This instrument prepared by:
Saundra Mitchell
608 Truxton Drive
Nashville, Tennessee 37214
09611013600

Davidson County DEEDQC
Recvd: 12/14/07 10:18 4 pgs
Fees:22.00 Taxes:0.00
20071214-0143944

4608915

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:	**MAIL TAX STATEMENT TO:**	**MAP PARCEL NUMBERS:**
Saundra Mitchell	Saundra Mitchell	Map/Parcel: 09611013600
608 Truxton Drive	608 Truxton Drive	
Nashville, Tennessee 37214	Nashville, Tennessee 37214	

1194607 8

FOR AND IN CONSIDERATION of ONE AND NO/100 DOLLAR ($1.00), cash in hand paid by the grantee, the receipt and sufficiency of which is hereby acknowledged, **Saundra Mitchell, surviving spouse of Lynn Mitchell, also known as Lynn Tobin Mitchell as per attached certified copy of Certificate of Death** by these presents do hereby quitclaim and convey unto the said **Saundra Mitchell, an unmarried woman**, Grantees herein, their successors and assigns, all their right, title and interest in and to the following certain real estate in **Davidson** County, **Tennessee**, described as follows:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 54 ON THE PLAN OF HICKORY BEND, SECTION 1 OF RECORD IN BOOK 3300, PAGE 38, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

The express purpose of this conveyance is to Remove Deceased from Title.

Being the same property conveyed to Lynn Mitchell, and wife Saundra Mitchell by Deed from Elizabeth Ann Boss, now being Elizabeth Ann Boss East and Rondell F. East of record in Book 10466, Page 288, said Register's Office.

This is unimproved (✓) property known as 608 Truxton Drive, Nashville, Tennessee 37214
Improved ( )

Whenever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

Witness our hand this 22ND day of MARCH, 2007, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Saundra Mitchell

ACKNOWLEDGMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON) ss

Personally appeared before me, CARMEN M. SALAZAR, a Notary Public in and for said County and State, **Saundra Mitchell** the within named bargainor, individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Given under my hand and official seal of office at NASHVILLE, TN this 22ND day of MARCH, A.D., 2007

NOTARY STAMP/SEAL
CARMEN M. SALAZAR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

NOTARY PUBLIC
Notary Commission Expires: 7/25/2009

AFFIDAVIT OF VALUE

STATE OF _____)

COUNTY OF _____)

The actual consideration or value whichever is greater, for this transfer is $_____.

Subscribed and sworn to before me this the _____ day of _____, 20____.

(Affix Seal)

_____
Affiant

_____
Notary Public
My Commission Expires: _____

STATE OF Texas
COUNTY OF Tarrant

The actual consideration or true value, whichever is greater for this transfer is $ 1.00

Affiant

Subscribed and sworn to before me, this the 2nd Day of April 2007

Notary

RUSSELL SANDERS
Notary Public, State of Texas
My Commission Expires
May 23, 2010

MITCHELL
11946078 TN
FIRST AMERICAN LENDERS ADVANTAGE
QUIT CLAIM DEED

When recorded mail to:
First American Title Insurance Co.,
Lenders Advantage
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
ATTN: NATIONAL RECORDINGS

STATE OF TENNESSEE
Office of Vital Records

206803

2002 052757

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEDENT'S NAME (First Middle Last)		2 SEX	3 DATE OF DEATH (Month Day Year)
Lynn Tobin Mitchell		Male	11-26-2002

4 SOCIAL SECURITY NUMBER (of Deceased)	5a AGE LAST BIRTHDAY (Years)	5b UNDER 1 YEAR MOS	DAYS	5c UNDER 1 DAY HOURS	MIN	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
403-52-4778	73					5-3-1929	Harrodsburg, KY

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

8a PLACE OF DEATH (Check only one)
HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA
OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b FACILITY NAME (If not institution give street and number)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Summit Medical Center 085	Hermitage	Davidson

10 MARITAL STATUS Married Never Married, Widowed Divorced (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Saundra Davenport	Attorney	State of KY

13a RESIDENCE STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	608 Truxton Dr.

13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE	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)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12)	College (1-4 or 5+)
	37214		White		5

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First, Middle Maiden Surname)
James B. Mitchell	Mary Tobin

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)
Saundra Mitchell	Wife	608 Truxton Dr. Nashville,TN 37214

20a METHOD OF DISPOSITION 1 [X] Burial 2 [ ] Cremation 3 [X] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION City or Town State
	Spring Hill Cemetery	Harrodsburg, KY

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
▶ Tod Biddle	5162	▶	

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
Hibbett & Hailey Funeral Home, 429 Donelson Pike Nashville,TN 37214	492

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month Day Year)
▶ Robert W. Rochard	December 04 2002

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	25b LICENSE NUMBER	25c DATE SIGNED (Month Day Year)
▶ [signature]	MD014872	12-3-02

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)
▶		

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Dr. William Baucom, 5653 Frist Blvd. #630 Hermitage,TN 37076

2705644

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Dec-10-2007

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD