QUITCLAIM DEED

KNOWN ALL MEN BY THESE PRESENTS, that **Emma Taylor** for and in consideration of Ten Dollars and 00/100's ($10.00) do/does hereby bargain, sell, remise, quitclaim, and convey unto, **Emma Taylor, Thomas James Taylor Jr., and Lisa Jeaneene Taylor, as Joint Tenants with Right of Survivorship** all his/her right, title, and interest to the following described real estate, located in **Davidson County, Tennessee**, described as follows:

Land in Davidson County, Tennessee, being Lot No. 27 on the plan of Section I, Henderson Gardens, of record in Book 2900, page 75, Register's Office for said County.

Said Lot No. 27 fronts 75.0 feet on the northerly margin of Rosebank Avenue and extends back 310.3 feet on the easterly line and 146.0 feet on the westerly line to a broken line in the rear, measuring 210.5 feet thereon.

Being the same property conveyed to Thomas J. Taylor and wife, Emma A. Taylor by deed from Carl H. Raff and wife, Wanda Kay Raff, dated November 18, 1977, recorded December 1, 1977 in Book 5228, page 649, Register's Office for Davidson County, Tennessee.

SEE EXHIBIT A

IN TESTIMONY WHEREOF he/she has (ve) hereunto set his/her hand(s) and seal(s) this 25 day of **July 2007**.

Emma Taylor

Emma Taylor

STATE OF TENNESSEE **County of Davidson**

On the **25** day of **July, 2007,** before me a Notary Public in and for the said State and County, duly commissioned and qualified, personally appeared **Emma Taylor** with whom I am personally acquainted, and who acknowledged the execution of the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and official seal this **25** day of **July, 2007.**

My Commission Expires: MY COMMISSION EXPIRES May 23, 2009

Notary Public

RACHEL L. SELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Sworn and subscribed to me this 25 day of **July 2007.**

STATE OF TENNESSEE **County of Davidson**

The actual consideration for this transfer is –0-

Lisa Taylor

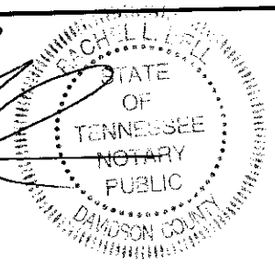
Affiant

Witness my hand and official seal this **25** day of **July, 2007.**

Davidson County DEEDQC
Recvd: 08/22/07 13:08 5 pgs
Fees:27.00 Taxes:0.00
20070822-0100440

My Commission Expires: MY COMMISSION EXPIRES: May 23, 2009

Notary Public



Sworn and subscribed to me this 25 day of **July 2007**.

Prepared by: Pinnacle Title & Escrow, LLC at 2109 Buena Vista Pike, Nashville, TN 37218

Map No. and Parcel Number- 07309020600

Improved property known as/Address of owner: Emma Taylor, 1918 Rosebank Avenue, Nashville, TN 37216

Send Tax Bills to: SAME

EXHIBIT A

The said Thomas J. Taylor having expired on July 11, 2007 of record in Metropolitan Government of Nashville & Davidson County- Office of Vital Records, Instrument No. 0703918. (See Attached- Death Certificate).

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0703918

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): Thomas James Taylor Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 11, 2007
4. SOCIAL SECURITY NUMBER: 424464865
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): October 15 1937
7. BIRTHPLACE (City and State or Foreign Country): Birmingham Alabama
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH: 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): Skyline 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): Emma Taylor
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): School Counselor
12b. KIND OF BUSINESS/INDUSTRY: Educator
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1918 Rosebank Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
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): 5th; College (1-4 or 5+):
NAME OF DECEDENT'S FATHER (For use by jurisdiction in instance)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ernest Taylor
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Brooks

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Emma Taylor
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1918 Rosebank Avenue Nashville Tennessee 37216

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 pls.): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin Chatman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3785
21c. SIGNATURE OF EMBALMER: Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Grace Funeral Home 1612 Buchanan Street Nashville Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 1068

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers, D.R.
24. DATE FILED (Month, Day, Year): July 17, 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: Orlando Jimenez Rodriguez
25b. LICENSE NUMBER: TN MD 35507
25c. DATE SIGNED (Month, Day, Year): 7/16/2007
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): Orlando Jimenez Rodriguez 3443 Dickerson Pike Suite 680 Nashville TN 37207

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.

SEE INSTRUCTIONS ON OTHER SIDE

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sepsis
DUE TO (OR AS A CONSEQUENCE OF):
b. Aspiration Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c. Acute Resp. Failure
DUE TO (OR AS A CONSEQUENCE OF):
d. Acute Renal Failure

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 [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-1659 (REV. 6/99)
BIRTH NO.
RDA 1398

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

Date Issued
JUL 17 2007

CERTIFICATION OF VITAL RECORD

PINNACLE

TITLE & ESCROW, LLC

2109 Buena Vista Pike Nashville, TN 37218
Office (615) 256-3353 ~ Fax (615) 256-3331

I, Rachel L. Bell , do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Tennessee

County of Davidson

Personally appeared before me, Elizabeth Gray, a notary public for this county and state, Rachel L. Bell who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

MY COMMISSION EXPIRES: July 24, 2010

ELIZABETH A GRAY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires JULY 24, 2010