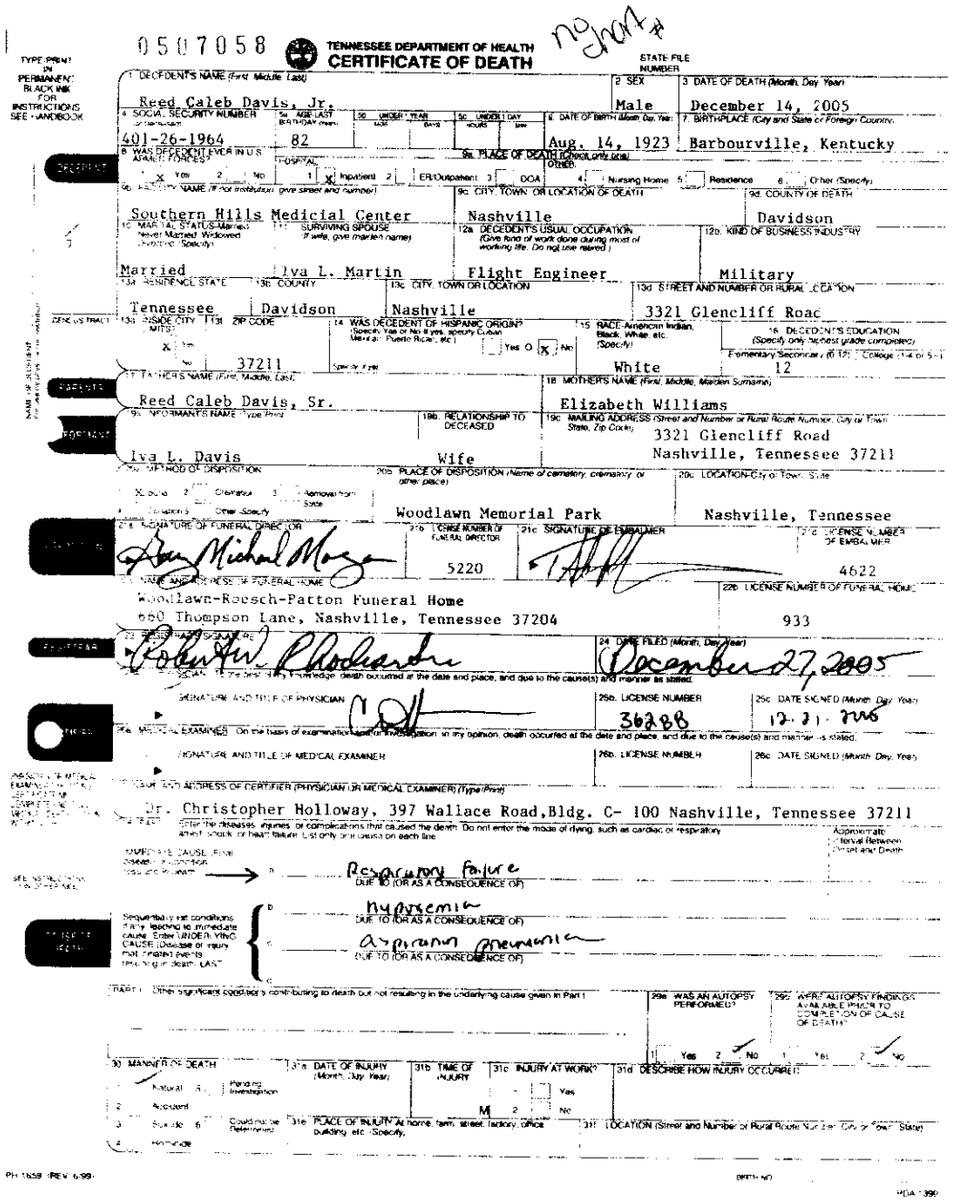
(Seal) COMMISSION EXPIRES:
December 22, 2009

My commission expires:

12-22-2009

Keely DAMOC
Type or Print Name

* Property Description:
Being the same property conveyed to Reed Caleb Davis Jr. and wife Iva Lucille Davis,
By deed from Kimbrough Phillips Company, of record in book 1835, pages 136,137,
138, Register's Office for Davidson County.
Lot 145 on the plan of Glencoe Acres, Section I



0507058

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

no short #

STATE FILE NUMBER

TYPE (PRINT) IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Reed Caleb Davis, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 14, 2005
4. SOCIAL SECURITY NUMBER: 401-26-1964
5a. AGE-LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR (Months) / 5c. UNDER 1 DAY (Hours / Days)
6. DATE OF BIRTH (Month, Day, Year): Aug. 14, 1923
7. BIRTHPLACE (City and State or Foreign Country): Barbourville, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes 2 No
9a. PLACE OF DEATH (Check only one): 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills 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): Iva L. Martin
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Flight Engineer
12b. KIND OF BUSINESS/INDUSTRY: Military
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3321 Glencliff Roac
13e. INSIDE CITY LIMITS? X Yes No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X 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+)
17a. FATHER'S NAME (First, Middle, Last): Reed Caleb Davis, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Williams
19a. INFORMANT'S NAME (Type/Print): Iva L. Davis
19b. RELATIONSHIP TO DECEDENT: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3321 Glencliff Road Nashville, Tennessee 37211
20a. METHOD OF DISPOSITION: 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 Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Dan Michael Mayo
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane, Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. SIGNATURE OF REGISTRAR: Tonya W. Rhodiander
24. DATE FILED (Month, Day, Year): December 27, 2005
25. SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 30288
25c. DATE SIGNED (Month, Day, Year): 12.21.05
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.
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. Christopher Holloway, 397 Wallace Road,Bldg. C- 100 Nashville, Tennessee 37211

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF): b. hyponatremia
DUE TO (OR AS A CONSEQUENCE OF): c. aspiration pneumonia
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

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? Yes 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-1639 (REV. 6-99)
BIRTH NO
HDA - 399

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

Date Issued DEC 27 2005

CERTIFICATION OF VITAL RECORD