THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
1208 17th AVENUE SOUTH
NASHVILLE, TENNESSEE 37212-2802

ADDRESS NEW OWNER:
Lisa Sutton
4503 Shy's Hill Road
Nashville, TN 37215

MORTGAGE:
None

MAP-PARCEL: 131 070 C4.00

SEND TAX BILLS:
Lisa Sutton
4503 Shy's Hill Road
Nashville, TN 37215

Davidson County DEEDQC
Recvd: 05/25/07 11:14 4 pgs
Fees:22.00 Taxes:0.00
20070525-0062573

QUITCLAIM DEED

The property known as 4503 Shy's Hill Road, Nashville, Tennessee 37215 was held in sole ownership by R. Glenn Sutton, a single man, deceased. R. Glenn Sutton died intestate on April 17, 2007, in Davidson County, Tennessee, as evidenced by the death certificate attached as Exhibit A, with his sole heir being his daughter, Lisa Sutton.

FOR AND IN CONSIDERATION of the sole purpose of clearing title I, Lisa Sutton, sole heir of R. Glenn Sutton, a single man, has this day bargained and sold and do hereby transfer, quitclaim and convey, unto Lisa Sutton, sole heir, all of R. Glenn Sutton's right, title and interest in and to the following described tract or parcel of land, lying the County of Davidson, State of Tennessee;

> Lot No. 2 on the Plan of Seven Hills, Section 5, as of record in Book 2854, Page 108, Register's Office for Davidson County, Tennessee, more particularly described as follows:
>
> Beginning on the westerly margin of Shy's Hill Road at the corner of Lots 2 and 3; thence with the line between said two lots westwardly 264.1 feet to the rear corner of said two lots; thence with the rear line of Lot No. 2 north 8 degrees 12 minutes east a distance of 105 feet to the rear corner of Lots Nos 2 and 1;

thence with a line between said Lots 2 and 1 northeastwardly a distance of 203 feet to a point in margin of Shy's Hill Road at the front corner of said two lots; thence southeastwardly with the margin of Shy's Hill Road around a curve 242 feet to the point of beginning.

Being the same property conveyed to R. Glenn Sutton, a single man, by Quit Claim Deed from Sandy Meade Moore, Jr., Trustee, and of record in Book 5219, Page 620, Register's Office for Davidson County, Tennessee.

This is improved property known as 4503 Shy's Hill Road, Nashville, Tennessee 37215.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

There are no debts or encumbrances which might become a lien on this described real estate.

IN WITNESS WHEREOF, I have hereunto set my hand this the 11 day of May, 2007.

LISA SUTTON, sole heir of R. Glenn Sutton

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Erin Hunnicutt Notary Public, the within named Lisa Sutton, the bargainor 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 therein contained.

SWORN and SUBSCRIBED to before me on this the 11 day of May, 2007.

NOTARY PUBLIC
MY COMMISSION EXPIRES: Dec. 8, 2010

ERIN HUNNICUTT
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

AFFIANT

SWORN and SUBSCRIBED to before me on this the 11 day of May, 2007.

NOTARY PUBLIC
MY COMMISSION EXPIRES: Dec. 8, 2010

ERIN HUNNICUTT
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0702185

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): Royce Glenn Sutton
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 17, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-0090
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR 1 MOS.
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept. 28, 1937
7. BIRTHPLACE (City and State or Foreign Country): Hodge, Louisiana
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 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 4503 Shys Hill Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Songwriter
12b. KIND OF BUSINESS/INDUSTRY: Music
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4503 Shys Hill Road
CENSUS TRACT
13e. 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 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+):

NAME OF DECEDENT For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Winfred Wilson Sutton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ola Shows

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lisa Sutton
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4503 Shys Hill Road Nashville, Tennessee 37215

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): Nashville Cremation Service
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Gary Michael Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
21c. SIGNATURE OF EMBALMER: ▶ N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37205
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Jones
24. DATE FILED (Month, Day, Year): April 20, 2007

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: ▶ Edwin B. Anderson MD
25b. LICENSE NUMBER: 8886
25c. DATE SIGNED (Month, Day, Year): 4/20/2007
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. Edwin Anderson 4230 Harding Rd. Ste. 601 Nashville, TN 37205

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. Cardiac arrhythmia
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. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
c. History of throat cancer
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-A 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. 6/99) 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.

[redacted]

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

APR 20 2007
Date Issued

CERTIFICATION OF VITAL RECORD