QUITCLAIM DEED

MATT RATLIFF
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

(AFFIX SEAL)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 2ND DAY OF APRIL 2008.

Notary Public

MY COMMISSION EXPIRES: 1-9-12

Davidson County DEEDQC
Recvd: 04/04/08 10:10 2 pgs
Fees:12.00 Taxes:0.00

20080404-0034209

INFORMATION FURNISHED BY THE PARTIES

THIS INSTRUMENT WAS PREPARED BY

All-Star Title, 120 Donelson Pike, Ste 201, Nashville, TN 37214

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Charles E Johnson	SAME	07501006100
(NAME) 809Heritage	(NAME) SAME	
Hermitage, TN 37076	SAME	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Charles E. Johnson and wife, Yun S. Johnson (now deceased) HEREINAFTER CALLED THE GRANTORS, HEREBY QUITCLAIMS TO, **Charles E. Johnson, widower,** HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, ALL HIS/HER/THEIR RIGHT, TITLE AND INTEREST IN A CERTAIN TRACT OR PARCEL OF LAND IN **DAVIDSON** COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in Davidson County, Tennessee, being Lot No. 114 on the Plat of Hermitage Hills, Section 12 of record in Book 4675, page 125, said Register's Office.

Said Lot 114 fronts 80.0 feet on the northeasterly margin of Hermitage Trail and extends back between parallel lines 135.0 feet to a line on the rear on which it measures 80.0 feet.

Being the same property conveyed to Charles E. Johnson and wife, Yun S. Johnson (now deceased) by deed from George E. Margrave and wife, Thelma Jean Margrave of record in Book 5182 and Page 60 on 08/03/1977 and filed for record on 08/09/1977, Register's Office for said County.

Unimproved
This is improved ☒ property, known as 809 Heritage Trail
Hermitage, Tennessee 37076

WITH THE HEREDITAMENTS AND APPURTENANCES THERETO APPERTAINING, HEREBY RELEASING ALL CLAIM TO HOMESTEAD THEREIN. Wherever 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 my/our hands April 2nd, 2008.

Charles E. Johnson

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, MATT RATLIFF (notary public), Charles E. Johnson the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person(s) executed the within instrument for the purposes therein contained.

Witness my hand and official seal.

My Commission Expires: 1/9/12

, Notary Public

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0801491

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): Yun Son Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 25,2008
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]
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): 04-10-1937
7. BIRTHPLACE (City and State or Foreign Country): South Korea
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. 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): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Charles Johnson
12a. DECEDENTS USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Food Preparer
12b. KIND OF BUSINESS/INDUSTRY: O'Charley's Restaurant
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 809 Heritage Trail
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15. RACE-American Indian, Black, White, etc. (Specify): Korean
16. DECEDENTS EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

NAME OF DECEDENT'S PHYSICIAN (For use by physician or Institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Tong Man Han
18. MOTHER'S NAME (First, Middle, Maiden Surname): Pong Son Paek

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Charles E Johnson
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 809 Heritage Trail Hermitage, Tennessee 37076

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): North Carolina Veterans Cemetery
20c. LOCATION-City or Town, State: 1270 West Old US 70 Highway Black Mountain,North Carolina
21a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: Brandy Callis
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane PO Box 757 Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): March 13, 2008

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: 10369
25c. DATE SIGNED (Month, Day, Year): 3/12/08
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): Robert B. Gaston Jr, MD Summit Primary Care, PLLC 3939 Central Pike Hermitage, TN 37076

SEE INSTRUCTIONS ON OTHER SIDE.

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sclerodema — Approximate Interval Between Onset and Death
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. Reflux. Adenocarcinoma of lung
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 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.

PH-1659 (REV. 6/99)

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]

Tonya Y Foreman
Local Registrar

Date Issued MAR 13 2008

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

CERTIFICATION OF VITAL RECORD