Davidson County DEEDQC
Recvd: 06/25/07 09:27 3 pgs
Fees:17.00 Taxes:0.00
20070625-0075281

This Instrument Prepared By:
ANNA EVERTON HAAS, ESQ. • 4525 Harding Rd., Suite 323 • Nashville, TN 37205

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Address New Owner:	***Send Tax Bills To:***	***Map-Parcel***
MARY JO WELLS JONATHON REILLY WELLS, & JENNIFER LYNNE WILSON 4830 Briarwood Drive Nashville, Tennessee 37211	Same	147-1-130

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is none.

Jonathon R. Wells
Affiant

Sworn to and subscribed before me this
12 day of June, 2007.

Anna Everton Haas
Notary Public
My Commission Expires: 1/3/2011

ANNA EVERTON HAAS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, that MARY JO WELLS, Grantor, for and in consideration of Ten Dollars ($10.00), cash in hand, together with other good, valuable and satisfactory consideration, the receipt of all of which is hereby acknowledged, do hereby quitclaim and convey all of her right, title and interest in the property described below to the following Grantees as tenants in common in the percentages indicated, with rights of survivorship in both of the Grantees, as follows: MARY JO WELLS, a 99.5% interest; and JONATHON REILLY WELLS and JENNIFER LYNNE WILSON, with rights of survivorship as between them, a 0.5% interest. Said real estate is located in Davidson County, Tennessee, and is more particularly described as follows, to-wit:

Being Lot No. 561 on the Plan of Section SIV, Caldwell Hall, as of record in Book 3500, page 77.

Said Lot fronts 100 feet on the northeasterly side of Briarwood Drive and extends back 281.7 feet on the northwesterly line and 295.23 feet on the southeasterly line, to a dead line and measures 100.91 feet.

Being the same property conveyed to Gene C. Wells and wife, Mary Jo Wells, by deed from Ray L. Huff and wife, Sandra F. Huff, of record in Book 4822, page 576, Davidson County Register's Office, Tennessee, the said Gene C. Wells having since died on October 5, 2005, as evidenced by a copy of his death certificate attached hereto as Exhibit A.

This conveyance is made subject to the restrictions in Book 3433, page 100, as amended in Book 3436, page 335.

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

WITNESS my hand this 12 day of June, 2007.

Mary Jo Wells
MARY JO WELLS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared MARY JO WELLS, the within named bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed sealed and delivered the foregoing instrument in my presence, and who upon oath, acknowledged that said person executed the foregoing instrument for the purposes therein contained as such person's free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 12 day of June, 2007.

ANNA EVERTON HAAS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Anna Everton Haas
Notary Public
My commission expires: 1/3/2011

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0505527

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): GENE CORE WELLS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 05, 2005
4. SOCIAL SECURITY NUMBER (of Deceased): 284-28-3638
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): August 13, 1935
7. BIRTHPLACE (City and State or Foreign Country): Bluffton, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Vanderbilt University 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): Mary Jo Wilkening
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Senior Buyer
12b. KIND OF BUSINESS/INDUSTRY: Service Merchandise
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4830 Briarwood Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Eugene John Wells
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Imogene Core

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Jo Wells
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4830 Briarwood Drive, Nashville, Tennessee 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Maple Grove Cemetery
20c. LOCATION-City or Town, State: Bluffton, Ohio
21a. SIGNATURE OF FUNERAL DIRECTOR: Wade B. Crafford
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4114
21c. SIGNATURE OF EMBALMER: STEPHEN R. MURPHY
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Funeral Home and Cremation Center, 2930 Murfreesboro Pike Antioch, Tennessee 37013
22b. LICENSE NUMBER OF FUNERAL HOME: 1157

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): October 6, 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: William Maynard MD
25b. LICENSE NUMBER: MD 00028106
25c. DATE SIGNED (Month, Day, Year): Oct 6, 2005
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 DEATHCATE 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. (Approximate Interval Between Onset and Death)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia — 10 days
DUE TO (OR AS A CONSEQUENCE OF):
b. Aspiration — 6 mos.
DUE TO (OR AS A CONSEQUENCE OF):
c. Dementia — 4 years
DUE TO (OR AS A CONSEQUENCE OF):
d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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 [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 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-1159 (REV. 6-99)
BIRTH NO.
RDA 1389

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: OCT 0 6 2005

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD