PREPARED BY:
JON C. PEELER
ATTORNEY AT LAW
213 Third Avenue, North
Nashville, Tennessee 37201

Davidson County DEEDQC
Recvd: 02/29/08 12:15 3 pgs
Fees:17.00 Taxes:0.00
20080229-0020151

FROM: SHARON JETT

TO: SHARON JETT
New Owner

Send Tax Statements To:
Sharon Jett
104 Ensley Avenue
Old Hickory, TN 37138

Map and Parcel No.
Map: 44-5-1
Parcel: 131

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, **Sharon Jett,** hereby transfer and by these presents do remise, release and quitclaim unto, **Sharon Jett, solely,** her heirs and assigns, all of my right, title and interest in and to the following described land in Davidson County, Tennessee, to wit:

> Being Lot No. 60 as shown on map of the Subdivision of Rayon City, as of record in Book No. 843, page 13, Register's Office of Davidson County.
>
> Said Lot No. 60 fronts 52.7 feet along the easterly margin of Ensley Avenue (formerly Davis) and extends back between parallel lines 135.4 feet along the northerly line and 118.8 feet along the southerly line to a line in the rear, measuring 50 feet thereon.
>
> Being the same property conveyed to John W. Jett and Sharon Jett, by deed from David M. Edgin et ux, Mary E. Edgin, of record in Book 7845, page 936 Register's Office for Davidson County, Tennessee.

WITNESS my hand this, the 28 day of February, 2008.

Sharon Jett
SHARON JETT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

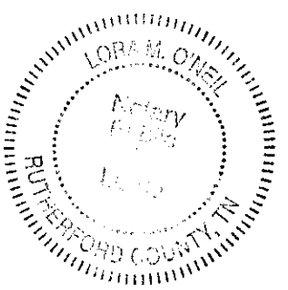
Personally appeared before me, Lora M. O'Neil a Notary Public in and for the above County and State, the within named **SHARON JETT,** the bargainor, with whom I am personally acquainted (or who identified herself to me on the basis of satisfactory evidence) and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and official seal, at the office, this the 28 day of February, 2008.

Lora M. O'Neil
NOTARY PUBLIC

My Commission Expires:

My Commission Expires
September 17, 2011



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): John Wayne Jett
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 17, 2007
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-8702
5a. AGE-LAST BIRTHDAY (Years): 43
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sep 22, 1964
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
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 [ ] Residence 6 [X] Other (Specify): Travel
9b. FACILITY NAME (If not institution, give street and number): 115 Shakespear Ave.
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Sharon Kelly
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Auto Dealership
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 104 Ensley Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
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): 9 — College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or jurisdiction

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Morris Jett
18. MOTHER'S NAME (First, Middle, Maiden Surname): Frances Cornelius

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sharon Jett
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 104 Ensley Avenue, Old Hickory, Tennessee 37138

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 Memorial Park
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard Morrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2403
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Jonya Y. Foreman DR
24. DATE FILED (Month, Day, Year): December 19, 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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 34634
26c. DATE SIGNED (Month, Day, Year): 12/18/2007

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): Adele Lewis, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC07-4133

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. Pending further studies
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. DUE TO (OR AS A CONSEQUENCE OF):
c. 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 [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 [X] 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 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]

Jonya Y. Foreman
Tonya Y. Foreman
Local Registrar

DEC 19 2007
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD