This instrument prepared by
FRED W. BEESLEY, JR.
404 James Robertson Parkway, Ste 1720
Nashville, TN 37219-1510
Phone 615/244-0554
FAX 615/244-1229

Davidson County DEEDWARR
Recvd: 08/16/07 10:58 5 pgs
Fees:28.00 Taxes:436.60
20070816-0097945

Grantee:
Jean K. Meeks
725 Kent Road
Nashville, TN 37214

Map & Parcel:
Map 96-9-A 725, FB 3DZ86125

Send Tax Notice To:
Jean K. Meeks
725 Kent Road
Nashville, TN 37214

Mortgagee:
None

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transaction for real property is $118,000.00.

Jean K. Meeks
Grantee

Subscribed and sworn to before me, this the 14th day of August, 2007.

Notary Public

My commission expires: MY COMMISSION EXP. November 24, 2007

NICOLE J. LEMASTER NOTARY PUBLIC AT LARGE DAVIDSON CO. TN

EXECUTOR'S DEED

TO 725 KENT ROAD, NASHVILLE, TN 37214

For an in consideration of the sum of $118,000.00 and other good and valuable consideration, the receipt and sufficiency of which hereby is acknowledged, Grantors Michael and Patrick Slate, as Co-Executors of the Estate of their mother, Mary Eldean Lightsey, do hereby transfer and convey unto Jean K. Meeks, hereinafter called Grantee, her heirs, executors and assigns, forever, all of the Estate's right, title and interest in a certain tract of or parcel of land situated in Davidson County,

Tennessee, and known as 725 Kent road, Nashville, TN, is described as follows:

> Land in Davidson County, Tennessee being Unit No. 725 on the Plan of Emery Place, of record at Book 6250, Page 719, Register's Office for Davidson County (RODC) to which plan reference is hereby made for a more complete description.
>
> Being the same property conveyed to Vilda H. Work by deed from Mark Lietz, Trustee, of record at book 8278, Page 6, RODC.
>
> Being the same property conveyed to (Mary) Eldean G. Lightsey by warranty deed from Vilda H. Work, of record at Book 8998, Page 178, RODC.

Mary Eldean Lightsey died on March 8, 2007, at a time when her residence was at the said property at 725 Kent Road, Nashville, TN 37214. Her spouse, Malcolm Macune Lightsey, had died earlier on September 27, 1993. Mary Eldean Lightsey's Will was probated in Davidson County under file number 07 P 573, and that Will left her real property, in equal shares to her sons, who also are her Co-Executors. Her sons have elected to sell the said property out of the Estate, rather than to wait until the closure of the Estate and convey it to themselves for later sale.

Grantors Michael and Patrick Slate, as Co-Executors of the Estate of their mother, Mary Eldean Lightsey, do hereby represent there are more than sufficient assets remaining in the Estate to pay all debts and taxes of the decedent and her estate.

After this transfer, all of the right, title and interest in this property shall be held in fee simple as follows:

100% Jean K. Meeks

This conveyance is made subject to all restrictions, easements, zoning and planning ordinances, and health department regulations that may affect the premises.

Pursuant to T.C.A. 66-24-121, there is no change to the legal description of this real property not contained in the recorded deeds referenced above, therefore no boundary survey has been made at the time of this conveyance.

Witness my hand at Nashville, in the State of Tennessee, this 14th day of August, 2007.

Estate of Mary Eldean Lightsey

By: _____
Michael Slate, Co-Executor

Exhibits: Death Certificates of Mary Eldean Lightsey and Malcolm Macune Lightsey

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me the undersigned, a Notary Public in the aforesaid County and State, the said Michael Slate, Co-Executor, with whom I am personally acquainted, or who presented to me satisfactory proof of identity and who acknowledged that he had authority and that he executed the within instrument (Executor's Deed) for the purposes therein contained.

Witness my hand and seal at office in Nashville, on this 14th day of August, 2007.

Nicole J. LeMaster
Notary Public

NICOLE J. LEMASTER NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

My Commission Expires: MY COMMISSION EXPIRES November 24, 2007

EXECDEEDLightsey 726

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0701578

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): Mary Eldean Lightsey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 8, 2007
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3876
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 28, 1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. 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 [X] Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): H. O. M. of Nashville
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): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Business Owner
12b. KIND OF BUSINESS/INDUSTRY: Donelson Dry Cleaning
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 725 Kent Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or certifier)

PARENTS
17. FATHER'S NAME (First, Middle, Last): Guy Grace
18. MOTHER'S NAME (First, Middle, Maiden Surname): Zelma Shearon

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Michael Slate
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4240 Nepal Drive

DISPOSITION
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 [X] Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Cross Mausoleums
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles H. Teague, II.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5845
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home, 429 Donelson Pike, Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR
23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): March 16, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: E. K. Johnson, M.D
25b. LICENSE NUMBER: MD 10912
25c. DATE SIGNED (Month, Day, Year): 3/13/2007
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. E.K. Johnson, III P.O. Box 330428, Nash., TN. 37203

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. Hypertensive Cardiovascular Disease
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. Chronic Obstructive Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF):
c. Atherosclerosis
DUE TO (OR AS A CONSEQUENCE OF):
d. Arteriosclerotic Cardiovascular Disease

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Osteoporosis
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 [X] No

30. MANNER OF DEATH: 1 [X] 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-1658 (REV. 8/98)
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.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

MAR 16 2007
Date Issued

CERTIFICATION OF VITAL RECORD

Rutherford County

Department of Health and Environment

303 N. Church Street P.O. Box 576

Murfreesboro, Tennessee 37133-0576

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Malcolm Macune Lightsey
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 27, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): -1053
5a. AGE – LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): DEC 20, 1916
7. BIRTHPLACE (City and State or Foreign Country): Pauling, Mississippi
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): Alvin C. York VA Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro
9d. COUNTY OF DEATH: Rutherford
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary Grace
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dry Cleaner
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3124 Boulder Park Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): H. W.(IO) Lightsey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ocia Buskin Lightsey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA Medical Records
19b. RELATIONSHIP TO DECEASED: None
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3400 Lebanon Rd., Murfreesboro, TN 37130

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): Woodlawn Cemetary
20c. LOCATION—City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Douglas Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ Don Dupwe
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett and Hailey, 489 Donnelson Pike, Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Barbara Earp
24. DATE FILED (Month, Day, Year): October 15, 1993

PHYSICIAN

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
VA 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Richard P. Garvin MD
25b. LICENSE NUMBER: MD 17273
25c. DATE SIGNED (Month, Day, Year): 10/11/93

MEDICAL EXAMINER

26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Richard P. Garvin, M.D., 3400 Lebanon Rd., Murfreesboro, Tennessee 37130

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.	Acute MI	Minutes
DUE TO (OR AS A CONSEQUENCE OF): b.	CHF	Years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	CVD	Years
d.	Coronary Insufficiency, Dementia	Months/Years

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 [ ] 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)

BIRTH NO.

SEE INSTRUCTIONS ON OTHER SIDE

TH-1024
REV. 1/89

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND EXACT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH, BY THE LOCAL HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Barbara Earp — 10/15/93

REGISTRAR — DATE